MANCHESTER CITY COUNCIL

Neighbourhood Apartments in Manchester: referral documentation and guidance

Manchester Health & Care Commissioning

A partnership between Manchester City Council and NHS Manchester CCG

Manchester Local Care Organisation

manchester.gov.uk

Contents

Part 1 Criteria

For persons aged 55+ or 60+ who require a period of up to six to eight weeks' transitional housing with different levels of support. Please note that eight weeks will be dependent on the needs of the individual; there may be cases where this is longer or shorter.

Referral criteria

Must:

- Be resident in Manchester and registered with a Manchester GP
- Be aged 55+ or 60+ depending on the housing provider and scheme.

Have an allocated key worker and a clear exit plan.

Must meet one or more of the following:

- At risk of admission or readmission to hospital or carer breakdown
- Unable to use the stairs in their own home at the moment
- Need a bit more support than they would get at home for a short period
- Waiting for major adaptations to be fitted at home, eg. hoists or a stairlift
- Housing needs have changed and we need to find more appropriate accommodation for them in the long term
- Cannot live at home at the moment because of a domestic housing emergency, eg. a fire or flood etc
- Medically stable and able to be supported by community services and a GP
- Still considered unable to return to their home at this stage, or are a Delayed Transfer of Care (DTOC) in hospital
- Have completed all acute diagnostics and investigations
- Have no, or minimal, cognition issues and are safe to transfer to the apartment.

Exclusion criteria

These apply to those:

- Not registered with a Manchester GP or resident in Manchester
- Requiring a Continuing Healthcare (CHC) Assessment
- Whose home is a nursing or residential home, or deemed to be for nursing/residential care
- Needing 24-hour care and waiting for a new placement at a nursing or residential home
- Lacking in capacity
- With a recent history of aggression, agitation, or challenging behaviour
- Who are known to safeguarding and require a potential security presence
- With a non-UK address
- With substance and alcohol misuse who are unwilling to seek treatment

Each case will be assessed on an individual basis.

In summary, Neighbourhood Apartments are not suitable for those who:

- Are under the specified age limit
- Are not Manchester residents and don't have a Manchester GP
- Need constant supervision and cannot be left alone
- Cannot ask for help when they need it
- Have certain types of very complex needs
- Could put other tenants at risk
- Are deemed eligible for residential/nursing care.

Please note that all apartments are strictly non-smoking. Smoking is only permitted in the designated area within the scheme.

Part 2 Referral process

See the flow diagram in Part 5 of this document for an overview of the referral process.

Step 1:

Referrals will be accepted from health, social care and housing professionals; for example:

- Neighbourhood teams – health and social care staff (eg. social workers and pat assessors)
- Hospital discharge teams
- Intermediate care
- Reablement workers
- Housing providers
- GPs.

Please note that this is not an exhaustive list of referrers.

Step 2:

a) Referrers need to complete all the documents included in this referral pack and send it back to the Neighbourhood Apartment Co-ordinators:

- Referral form (page 8)
- Allocation/scoring tool (page 9)
- A signed statement regarding convictions and court action (page 17).

b) Additional documents required:

- If there has been an assessment/Mancas and the support plan is completed, this must be attached to the referral.

c) Documents to be completed once the referral has been accepted:

- Citizen Information and Agreement form (page 21).

And returned to:

Kate Kay
Neighbourhood Apartment Co-ordinator,
Adult Social Care
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Mobile: 07773537458
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Eileen Reynolds
Neighbourhood Apartment Co-ordinator,
Adult Social Care
Tel: 0161 219 2687
Mobile: 07970378994
Email: e.reynolds@manchester.gov.uk

Step 3:

All referrals should be sent to the Neighbourhood Apartment Co-ordinators, who will process the referral within 24–72 hours from receipt of referral. Please note this may take longer if additional information has been asked for by any of the involved parties. The decision to accept the referral will be based on the assessment information provided. This will involve the Neighbourhood Apartment Co-ordinator, the housing provider manager, and/or the team leader (care provider). The Neighbourhood Apartment Co-ordinator will inform the referrer as appropriate:

1. The referral is accepted
2. An allocation is available
3. The service-user is on a waiting list
4. The referral is unsuccessful and the reasons why.

Where the number of applicants is above capacity, priority will be given to the more urgent cases. Prioritisation will be done through a scoring tool, which the referrer will complete.

Part 3 Acceptance process

Once a referral has been accepted, the Neighbourhood Apartment Co-ordinator will send a confirmation email with all the relevant details: the address of the scheme; the contact details for the scheme manager and care team; a move-in date and end date; care package requirements; what the citizen needs to bring; details of signing the citizen agreement.

a) Social care input

If the citizen is going into a sheltered scheme and requires care, you will need to commission an external package of care or reablement in the usual way. If the citizen is going into extra care and requires care and if there is capacity from the onsite care provider, then hours will be taken off the commissioned block contract. If there is no capacity, then again you will need to commission an external package of care or reablement. If a citizen requires support with cleaning and shopping please ensure that this is included in the support plan or that other arrangements are made as this is not included in the Neighbourhood Apartments service.

NB. An exception is Village 135, as they have an onsite reablement team during the day and an onsite care provider during the night.

b) Medical input

GP

Citizens who have a local GP will remain under their care while in the apartment (fax their GP to inform them of transfer).

Citizens with GPs outside the local area will need to be temporarily registered with a local GP with agreement for the duration of their stay (fax to inform them of transfer).

This will be for acute intervention only, not routine visits.

Pharmacy

Citizens who are transferred from intermediate care or hospital will need a supply of medication for a minimum of one week. Patients/families must inform their own GP for prescriptions after this period. The care provider can assist with this process if needed.

Therapy

During their stay, citizens will continue to receive therapy interventions from the Intermediate Care Therapy Team as clinically required. Please identify this where possible in the referral form.

Nursing

Nursing care will be provided by the Community Nursing Teams as necessary, and therapy/social care teams are to make any referrals.

Equipment

Any equipment needed will be provided by the relevant teams as if the citizen were at home. Families will need to be aware that this equipment will need to be transported home with them following their stay in the apartment.

c) Citizen information and agreement

Once a referral has been approved by the Neighbourhood Apartment Co-ordinator, the citizen will be given a copy of the Citizen Information and Agreement form, which will need to be signed and returned to the Neighbourhood Apartment Co-ordinator.

d) What the citizen needs to bring with them

All the apartments are fully furnished. Please ensure that the person, carer and their family are aware they will need to bring clothing, toiletries, food, shopping and cleaning materials with them, eg. toilet rolls and washing-up liquid. They will also need to bring any necessary money and equipment personal to them. Bedding and towels will be provided and there is a separate laundry room in the apartment block that can be utilised. A telephone is not provided in the flat, so please ensure that the person/family is aware they will need a mobile telephone if they want to make personal phone calls. An information booklet will be available about life at the scheme for the person and their family.

e) Admission times

Once a referral has been approved by the Neighbourhood Apartment Co-ordinator the admission time will be agreed between the scheme manager and allocated worker. Generally, this will be Monday to Thursday during normal office hours to ensure that keys/fobs for the apartment can be handed over and any necessary information passed to the individual using the Neighbourhood Apartment. Admissions can be made on a Friday, but will be dealt with on a case-by-case basis. To reduce risks to the individual and support staff it would be preferable to avoid Friday afternoon admissions to ensure that appropriate support is available for them from the outset of their stay.

f) Updating social care records

Once the citizen moves, we ask you to add temporary address on their social care record. The Neighbourhood Apartment Co-ordinator will add a case note entry to say when the placement has been agreed and when the move is to take place, plus any other essential information.

g) Cost of Neighbourhood Apartments

There is no charge for rent or bills etc for a stay in a Neighbourhood Apartment; this is covered by Manchester City Council. However, in order for us to monitor usage, a new uncosted element has been added for Neighbourhood Apartments on social care record. This is purchased in the same way as Homecare, and the Neighbourhood Apartment Co-ordinators will complete this.

h) During the stay

The Neighbourhood Apartment Co-ordinators will keep in touch during the period the citizen is in the apartment; they will check everything is going okay and keep up to date with the exit plan etc. If there are any issues, you can get in touch with the Neighbourhood Apartment Co-ordinators or the scheme manager.

If there are any issues during a citizen's stay which cannot be resolved, or if their needs can no longer be met in a Neighbourhood Apartment, then they may be asked to leave before the end of their stay, for more suitable accommodation.

i) Discharge

The discharge/exit plan and any onward referrals will be co-ordinated by the key worker. An exit plan will form part of the referral, so referring professionals will need to consider how long the person will need support for, usually a maximum of six to eight weeks. Please note this is for short-term support only. If a citizen is to be rehoused following their stay in a Neighbourhood Apartment, please ensure that they have the appropriate finances and benefits in place ready for when they move. In addition if they require furniture for their new accommodation, please ensure they are saving money to assist them with purchasing this. Advice and support can also be provided by the Neighbourhood Apartment Coordinator with regard to a welfare pack and appropriate charities.

j) Evaluation form

There is also an evaluation form to complete upon exit of the flat. The Neighbourhood Apartment Co-ordinators will arrange to meet with the citizen to undertake this once a final exit date has been agreed.

Part 4 Referral application

Please note that the referrer will be contacted within 24-72 hours of receipt of the referral to confirm the outcome of the referral.

Please note this may take longer if additional information has been asked for by any of the involved parties.

It should also be noted that if there has been an assessment and support plan completed, this must be attached to the referral.

Please include as much information as possible and provide a full picture of the citizen's background and needs in order for us to make an informed decision and help us expedite the referral as quickly as possible.

In order to progress the citizen's referral and seek agreement from the relevant professionals involved with the Neighbourhood Apartments we require consent to share the information in this form.

The information will not be shared with anyone else other than professionals involved in the Neighbourhood Apartment application.

Does the citizen consent to this?

☐ Yes ☐ No

Section 1: Basic information

Referrer's name:

Referrer's email:

Referrer's phone number:

Referrer's organisation and job title:

Date of referral:

Citizen's name:

Citizen's date of birth:

Age:

Liquid Logic number:

NHS number:

Home address and type of accommodation:

(eg. extra care, sheltered scheme, house)

Citizen's GP and GP address:

Name and contact details of designated worker:

(eg. social worker/community health team) during person's stay at the flat, if different to referrer

Current address if different to home address:

(eg. hospital, intermediate care)

Do you have a preference for a particular transitional flat?

If yes, please state which

Would you prefer a Neighbourhood Apartment in a sheltered scheme or extra care scheme, or both?

If the transitional flat were not available, would this person have:

(tick where appropriate)

- ☐ **a)** Attended A&E
- ☐ **b)** Required a temporary stay in 24-hour care
- ☐ **c)** Been a delayed discharge from hospital
- ☐ **d)** Required a permanent stay in 24-hour care

Projected length of stay:

Section 2: Allocation/Scoring tool

Guidance for completion

The scoring tool is used as an evaluation tool for Neighbourhood Apartment applications. It is really to get an understanding of the person's situation at that moment and to assess their level of priority if there is more than one applicant being considered for a vacancy. Guidance and context around what the questions mean and what should be considered when answering them is shown below.

Please use the explanation grid to help you decide on a score out of five, and enter it in the 'Scoring decision' boxes on the right. Please ensure you enter a total score at the end.

Domain	**High-risk example** (5 points)	**Medium-risk example** (3 points)	**Low-risk example** (1 point)	**Scoring decision** (out of 5)
Housing status at present Brief explanation	**Nowhere to live** They either have nowhere to live or they cannot return to their current home as it is unsafe for them to do so	**Potentially has nowhere to live** They could go home but it would be beneficial for them to get more suitable accommodation, or they are at risk of losing their tenancy	**Has somewhere to live – no risk** Has a secure tenancy or owns their own home and no risk associated with accommodation	/5
Facilitation of hospital discharge Brief explanation	**Currently in hospital and needs to leave** Is in hospital and fit for discharge	**Recently discharged, or at risk of admission** Has had one or more recent admissions (ie. in the past six to 12 months)	**No recent hospital admissions** No admissions in past year	/5
Current health status Brief explanation	**Extremely frail/ vulnerable (scoring tools evidence this)**	**Poor health overall and likely to deteriorate further**	**In good health**	/5
Likely to be moved to residential or nursing care Brief explanation	**High likelihood of admission to institutional care if no alternative** Will need to go into 24-hour care if no alternative accommodation is found, resulting in an inappropriate 24-hour placement	**Currently in temporary or permanent placement (residential/nursing)** Is already in 24-hour care but doesn't need to be and is still able to live independently	**No risk/living in the community** Not at risk of 24-hour care, and living at home	/5

Domain	High-risk example (5 points)	Medium-risk example (3 points)	Low-risk example (1 point)	Scoring decision (out of 5)
Health exacerbated by current housing Brief explanation	**Current housing severely impacting on health/LTCs, eg. damp, stairs, hoarding etc** Their health is being put at severe risk due to their current housing and they may have had hospital admissions around this, or safeguarding raised	**Some evidence of housing needs, eg. damp, stairs, lack of accessible facilities etc** Their housing could put their health at risk if circumstances don't change	**No impact on health** Their housing is suitable and not having a detrimental effect on their health	/5
Memory problems Brief explanation	**Diagnosis of dementia/ Alzheimer's; needs support to minimise risk** Will include mental health, brain injury or depression	**Low to moderate memory problems – needs some prompting** Will include mental health, brain injury or depression	**No memory problems** No issues with memory or mental health	/5
Impact on carers Brief explanation	**High impact on informal carers** If they have informal carers, are they at significant risk of this breaking down, or has it already broken down?	**Some impact on informal carers** Informal carers are struggling with their commitments and have expressed their concerns, or the person's needs are increasing and the care relationship could be at risk	**No carers or no impact** Carers are managing well	/5
Need for adaptations Brief explanation	**Currently awaiting or need adaptations** Self-explanatory, but if unable to return home, would be in lowest area, as adaptations not appropriate	**Would benefit from adaptations but not critical**	**No need for adaptations**	/5

Domain	High-risk example (5 points)	Medium-risk example (3 points)	Low-risk example (1 point)	Scoring decision (out of 5)
Social circumstances Brief explanation	Extremely lonely and isolated – currently considered high risk They are very isolated and this is having a detrimental effect, or they are very vulnerable to risk and abuse in current home	Is lonely and isolated but not at as much risk	Social and active with no risk of isolation	/5
Need to summon help in an emergency Brief explanation	Highly likely given health status For example, is at high risk of falls or seizures and would need to summon help urgently	Quite likely given current health and social care needs Lower level risk but would still need access to immediate support but less frequently	Unlikely to need to summon help in an emergency Low risk of requiring emergency help	/5
			Total score	

Section 3: Background information

What is the reason for the referral?

(Please refer to the referral criteria from section 2)

Background information:

Include any known risks, background and housing background, eg. arrears or antisocial behaviour. Please provide as much information as possible.

Key risks *(eg. substance misuse, anti-social behaviour, falls, social isolation, wandering)*:

Summary of exit plan:

Must be six to eight weeks. If the person requires a longer period, you will need to liaise with the Neighbourhood Apartment Co-ordinator for a period of extension.

How will these risks be mitigated?

Section 4: Care and support needs

Does the citizen have care and support needs?

Yes No

If yes, please give details of care package.

Number of calls a day:

Length of calls

Is double cover required?

Yes No

Additional information:

Does the citizen have a mental-health condition?

Yes No

Does the citizen have any issues concerned with drug or alcohol use?

Yes No

If you have answered yes, please give details of any of the above if not already covered elsewhere:

Is the citizen registered disabled?

Yes No

Is the citizen a wheelchair user?

Yes No

Is the citizen registered blind?

Yes No

If care support is required:

Please provide full information on the referral form if this is different from the support plan, or if there is no assessment or support plan.

Please tick yes or no to the following areas:

a) Meal preparation

Does the person require support preparing meals/ eating and drinking?

☐ Yes ☐ No

Please provide additional information if needed:

b) Bearing weight

Is the person able to bear weight?

☐ Yes ☐ No

Please provide additional information if needed:

c) Does the person have equipment, eg. Zimmer, wheelchair?

(This must be brought with the individual on arrival at the flat and taken back with them when they leave.)

☐ Yes ☐ No

Please provide additional information if needed and remind the person and their family that they need to bring any equipment with them.

d) Transfer needs

Does the person require assistance with transfer/ moving/getting in and out of bed?

☐ Yes ☐ No
☐ Assistance of one ☐ Assistance of two

Please provide additional information if needed:

e) Medication

Does the person require support with taking prescribed medication?

☐ Yes ☐ No

Please provide additional information if needed, eg. times of day, medication needs, does the person need prompting/administering of medication?

f) Personal care

Does the person require support with their personal care, eg. toilet needs/washing and dressing?

☐ Yes ☐ No

Please provide additional information. If they are independent, does this need monitoring?

g) Nursing needs

Does the person have any nursing needs, such as change of dressings etc?

☐ Yes ☐ No

Please provide additional information. If they are receiving nursing support, how long will this be for?

h) Family support

Does the person have support from family members or friends?

☐ Yes ☐ No

Please provide additional information if needed:

i) Cultural needs

Does the person have cultural requirements, eg. food preparation, that the care team will need to recognise?

☐ Yes ☐ No

Please provide additional information if needed:

Would this person consider a stay in a shared apartment, with their own room but sharing a lounge, kitchen and bathroom? A matching process will take place to ensure compatibility.

☐ Yes ☐ No

If other agencies are involved, please state the agency's name and whether they will require visits:

Name of agency and professional	Visits required	Contact details

Section 5: Housing

What is your current housing tenure?

(please tick one box only)

- ☐ Council
- ☐ Family and friends
- ☐ Hostel or temporary accommodation
- ☐ Prison
- ☐ Tied accommodation
- ☐ Housing association
- ☐ Owner
- ☐ Lodger
- ☐ Hospital

Other (please state):

Name of landlord if renting from a housing association:

Has this person been registered on Manchester Move if appropriate?

☐ Yes ☐ No

If yes, what is your rehousing application number?

If yes, what is the current position of the application?

Has a referral being made to the Housing Options for Older People (HOOP)?

☐ Yes ☐ No

If no, would you like us to send you further information?

☐ Yes ☐ No

The above HOOP service is aimed specifically at people over 50, their families and carers. It informs people about their housing options. The HOOP Officers work closely with health and social care professionals, using a holistic, person-centred approach to ensure that people's needs are addressed and met in relation to their requirements.

HOOP Officers are also able to help you with people in hospital who require rehousing. You will need to complete a hospital discharge form, which may help you gain a band one priority. Also, having the correct identification could speed the process to be rehoused. Tick below to receive further information.

North ☐

HOOP Officer
at Northwards Housing Trust
Frances McDermott
Tel: 0161 720 5805/07595 651430
Email: frances.mcdermott@northwardshousing.co.uk

South ☐

HOOP Officer
at Southway Housing Trust
Jackie Duncan
Tel: 0161 448 4369/07860 855377
Email: j.duncan2@southwayhousing.co.uk

Central ☐

HOOP Officer
at MSV Housing
Margaret McCann
Tel: 07793 257157
Email: margaret.mccann@msvhousing.co.uk

Section 6: Convictions and court action information
(please see guidance for completion overleaf)

You must answer all three questions in this section.

(See pages 18 and 19 to help you answer this question.)

1. Do you, or does anyone who is to be housed in the Neighbourhood Apartment with you, have any convictions that are unspent?

   ☐ Yes ☐ No

2. Are you, or is anyone who is to be housed in the Neighbourhood Apartment with you, currently subject to any pending criminal court action?

   ☐ Yes ☐ No

3. Has any current or previous landlord served a notice or taken court action against you (or anyone who is to be rehoused with you) for rent arrears or antisocial behaviour?

   ☐ Yes ☐ No

If you have answered yes to any of the questions in this section, please provide further details below.

Name:

_____

Signed:

_____

Date:

_____

Spent and unspent convictions

If you have been convicted of an offence, you will have been asked to declare in our applicant declaration form if you have any criminal convictions that are unspent. The guide below will help you answer this question.

Describing criminal convictions as either spent or unspent is linked to the Rehabilitation of Offenders Act 1974. This Act allows criminal convictions to become 'spent' after a 'rehabilitation' period. After this rehabilitation period, a person is not normally required to declare or mention to others that they have received a conviction for a criminal offence.

In contrast, 'unspent' convictions will be those where the rehabilitation period has not yet run out. During this period the person will have to declare to others that they have received a criminal conviction. Rehabilitation periods are not based on the offence committed but on the sentence passed down by a court. Currently (June 2015), rehabilitation periods are:

Prison sentence of	Rehabilitation period – or the time it takes for a conviction to become 'spent'	
	Aged 18+ at time of conviction	Aged under 18 at time of conviction
More than 4 years	Never spent	Never spent
More than 2.5 years (30 months) but less than 4 years	Sentence length +7 years	Sentence length +3.5 years
More than 6 months but less than 2.5 years (30 months)	Sentence length +4 years	Sentence length +2 years
Less than 6 months	Sentence length +2 years	Sentence length +18 months

Example of calculating a rehabilitation period on a prison sentence:

If you have been convicted of an offence and received a prison sentence of one year, then you have a total rehabilitation period of five years (one year for your sentence and four more years). The overall rehabilitation period is not affected if you were released on licence, say after six months.

Sentence	Rehabilitation period – or the time it takes for a conviction to become 'spent'	
	Aged 18+ at time of conviction	Aged under 18 at time of conviction
Community order or youth rehabilitation order	1 year	6 months
Conditional discharge	Length of order	Length of order
Absolute discharge	None	None
Conditional caution	3 months – or when caution ceases to have effect if earlier	3 months – or when caution ceases to have effect if earlier
Simple caution/youth caution	None – immediately 'spent'	None – immediately 'spent'
Fine (does not include fines arising from fixed penalty notices, or penalty notices for disorder (PND))	1 year	6 months
Other (including Compensation Order, Supervision Order, Bind Over, Hospital Order)	Length of the order, once compensation is paid	Length of the order, once compensation is paid

The information above should be seen as a general guide only and not as a definitive interpretation of the Act. Advice from a solicitor or specialist advocate should be sought if required. [1]

[1] The following document can also be consulted – Rehabilitation of Offenders Act 1974, produced by NACRO

Section 7: Additional information (for office use only)

The Neighbourhood Apartment Co-ordinator has asked for additional information about the referral.

Please see below for this information.

Section 8: Feedback from providers (for office use only)

Housing provider feedback
Decision:

Reasons:
(please ensure these are clear, valid and justifiable)

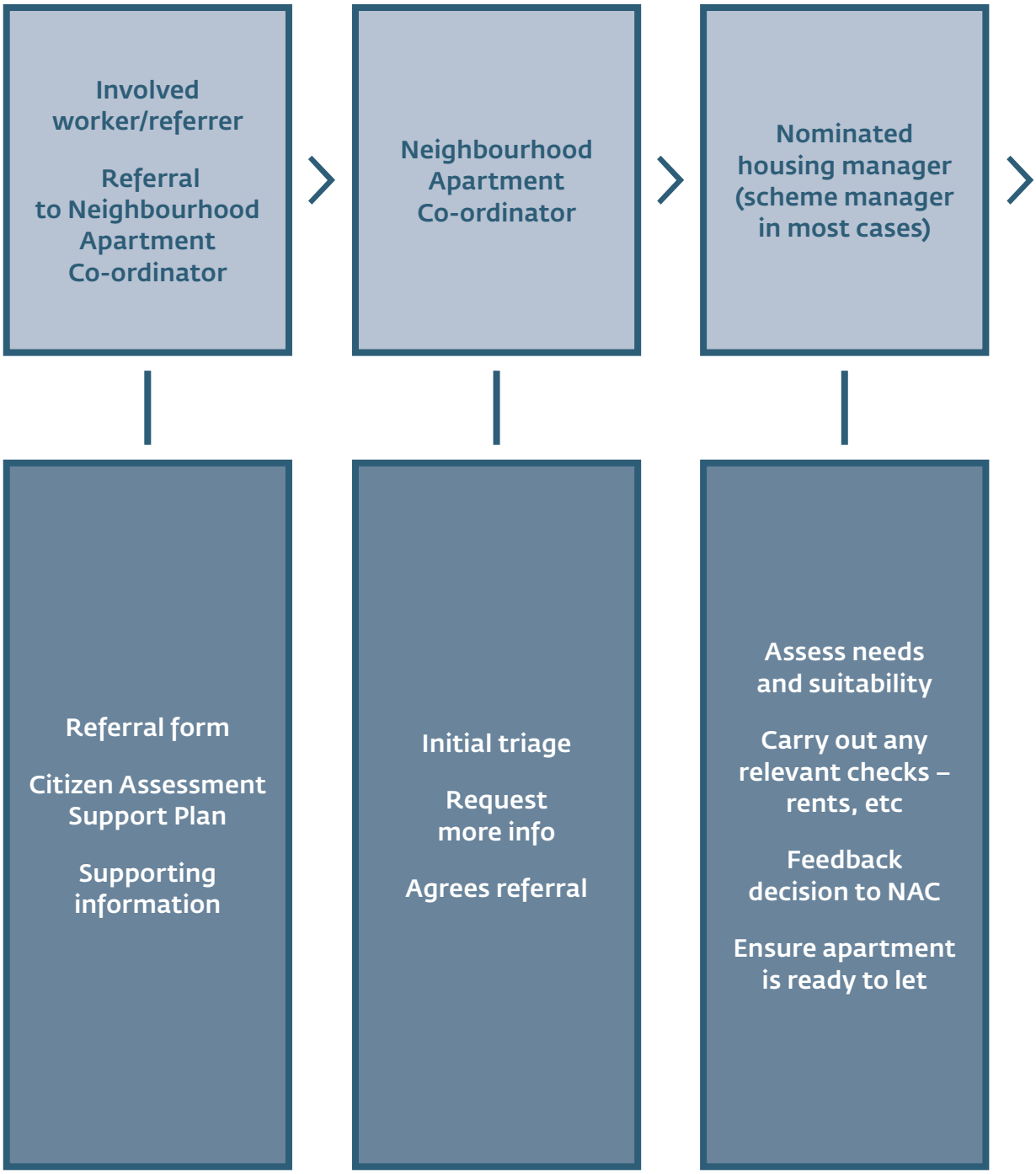
Any risks identified:

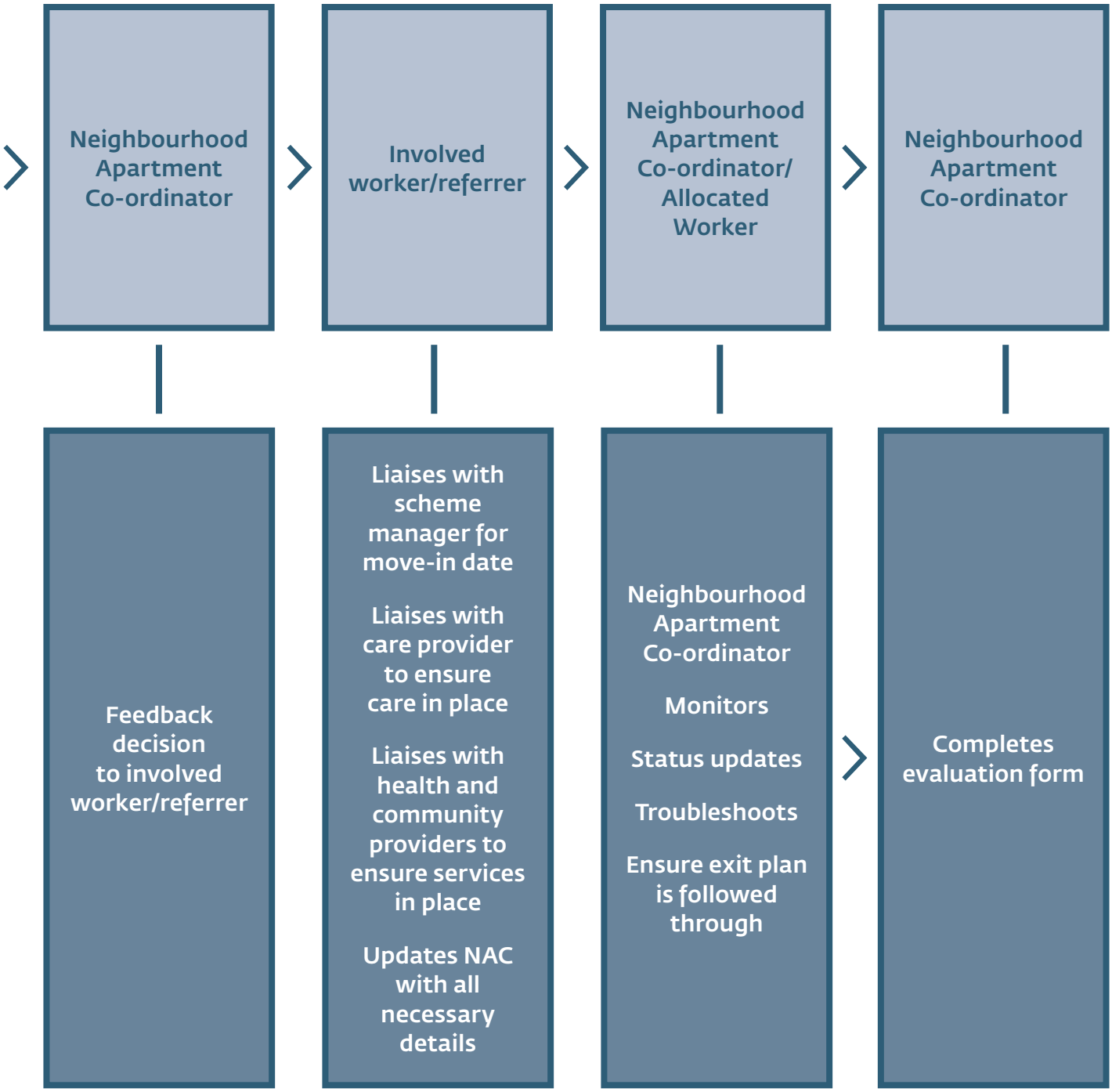
Care provider feedback
Decision:

Reasons:
(please ensure these are clear, valid and justifiable)

Any risks identified:

Part 5 Referral process flow diagram




Neighbourhood Apartment Co-ordinator
Involved worker/referrer
Neighbourhood Apartment Co-ordinator/ Allocated Worker
Neighbourhood Apartment Co-ordinator
Feedback decision to involved worker/referrer
Liaises with scheme manager for move-in date
Liaises with care provider to ensure care in place
Liaises with health and community providers to ensure services in place
Updates NAC with all necessary details
Neighbourhood Apartment Co-ordinator
Monitors
Status updates
Troubleshoots
Ensure exit plan is followed through
Completes evaluation form