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Our ref: CCD 5/2009
1st December 2009

Dear Colleagues

GUIDANCE ON THE PROVISION OF EQUIPMENT AND ADAPTATIONS

Introduction

1. This circular introduces new guidance on the provision of equipment and adaptations by local authorities and NHS Boards in Scotland. The annex to this circular sets out detailed guidance information and tools for local partnerships.
2. This guidance supersedes NHS Circular No 1976 (GEN) 90: *Provision By Health Boards And Local Authorities Of Aids And Equipment For The Disabled Living At Home And Adaptations To Their Homes*. A list of all revoked and extant guidance can be found in Annex A& B of the attached guidance.
3. The new guidance is attached to this letter and contains the following:
 - Annex A – Glossary of Terms
 - Annex B – Revoked guidance
 - Annex C – Related guidance
 - Annex D – Legislation
 - Annex E – Key Action Points
 - Appendix 1 – Good Practice Guide for Community Equipment Provision

Purpose of the Guidance

4. The guidance aims to assist local authorities and their NHS partners to modernise and integrate their equipment and adaptation services within the wider community care context.
5. The overall aims of the guidance are to:
 - Place the user, and carer, at the centre of provision.
 - Promote a consistent approach to the assessment for, and provision of, equipment and adaptations.

- Ensure that users and carers have access to up to date and relevant information on equipment and adaptations.
- Promote good practice and partnership working in relation to equipment and adaptation provision.

Background

6. In August 2004 Audit Scotland published the report [*Adapting to the Future: Management of Community Equipment and Adaptations*](#). The report published the findings of a review of the management of community equipment and adaptations.

7. The report made a number of key recommendations including a recommendation that the Scottish Executive should “update national guidance on roles and responsibilities in relation to community equipment and adaptations to reflect new ways of working promoted by the Joint Future Agenda; local government reorganisation; and developments in technology.”

Consultation

8. A total of 75 responses were received from a variety of organisations and individuals. Responses received were generally positive, and welcomed that new guidance was being produced.

9. Three consultation events were also held in Edinburgh, Glasgow and Aberdeen. These events were independently run by Capability Scotland, Quarriers and Cornerstone respectively. The three events were well attended by service users, carers and professionals. Reports from the three events were received from the organisations and have been used to inform the consultation process. These reports are available separately on the Scottish Government website.

10. The consultation carried out on the draft guidance proved extremely useful. Some of the suggestions and comments made have been incorporated into this guidance, and have helped inform the future workstreams.

11. Further details of the consultation and a summary of the responses received can be found at <http://www.scotland.gov.uk/Topics/Health/care/EandA/EandAConsultation>.

Implementation and Review

12. This guidance should be implemented with immediate effect. As outlined below a programme of support will be available for partnerships to help with the implementation process.

13. The Scottish Government will subsequently carry out a review of community equipment services 3 years after the publication of this guidance. If necessary, revised guidance will be issued 2 years after this review has taken place.

Support for Partnerships

14. Our consultation revealed that service providers, and their clients felt that guidance alone would not be sufficient to ensure the effective development of

equipment and adaptation services across Scotland. To that end the Scottish Government is committed to providing partnerships with a range of toolkits and further assistance. As part of this we will offer assistance, to those partnerships requesting it, through the Joint Improvement Team.

15. Any partnerships wishing to seek assistance from the JIT should make initial contact with Margaret Whoriskey, Deputy Director JIT to discuss requirements. Contact details can be found at the end of this letter.

Good Practice Guide for Community Equipment Provision

16. This guide has been developed to support local equipment services effectively develop, deliver, manage, and monitor the provision of equipment from the point of assessment through to delivery, and the conclusion of the assessment process.

17. It can be used as a 'checklist' against which organisations can benchmark and evaluate their equipment service, irrespective of the type of model adopted. It will identify common and key components that should apply to all equipment services and assist in a systematic approach to service development and delivery across all areas of Scotland.

Future Workstreams

18. This guidance should be seen as the first step in a series of steps to ensure the effective modernisation of equipment and adaptation services across Scotland. There are a number of specific aspects of the service that require further consideration. These include specific equipment and adaptations services such as communication equipment, sensory equipment, and self- directed support.

19. Further work will also be carried out to establish the range of adaptations services across Scotland, with a view to scoping a good practice guide to providing adaptations. Other workstreams include:

Current Work

Web based Information: Development of a website 'template' detailing the type of information, and its format, that local areas should have on their own websites.

Adaptations funding guide: Work being carried out to develop a guide to the different funding streams and housing tenures encountered by adaptations providers.

Adaptations Good Practice Guide: Work recently started to scope the different types of adaptations services currently in Scotland. This will then be used to develop a good practice guide (similar to the equipment guide).

Telecare – Sensory Impairment: work had already commenced on the role that telecare has in supporting individuals with Sensory Impairment. Work is also ongoing to develop guidance on integrating telecare into the wider community care services.

Future work

Public Information: We hope to start work develop a range of public information leaflets following publication of the final guidance. Topics include:

- Older people
- Children's equipment
- Sensory Impairment
- Alternative Augmented Communication
- Adaptations (all tenures)
- Self assessment/selection

Stage 3 adaptations funding: Scottish Government Housing Investment Division has convened a Short life Working Group with SFHA that is looking at whether the Stage 3 Adaptations funding process could be streamlined.

The plan is to identify areas for improvement by gathering information on practices around the country and views on adaptations issues which would benefit from consistency through changes to existing procedures. Timescales for this work have yet to be agreed

Recycling: Scope work to identify the number of self contained recycling facilities required to cover services across Scotland.

Actions on the Guidance

20. The guidance contains a number of Key Action Points within each of the sections for both the Scottish Government and local partnerships. Progress made on key Scottish Government Action Points will be made available on the Scottish Government website at <http://www.scotland.gov.uk/Topics/Health/care/EandA>.

21. Local partnerships should commence work towards addressing their Key Action Points with immediate effect. Support will be offered through the JIT to progress this work.

Enquiries

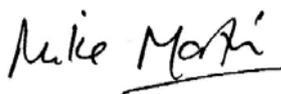
22. All enquiries regarding this circular, and the Action Points, should be addressed in the first instance to:

Jane Arroll, Partnership Improvement and Outcomes Division (as the above address), Telephone 0131 244 5317, email jane.arroll@scotland.gsi.gov.uk.

Isla Bisset, Partnership Improvement and Outcomes Division (as the above address) Telephone 0131 244 3748, email isla.bisset@scotland.gsi.gov.uk.

Margaret Whoriskey, Joint Improvement Team (as the above address), Telephone 0131 244 3365, email Margaret.whoriskey@scotland.gsi.gov.uk.

Yours sincerely



MIKE MARTIN



College of
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COSLA

GUIDANCE ON THE PROVISION OF EQUIPMENT AND ADAPTATIONS

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INTRODUCTION

Equipment and adaptations are an important part of an integrated community care service. They can enable some of our most vulnerable citizens to achieve their individual outcomes, living in their own home for as long as possible, enabling them to achieve the quality of life they wish as well as being a cost effective model of intervention.

The assessment for and provision of community equipment and adaptations should meet the national outcomes for community care, in particular the need for:

- satisfaction in the process,
- faster access, including specialist activity such as palliative care,
- rehabilitation,
- timescales,
- risk management, and
- community provision.

Around a third of all households (34%) contain at least one person with a long-standing limiting illness, health problem or disability. Just over a third of this population use equipment or have had adaptations to their homes¹. Furthermore, the number of older people is set to rise by around 31 % by 2031 (over 74s by 81%).

The provision of equipment and adaptations, including the opportunities provided by innovative technology, should be an integral part of mainstream community care assessment and service provision. Where this is not already in place it can result in a breakdown of care, especially during periods of transitions from child to adult services and from hospital to community settings.

This guidance aims to assist local authorities and their NHS partners to modernise and integrate their equipment and adaptation services within the wider community care context. Recognising the key outcomes identified by service users in the Talking Points – a Personal Outcomes Approach framework and through self directed support and enablement practice:

- Improved confidence
- Improved skills
- Improved mobility
- Reduced symptoms

As there are always several ways of establishing and managing services this guidance allows for a certain amount of discretion within individual partnerships.

¹ Scottish Household Survey 2005/06: <http://www.scotland.gov.uk/Publications/2007/08/01084217/0-2>

BACKGROUND

Purpose Of The Guidance

This guidance covers the responsibilities of NHS Scotland and local authorities (Social Work/Housing/Education) for providing equipment and adaptations and replaces all previous guidance on this issue. This updated guidance is issued with immediate effect.

A list of revoked guidance can be found at [Annex B](#). [Annex C](#) and [Annex D](#) contain lists of all relevant extant guidance and legislation. .

The guidance will enable professionals, users and carers to better understand local health and social care partnerships responsibilities, and to create a more consistent approach to the provision of equipment and adaptations across Scotland.

The overall aims of the guidance are to:

- Place the user, and carer, at the centre of provision.
- Enable choice and control for service users and carers as partners in the process of assessment and support planning.
- Focus all care and support on the improvement of outcomes for the individual and their carer.
- Promote a consistent approach to the assessment for, and provision of, equipment and adaptations.
- Ensure that users and carers have access to up to date and relevant information on equipment and adaptations.
- Promote good practice and partnership working in relation to equipment and adaptation provision.

What do we mean by equipment and adaptations?

Equipment and adaptation services support the health, housing, social care and educational needs of a broad range of people, and can help reduce risk to, and support independence and control. They assist those with physical or learning disabilities of all ages; people with mental health problems, and individuals who require support with communication, including Alternative and Augmented Communication (AAC) users. Many older people do not see themselves as disabled but may be frail or have difficulty with everyday tasks and could also benefit from these services.

Equipment

Equipment can be defined as any item or product system, whether acquired commercially off the shelf, modified or customised that is used to increase the functional capabilities of individuals with disabilities. Community equipment can include, but is not limited to:

- Home nursing equipment such as pressure relief mattresses and commodes.

- Equipment for daily living such as shower chairs and stools, bath lifts, raised toilet seats, teapot tippers and liquid level indicators.
- Telecare products such as flood detectors, falls monitors, smoke detectors and movement sensors. These are often linked to a call centre and trigger a response when activated
- Children's equipment.
- Ancillary equipment for people with sensory impairments, such as flashing doorbells, low-vision optical aids, text-phones and assistive listening devices.
- Wheelchairs.
- Environmental control equipment
- Communication aids (including AAC) – to assist people who have difficulty with speech. Equipment includes aids to writing and reading as well as speech.
- It does not include any medical devices or anything that is invasive to the body (e.g. PEG feeding equipment).

Adaptation

The purpose of an adaptation is to modify a disabling environment in order to restore or enable independent living, privacy, confidence and dignity for individuals and their families. Adaptations can also improve confidence, skills and mobility and reduce symptoms. They can form part of a range of options available to people experiencing a disabling environment.

This could include, but is not limited to:

- Adaptations to a bathroom, e.g. replacing a bath with a walk in shower;
- Installation of a through floor lift;
- Construction of an external ramp, and widening of a door frame to allow disabled access, or
- Fitting lower work surfaces in the kitchen.

A full glossary of terms can be found at [Annex A](#).

CORE VALUES AND PRINCIPLES

Access to assessment and provision should be fair and consistent, be focused on individual outcomes and enablement, have service users listened to, have a say, be respected and responded to, and be reliable. There should be no discrimination on the grounds of race, disability, gender, age, sexual orientation, religion or belief. Health boards and local authorities have responsibilities under equality legislation for ensuring that discrimination does not occur, and for promoting equality of opportunity. They are also subject to a proactive duty to promote race, disability and gender equality.

People needing equipment and adaptations and their carers need to understand clearly their right to an assessment and the assessment process; what equipment, or adaptations, may be available to them from local authorities, health boards, and other agencies, as well as any costs involved. They should receive advice and information to enable them to participate in informed decisions about the outcomes they wish to achieve. Any decisions made, and the reasons behind them, should be transparent from the outset for individuals, carers, family and staff.

Health boards and local authorities should bear in mind that a carer providing regular and substantial care has the right to an assessment of their own needs as a carer. Under the Community Care and Health (Scotland) Act 2002², NHS Boards have developed Carer Information Strategies. These strategies, in place since May 2007, should improve carer identification, information and training to help carers continue in their caring role.

The risks and benefits to the individual of a change of location or support should be considered carefully before any move or change is confirmed. Neither the Health Board nor the local authority should unilaterally withdraw from funding an existing care package without appropriate reassessment and identification of the body responsible for funding. There should be clear evidence that outcomes for the individual and carer have been addressed in the care plan. Where individuals move without notifying services in advance the same principle should apply.

This also applies to the transition from children services to adult services. The Education (Additional Support for Learning) (Scotland) Act 2004³ & 2009⁴ (when commenced) provide a framework for local authorities and other agencies to support all children. Further information on the Act can be found on the Scottish Government website at <http://www.scotland.gov.uk/Topics/Education/Schools/welfare/ASL>.

² http://www.opsi.gov.uk/legislation/scotland/acts2002/asp_20020005_en_1.htm

³ http://www.opsi.gov.uk/legislation/scotland/acts2004/asp_20040004_en_1

⁴ http://www.opsi.gov.uk/legislation/scotland/acts2009/pdf/asp_20090007_en.pdf

POLICY CONTEXT

The Scottish Government wants people to be able to remain in their own homes, living as independently as possible for as long as possible. Research has consistently shown that this outcome is what people themselves want. It is also consistent with the principles of increasing choice and control for disabled people, which underpin the 'independent living' and self-directed support agenda. Government policy is therefore to support this.

The Scottish Government is also committed to improving outcomes through partnership working across all organisational boundaries. It encourages health, housing and social care agencies to work together to provide joined up, community focussed services. It has developed an outcomes approach to joint working in community care, which seeks to place the individual outcomes at the heart of local activity throughout the community care system.

This means that an understanding of the outcomes people want, and how local partnerships are progressing these, must be at the heart of:

- Assessment, care and support planning and review;
- Performance management, and
- Joint commissioning and service re-design.

The Community Care Outcomes Framework is a set of performance measures which offer local partnerships a robust means of managing outcomes in the local area, and the opportunity to benchmark with other partnerships using the Framework. This will promote continuous improvement by

- enabling local partnerships to understand at a strategic level their performance in terms of improving outcomes for people using community care services and their carers;
- sharing this information with other partnerships in Scotland and comparing their performance directly on the basis of consistent clear information.

The Community Care Outcomes Framework fits with the Scottish Government's focus on improving outcomes, and may be used by local community planning partnerships to underpin their local Single Outcome Agreements. Further information on Single Outcome Agreements along with guidance for Community Planning Partnerships can be found at <http://www.improvementservice.org.uk/single-outcome-agreements/>.

Community care has delivered a shift in the balance of care over the last 15 years, with significant reductions in the number of older people and adults with learning disabilities and mental health problems living in hospital and institutional settings and a consequential increase in people living at home, or in a community setting. Over 90% of older people receiving care live in their own homes, and the vast majority of hospital patients are discharged in a timely and appropriate manner. Much of this has been achieved through partnership working between the NHS, local authorities (social work/Education/housing), housing providers and the voluntary and private sectors, with service user and carer involvement and participation.

New guidance was issued on Local Housing Strategies in June 2008. The Local Housing Strategy is now the sole strategic document on housing, homelessness and housing support issues. This will help facilitate the effective integration of strategic

thinking in housing and housing support issues, which is particularly relevant to housing provision for disabled people.

Shifting the balance of care

*Better Health, Better Care*⁵ promotes Shifting the Balance of Care. It describes changes at different levels across health and social care to bring about improvements in health and wellbeing and better service outcomes by providing care which is:

- earlier in the course of a disease,
- a quicker diagnosis and a treatment process tailored closely to each person's needs, and
- is delivered closer to home.

This, of course, requires shifts in the balance of both NHS and community care services and support models. Community care services are developing and responding positively to change around them. The long-term goals in community care are to support people at home for as long as possible, providing choice, supporting independence and rebalancing care to people's own homes.

Community care aims to enable everyone in the community to enjoy sustained health and well-being, especially those in disadvantaged communities. Nationally, we want to develop the best possible forum to achieve that. That means enabling better, faster and more local access to integrated health and care services that shift the balance to encouraging independence and choice, and working in partnership with others to achieve better outcomes.

Further information on the Better Health, Better Care Action Plan can be found at <http://www.scotland.gov.uk/Topics/Health/Action-Plan>

Rehabilitation Framework

*The Delivery Framework for Adult Rehabilitation*⁶ is a joint document for health and social work and its purpose policy is to give strategic direction and support to all health and social care services and practitioners who deliver rehabilitation or enablement services to individuals and communities. The vision underpinning the framework is the creation of a modern, effective, multi-disciplinary, multi-agency approach to rehabilitation services that are flexible and responsive in meeting the needs of individuals and communities in Scotland.

⁵ <http://www.scotland.gov.uk/Publications/2007/12/11103453/0>

⁶ <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/adultrehabilitation/rehabframework>

Changing Lives

*Changing Lives, The Review of Social Work in Scotland*⁷ set out a vision for social care services for the 21st Century. The report outlines 13 ACTIONS based on the premise that 'more of the same won't work', highlighting the need for change to ensure services respond to future demographic changes, public expectations, workforce availability and financial allocations.

In response five key change programmes (service development; leadership and management; workforce; practice governance, and performance improvement) were taken forward. These programmes focussed on delivering a number of key pieces of work to help transform services so they:

- meet the legitimate aspirations of users
- increase peoples' capacity to take control of their lives
- are more focused on prevention
- are accessible and flexible

Further information about the Changing Lives report and the subsequent workstreams can be found at www.socialworkscotland.org.uk.

Free Personal and Nursing Care (FPNC)

Personal and nursing care is available without charge for everyone in Scotland aged 65 and over who needs it, whether at home, in hospital or in a care home. Free nursing care is available for people of any age who need it. The 2003 guidance details the components of personal care that are covered. For equipment and adaptations it states that

"The [FPNC] policy is related to the provision of social and nursing care, not the provision of equipment and adaptations.

For the purposes of this [FPNC] policy only memory and safety devices which help individuals to manage their own personal care needs are included (e.g. the use of personal reminder systems to allow individuals to manage their medicines, or the use of sound/movement alarms linked to light controls to guide people with dementia to the toilet and minimise the risks relates to wandering at night). Community alarms and other associated devices are **not** included in this policy"

The Sutherland Report⁸ on free personal and nursing care made some recommendations and new guidance for local authorities and their partners was issued in September 2009⁹.

Further details on the Free Personal and Nursing Care policy can be found in Circular CCD 5/2003¹⁰ and at: <http://www.scotland.gov.uk/Topics/Health/care/17655>.

⁷ <http://www.scotland.gov.uk/Publications/2006/02/02094408/0>

⁸ <http://www.scotland.gov.uk/Topics/Health/care/17655/SutherlandReview>

⁹ <http://www.scotland.gov.uk/Topics/Health/care/17655/research/NewPage/guidancedoc/Q/EditMode/on/ForceUpdate/on>

¹⁰ <http://www.scotland.gov.uk/Publications/2005/08/13113129/31393>

Self-Directed Support

Self-directed support in Scotland is part of the mainstream of social care delivery, targeted at empowering people to make their own choices about their support. Self directed support encompasses what has historically been called direct payments but can include personal budgets, and other forms of control and direction on how support is provided. It allows an individual more flexibility, choice and control over the support they receive, and promotes confidence and wellbeing for those with an assessed need. Research¹¹ published in June 2008 gives evidence of the positive experiences of people who receive self-directed support:

Further details of the self-directed support scheme can be found in the Assessment of Need section and on the Scottish Government's website at <http://www.scotland.gov.uk/Topics/Health/care/VAUnit/DirectPayments>.

¹¹ <http://www.scotland.gov.uk/Publications/2008/05/30134008/2>

LEGAL FRAMEWORK

The National Health Service (Scotland) Act 1978 (“the 1978 Act”)¹² requires Scottish Ministers to promote a comprehensive and integral health service to improve the physical and mental health of the people of Scotland and to provide or secure services for the prevention, diagnosis and treatment of illness. There is also a general duty to promote the improvement of physical and mental health. The discharge of these functions is essentially delegated to health boards. Their duties under the 1978 Act includes duties to provide medical, nursing and other services.

The Social Work (Scotland) Act 1968 (“the 1968 Act”)¹³ places a general duty on local authorities to promote social welfare (Section 12 of the 1968 Act) by making available advice, guidance and assistance. There are also specific duties to assess needs and decide whether those needs call for the provision of services, which essentially means services under part II of the 1968 Act.

Local authorities have the lead responsibility for co-ordinating the assessment of all community care needs, on an inter agency basis. However, it is for individual local authorities to decide the range of services it will provide to meet local needs and priorities, ensuring that this is consistent with their statutory functions and with Government policy.

Section 2 of the Chronically Sick and Disabled Persons Act 1970¹⁴ is effective in Scotland through the Chronically Sick and Disabled Persons (Scotland) Act 1972¹⁵. It applies to any chronically sick and disabled person, to whom section 12 of the 1968 Act applies, or if the person is under 18 years of age, to any disabled child to whom section 2 of the Children (Scotland) Act 1995¹⁶ applies.

Sections 22 and 29 of the Children (Scotland) Act 1995 also place a duty on local authorities to provide services that promote and safeguard the welfare of children.

The Education (Additional Support for Learning) (Scotland) Act 2004¹⁷ introduced a single structure for meeting the needs of children who require additional support to ensure they can make the most of their education. This will be amended by The Education (Additional Support for Learning) (Scotland) Act 2009¹⁸ when commenced.

On 1 July 2009 a circular¹⁹ was sent to all local authority Chief Executives and Directors of Education which explains the main provisions of the 2009 Act and the effect that it has on the Education (Additional Support for Learning) (Scotland) Act 2004 (the 2004 Act).

Local authorities have powers and duties under the Housing (Scotland) Act 2006 to assist home owners in certain circumstances. This updates previous arrangements

¹² http://www.opsi.gov.uk/RevisedStatutes/Acts/ukpga/1978/cukpga_19780029_en_1

¹³ http://www.opsi.gov.uk/RevisedStatutes/Acts/ukpga/1968/cukpga_19680049_en_1

¹⁴ http://www.opsi.gov.uk/RevisedStatutes/Acts/ukpga/1970/cukpga_19700044_en_1

¹⁵ http://www.opsi.gov.uk/RevisedStatutes/Acts/ukpga/1972/cukpga_19720051_en_1

¹⁶ http://www.opsi.gov.uk/acts/acts1995/Ukpga_19950036_en_1.htm

¹⁷ http://www.opsi.gov.uk/legislation/scotland/acts2004/asp_20040004_en_1

¹⁸ http://www.opsi.gov.uk/legislation/scotland/acts2009/pdf/asp_20090007_en.pdf

¹⁹ <http://www.scotland.gov.uk/Topics/Education/Schools/welfare/ASL/aslcircular/>

under the Housing (Scotland) Act 1987, and includes a simpler and fairer system of financial assistance than before with a wider range of structural adaptations now attracting a mandatory grant of at least 80% of the cost of the work, and 100% for those applicants in receipt of certain income replacement benefits. The Scottish Government provided guidance on this in the Implementing the Housing (Scotland) Act 2006, Parts 1 and 2: Statutory Guidance for Local Authorities: Volume 6 Work to Meet the Needs of Disabled People²⁰.

Co-operation between local authorities and health boards

Improving outcomes through joint working is an important policy goal. Sections 13 and 13a of the 1978 Act make provision for health boards to co-operate with one another and with other agencies, such as local authorities, to secure and advance the health of the people of Scotland. Similarly, Section 4 of the 1968 Act permits local authorities to work with health boards and other agencies to assist with the provision of community care services.

Part II of the Community Care and Health (Scotland) Act 2002²¹ and the Community Care (Joint Working etc.) (Scotland) Regulations 2002²² promote co-operation between local authorities and health boards to make joint community care and healthcare provisions, by enabling the delegation of functions, the transfer of resources and the pooling of budgets between local authorities and NHS Scotland.

Local authorities have additional powers to support wellbeing through the Local Government Act

²⁰ <http://www.scotland.gov.uk/Publications/2009/03/25154356/0>

²¹ http://www.opsi.gov.uk/legislation/scotland/acts2002/asp_20020005_en_1

²² http://www.opsi.gov.uk/legislation/scotland/ssi2002/ssi_20020533_en.pdf

THE CONTRIBUTION OF EQUIPMENT AND ADAPTATIONS

Community care services, including equipment and adaptations, need to meet the needs of people of all ages and disabilities, and respond appropriately when these needs change. For example, disabled children and students may need a variety of equipment at home, school, college and university such as special seating, mobility equipment and augmented communication equipment etc.

Delays in the assessment of need, and the delivery of services may impede access to education, learning and the child's development; and may even cause greater dependency.

Disabled adults can also benefit from equipment and adaptations, enabling them to lead independent lives and achieve their desired outcomes. The provision of equipment and adaptations can also reduce risk and injury and may prevent unnecessary admission to hospital. They are also vital to those who provide care, whether family members or paid carers, enabling them to work safely and effectively.

Furthermore, the ability to communicate effectively is a fundamental human right. It is therefore vital that individuals with communication needs are provided with, and trained in the use of, appropriate communication equipment (e.g. Alternative and Augmented Communication equipment).

"If a drug was discovered with a similar cost-profile it would be hailed as a wonder-drug of the age"

*Fully Equipped: Audit Commission 2000
Commenting on the clinical effectiveness of equipment in achieving good outcomes*

Benefits to stakeholders

The Service User

The provision of equipment and adaptations can enable service users to achieve their individual outcomes, living in their own home for as long as possible, enabling them to function independently and achieve the quality of life they wish.

Alternatively, dependency may cause depression and a feeling of helplessness, as people are not able to cope with daily living.

Timely provision of equipment to those with palliative care needs will also help people to remain or return home for this final stage of life. It also helps to maximise their independence and dignity.

Case Study – Joan’s Story

Joan is an 89 year old widow with osteoarthritis which has affected her mobility and she is prone to falls. She is almost deaf and has to lip read. Joan is now living on her own for the first time in her life and, although she has family living close by, is afraid of being unable to call for assistance if she falls, particularly during the night. She is very keen to remain living in her own home for as long as possible but is concerned about her ability to call for assistance when she needs it.

The telecare package installed included

- Lifeline Connect with Gem body transmitter on a neck cord.
- Smoke detectors linked to vibrating pillow and flashing beacon to ensure she wakes up in the event of a fire
- Bed occupancy sensor, linked to bedroom and bathroom lights to illuminate the way to and from the bathroom
- Wall mounted Gem transmitter above skirting in bathroom to enable her to call for assistance if she does fall in the bathroom

Joan reported that her telecare package has given her the confidence to know that if she has a fall during the night or day she will be able to summon help using her pendant. She likes the fact that her bedroom and bathroom lights come on when she gets up during the night as she had to use a torch before.

The risk of her falling during the night has been reduced through the use of the light dimmer sensors linked to her bed occupancy sensor and this, in turn, should reduce the risk of her having to be admitted to hospital as a result of a fall. The fact that Joan’s confidence has increased and the risks to her safety are reduced should mean that she is likely to remain living at home for longer – thereby saving the cost of residential care.

Telecare Dementia Case Studies
Joint Improvement Team

More case studies on the benefits of Telecare are available at
<http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/telecare-case-studies/>

Carers

Carers are at the heart of health and social care policy and should be considered as key partners in care.

We recognise the important role carers play in supporting people with disabilities to remain at home. Therefore providing carers and the person they care for with self management care skills and effective rehabilitation services is essential.

To help carers to achieve this we also need to ensure effective hospital discharge policies are in place. As leaving hospital can also be a difficult experience, especially if the person leaving hospital is unable to function as they did before. It can also be a difficult time for carers too.

It is therefore essential that the person being discharged and the needs of their carer are fully assessed prior to discharge. Any subsequent support, help, equipment or adaptations will play a key part in this process. Having this support in place allows the cared for person and the carer to remain at home for longer, reduces the pressure on the family and more importantly avoid hospital readmission.

Case Study - Mary's Story

Mary is an 84 year old widow with dementia who has lived in Inverness all her life. Her two sons live nearby. She regularly becomes disorientated, not knowing what time it is or where she is. Mary often leaves her house in the early hours of the morning to go to the shops, despite the fact that they are not open yet.

Mary attends day care 4 days per week, has a nightly bed round visit and two visits per week for bathing. Although she receives the Meals at Home service, and visits from a home carer to help her reheat her main meal, she often tries to cook food in her microwave without assistance. This concerns her family as they believe this is a significant fire risk.

Mary has always told her sons that she would like to remain living in her own home for as long as possible. Her sons are determined to uphold her wishes and were keen to have a telecare package installed to help address the identified risks and prevent admission to residential care.

Mary was provided with a tailored telecare solution, which included a property exit sensor programmed to monitor the front and back doors of her home between 8pm and 7am. If either door sensor is activated, the Lifeline will alert the Call Monitoring Centre who will then contact one of her two sons to attend. Smoke detectors in the hallway and a temperature extremes sensor in the kitchen were also installed to detect the microwave overheating and risk of fire.

Mary's sons are now reassured that they will be alerted should their mum leave her home and not return within a short period. They also have piece of mind that if Mary continues to cook without supervision, the telecare sensors are able to manage the associated risks.

Mary continued to live at home for a year following the installation of her telecare package. Mary's family believe that without the telecare package and regular home care support, Mary would not have been able to remain at home for this length of time. This outcome has also improved the quality of life for Mary, her two sons and carers.

The telecare package provided for Mary resulted in a cost saving of approximately £15,908 against the cost of residential care.

Telecare Dementia Case Studies
Joint Improvement Team

More case studies on the benefits of Telecare are available at
<http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/telecare-case-studies/>

Equipment and adaptations are also essential to avoiding dangerous practices in terms of moving and handling. The range of equipment provided should be tailored

to help the individual achieve their desired outcomes, and support them in a way that fits in with their chosen lifestyle.

Children's development

The delay in providing equipment and adaptations may impede a child's development by preventing access to facilities, compromising their capacity to develop basic skills, such as toileting and feeding.

Benefits for the NHS and local authorities

Case Study – Robert's Story

In a case study of 30 year old 'Robert', after assessment, investment was made in step-lifts, power-adjusted seating systems, adapted bathroom, hoists, computer-based writing and environmental control systems. If this had not happened when 'Robert's' mother died three years after investment, he would have had to enter residential care for the rest of his life.

This was not just because of the physical help he had needed but because, before the adaptations, he had no autonomy and had become used to a life of complete dependency.

The adaptations not only relieved the physical burden, they changed the man's life and abilities.

Better Outcomes, Lower Costs
University of Bristol on behalf of the Office for Disability Issues

Equipment and adaptations can help the NHS and local authorities by:

- Keeping people safe and independent, reducing the risk of hospital admission, and facilitating a timely discharge from hospital. Equipment can, for example, play a central role in strategies to prevent falls;
- Providing immediate response to care needs and emergency. Telecare products such as falls monitors and heat/smoke detectors can trigger a response from a call centre or shut down equipment to prevent hazards;
- Supporting intermediate care and the rehabilitation agenda;
- Supporting the management of long term conditions including neurological conditions (e.g. multiple sclerosis and Motor Neuron disease);
- Better use of resources. The provision of equipment and adaptations can reduce demand for formal care, such as home care, residential care and hospital care. There are potential savings to be made by supporting people in the community.
- Contributing towards meeting the requirements of the Disability Discrimination Act.
- Getting people back to work and/or out and about in the community.

Robert's Story - Potential savings

Assuming a life expectancy of 50, and weekly residential care costs of £800, the cost of residential care would have been **£41,600** per year (at 2006 prices) and **£2 million** over twenty years.

Compared with:

Three sets of adaptations/equipment at £30,000 over a 20 years and housing costs of £104,000.

A saving of around £1.9m could be achieved. If, in living independently he still needed some support, a £200 per week care package over 20 years would still achieve savings of £1.6m compared with residential care.

Better Outcomes, Lower Costs
University of Bristol on behalf of the Office for Disability Issues

- **Cost reduction through recycling.** Significant savings can be made through the effective retrieval, cleaning and servicing of equipment. EquipU, the joint NHS/local authority service covering the 6 local authorities and NHS Greater Glasgow and Clyde in the central west of Scotland, reported that during 2008/09 £2.1 million worth of equipment was recycled back to the partners, with a reuse cost of only £254,000.
- **Cost reduction through improved procurement.** Combining purchasing power in services can achieve considerable cost savings. There may also be opportunities to rationalise contracts for maintenance and servicing of equipment.
- **Reducing liability.** Where a well run store facility exists there is a more professional approach to tracking equipment, servicing, recovery, cleaning and decontamination etc.
- **Unified stock,** with a shared catalogue of equipment and inter-agency training programs can enable a wide range of appropriately trained staff to assess for and install equipment. This will help reduce waiting times. Quality direct-access programmes can also empower people to make their own decisions with informed choices. This also reduces waste in terms of unused equipment.
- **Children's services.** Better links to school – community – home.

Evidence to support change

Changing Shape of Scotland's Population

The population of Scotland is projected to rise from 5.12 million in 2006 to a high of 5.37 million in 2031. During the same period, the number of people of working age is projected to increase by around 0.4% (3.21m to 3.23m). In stark contrast to this the number of people of a pensionable age is set to rise by around 31% by 2031 (0.98m to 1.29m), and the number of people over 74 by around 81% (0.38m to 0.69m)²³.

Furthermore, the dependency ratio – the ratio of persons aged under 16 or over pensionable age to those of working age – is projected to rise from around 59 per 100 in 2006 to 67 per 100 working age population in 2031.

Given the contribution of equipment and adaptations and the fact that more and more vulnerable people are being supported in the community, effective equipment and adaptation services are vitally important.

Report from the Strategy Forum for equipment and adaptations “Equipped for Inclusion”

In June 2003 the then Scottish Executive published “*Equipped for inclusion*” a report from the Strategy Forum for equipment and adaptations. The report identified four key areas, aimed at achieving a ‘much needed sense of direction for equipment and adaptations services:

1. **Equipment and adaptations as part of every day life.** The report highlighted that work was required to
 - Raise awareness of equipment and adaptations within the general population;
 - Increase access to equipment and adaptations through commercial settings;
 - Inclusive design of products, housing and the environment
 - Harness the potential of emerging technologies
2. **Extending and sharing knowledge.**
 - Centred on the needs and preferences of people;
 - Underpinned by the mainstreaming of equipment and adaptations as part of everyday life;
 - Acknowledges that many people do not need professional expertise to achieve the best outcome for them, but some people do.
3. **A joint future:** Where people require assistance that includes equipment and adaptations there should be a simple process to access integrated and holistic local information, advice, demonstration, support, products and services.
4. **Assuring quality and innovation:** People want and expect quality products and services, which offer a choice of modern, safe, functional equipment and adaptations, supported and provided by people with relevant and current experience and expertise.

²³ <http://www.gro-scotland.gov.uk/statistics/high-level-summary-of-statistics-trends/index.html>

Advice on equipment and adaptations should be based on a holistic assessment of the person, their environment and their care needs. To achieve this a partnership is necessary between people who use equipment and adaptations, people and organisation that provide them, designers, manufacturers and the construction industry.

Audit Scotland: “Adapting to the Future”

In August 2004 Audit Scotland published “*Adapting to the future*” a report on the management of community equipment and adaptations. The report highlighted a need for local authorities and the NHS to improve the planning, commissioning, organisation and timeous delivery of equipment and adaptation services to support people living in their own homes.

- The report also made a number of key ACTIONS for the Scottish Government, local authorities and the NHS. The full report can be found at http://www.audit-scotland.gov.uk/utilities/search_report.php?id=285

Community Care: A Joint Future

The Joint Future report made a number of key recommendations including:

- To modernise and improve equipment and adaptation services, the Scottish Executive should establish a strategic overview, and set out a programme of change that will require agencies locally to integrate equipment and adaptation services with the rest of community care services, and put in place a number of specific measures that will result in a better-focused and more effective service for the user.
- To target occupational therapy services more effectively, agencies need to modernise equipment and adaptation services, and to remove duplication between hospital and community based occupational therapy services wherever practical. For community care services that reorganisation needs to begin as soon as possible, followed by the rest of health and social care within the context of the wider agenda for joined up health, housing and social care services.

INFORMATION PROVISION

The provision of good quality information and advice is central to any service. Everyone should have access to this information so that they can access services and exercise their rights. Information and advice play a key role in any strategy which promotes social inclusion.

Scottish Accessible Information Forum: Standards for Information and Advice Provision in Scotland.

National Information

Care Information Scotland: Care information for older people

In response to an Office of Fair Trading recommendation relating to older people, the Scottish Government is launching a service offering information about community care services for older people in Scotland. The service, which will consist of a helpline and website, will be available in Spring 2010. If successful, consideration may be given to expanding the service to all community care for adults. (A childcare information service – Scottish Childcare www.scottishchildcare.gov.uk already exists)

The service aims to:

- act as a guide through the maze of information sources about community care;
- provide core national information e.g. what the law says, current national guidance, charging rules etc
- provide information about the services available locally and how to access them,;
- provide links to relevant websites and a wide range of support organisations who can help

Care Information Scotland will not duplicate information provision but wherever possible will re-use existing material which will be validated and kept up to date.

It is recommended these sites will be used to provide a useful resource for users and carers to access information on equipment and adaptations.

Locally produced information

“Councils and NHS bodies should jointly publish comprehensive information on community equipment and adaptations covering:

- what help is available
- who to contact
- eligibility criteria
- who needs to pay and how much
- what services people can expect, using information such as local targets for response times.”

Councils and NHS bodies should also ensure that written instructions on using equipment and adaptations are always provided for users and carers, and trained staff always demonstrate their use.

Audit Scotland, Adapting to the Future (August 2004)

Local partnerships should work together to produce information on equipment and adaptations, ensuring that the above Audit Scotland issues are addressed. Effective information about equipment and adaptations should also:

- provide basic information on the type of equipment and adaptations local areas can provide
- advise on any costs related to the provision
- advise on the different funding streams available (e.g. private sector housing grants, independent living funds etc.) and how to apply
- provide information on accessing equipment from the commercial sector for those wishing to purchase with their own funds, or by utilising self directed support payments
- be clear and easy to understand, and available in different formats and community languages
- provide information on other sources of help and advice
- accurately reflect current policies and legislation

Local partnership information should as a minimum, be available on each member of the partnerships website and in a joint partnership leaflet. Partnerships should make every effort to widely publicise the information they have available, and how/where to access it. This can be done in a variety of ways including distribution through GP surgeries, day centres, older and disabled peoples networks, libraries and other public venues.

As part of this development the Scottish Government, will develop webpage templates on key issues, including equipment and adaptations. These templates will include details of the minimum information we would expect to be included on local information websites, and the appropriate formats for this information. It is proposed that these templates can be used by local partnerships to ensure a consistent range of information across Scotland.

The Managed Knowledge Network (MKN) for Self Management and Rehabilitation

A key commitment from the 'Delivery Framework For Adult Rehabilitation' was an MKN for self management and rehabilitation. The objectives of this MKN is to enable service users, carers, health and social care practitioners to access information and evidence around adult rehabilitation and the management of long term conditions

Further information on the MKN can be found at www.enablinghealth.scot.nhs.uk

Providing Accessible Information

"Where the provision of an auxiliary aid or service (for example the provision of information on audio tape or of a sign language interpreter) would –

- (a) enable disabled persons to make use of a service which a provider of services provides, or is prepared to provide, to members of the public, or
- (b) facilitate the use by disabled persons of such a service

It is the duty of the provider of that service to take such steps as it is reasonable, in all the circumstances of the case, for him to have taken in order to provide that auxiliary aid or service."

Disability Discrimination Act 1995

Communication Forums Scotland have identified six Communication Support Principles that should be followed. These principles were developed in consultation with:

- Individuals with a range of communication support needs;
- The Inclusive Communication Network, and group of speech and language therapists in Scotland;
- Other specialist in communication access.

Communication Support Principles

- Recognise that every community or group may include people with communication support needs;
- find out what is required
- Match the way you communicate to the ways people understand;
- Respond sensitively to all the ways an individual uses to express themselves;
- give people the opportunity to communicate to the best of their abilities;
- keep trying

Following these principles will make communication more inclusive in both 1:1 situations and when organising information, campaigns and public engagement activities. Further information and practical advice to help put these principles into practice is available from the Communication Forums Scotland website at www.communicationforumsScotland.org.uk.

Information Formats

Information should be provided in a range of formats which are appropriate to the needs of disabled people. This should include:

- large print in a range of sizes from 14 to 18 to **36**;
- audio formats including cassette, CD, MP3, and Daisy Talking Book;
- British Sign Language, online and on DVD
- Braille and Moon
- Easy read versions in plain English with graphics, avoiding jargon and acronyms.

These formats alone may not be enough. It may be necessary to provide one-to-one communication support to enable access to routine information.

There are a number of resources and toolkits available to assist in the production of accessible information. These include:

Scottish Accessible Information Forum

The Scottish Accessible Information Forum (SAIF) is a project funded by the Scottish Government to carry forward ACTIONS made by the Scottish Working Group on Information Services for People with Disabilities and Carers.

Following a recommendation in the working group's final report *Enabling Information (1995)* SAIF published Standards for Disability Information and Advice Provision in Scotland in 1999 (revised 2004 & 2007).

The standards are intended to help agencies in the voluntary, private and statutory sectors provide information and advice services that disabled people can easily access. The standards also include a useful self assessment checklist which are also available in a database format in CD-Rom with a built-in reporting facility.

Communication Forums Scotland: Talk for Scotland Toolkit

Communication Forum Scotland is an informal alliance of organisations representing people of all ages with varied communication support needs.

Their aims are to:

- highlight the diverse range of communication support needs
- promote ways of meeting these needs.

Communication Forums Scotland have developed a practical toolkit for service providers. It offers key advice on how to engage with people who have a variety of communication support needs.

It aims to remove barriers that may prevent people with communication support needs from taking part in local, regional and national decision-making and consultation processes.

The toolkit can be accessed through the Communication Forums Scotland website at <http://www.communicationforumsScotland.org.uk/TFS.html>

The CALL Centre (Communications Aids for Language and Learning) are currently working with Learning and Teaching Scotland (LTS) to produce an on-line database of adapted curriculum materials available via the National Internet for Scottish Schools (Lighting up Learning) (GLOW) and the Scottish Cultural Resources Access Network (SCRAN) that will enable teachers to make them available to any pupil in Scotland.

For more information visit www.callscotland.org.uk/training or www.adapteddigitalexams.org.uk.

INFORMATION PROVISION – KEY ACTIONS

- Key government websites will be developed to provide a useful resource for users and carers to access information on equipment and adaptations.
- The Scottish Government will develop a template webpage for equipment and adaptation information to assist local authorities in developing their local information website.
- The Scottish Government will produce a range of accessible information sources with detailed information on equipment and adaptation services.
- Local Partnerships will jointly produce and publish information on equipment and adaptations provision.
- The Scottish Government and local partnerships must ensure that all information produced include a review date and that these review are carried out regularly.

ASSESSMENT

“The NHS should deliver patient centred care which is respectful, compassionate and responsive to individual patient preferences, needs and values.”

Better Health, Better Care, 2007

“The Shift from institutional care to home based care has meant massive changes including new approaches to assessment and delivering services.”

Recommendation 1: Services must be designed and delivered around the needs of people who use them, their carers and communities.

Changing Lives, 21st Century Review of Social Work, 2006

To enable the delivery of a person centred, outcomes focused advice and service provision, it is essential that equipment and adaptations are incorporated into mainstream community care and children’s services. This should be evidenced through NHS/local authority partnerships’ shared assessment care planning and review processes.

It is essential that clear links are established between health, education (both school and post school), social work services and housing to develop and embed this within their service provision. Links also need to be established with external providers of care services, such as housing and support providers, the care home sector, the care at home and housing support sectors, and the voluntary and independent sectors.

Individuals will have widely different attitudes and experience of illness, impairment or disability. This can be influenced by a number of factors including the person’s own life experiences, the attitudes of those around them, and the availability of accessible information, services, and opportunities. For many, it is the environment they live or work in that is disabling.

It should also be recognised that many adaptations for people with a visual impairment or Dementia may not involve major structural changes to a person's home, although issues such as lighting, colour schemes, and layout should be considered.

An outcomes focused approach to assessment will identify the desired outcomes for the individual and support individualised interventions, including equipment and adaptations. This should also be reflected in the services provided for children and young people where equipment and adaptations can play an important role in maximising development and potential.

The ability to read and write is seen as a basic human right. For individuals with a sensory impairment or communication needs, access to equipment to enable them to achieve or maintain this function should be given a high priority.

Partnerships should consider utilising the Talking Points - personal outcomes approach to assessment care planning and review. Further information on Talking Points is available on the Joint Improvement Team website at <http://www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement/>.

“ Councils and NHS bodies should:

- Clarify partnership arrangements for the assessment and provision of community equipment and adaptations ensuring that all relevant partners are involved; and formalise these arrangements in agreed policies and procedures.
- Ensure all relevant staff across the respective partner organisations are aware of the agreed policies and procedures.
- Ensure that community equipment and adaptation services are developed as part of their overall community care strategy”.

Audit Scotland, Adapting to the Future (August 2004)

As part of this process local partners should also ensure that all decisions about a persons future care needs are fully discussed with, and explained to, the user and carer. These decisions should also be documented as part of the shared assessment, care planning and review process. A copy of the assessment should also be provided to the user and carer in a format appropriate to their circumstances.

Further reading

SWSG 11/91: Community Care in Scotland: Assessment and Care Management - <http://www.scotland.gov.uk/library/swsg/index-f/c087.htm>

SWSG 10/98: Community Care Needs of Frail Older People: Integrated Professional Assessments and Care Arrangements - <http://www.scotland.gov.uk/library/swsg/index-f/c216.htm>

CCD 8/2004: Guidance of Care Management on Community Care - <http://www.scotland.gov.uk/library/swsg/index-f/c216.htm>

CCD 3/2006: National Information Standards for all Adult Care Groups - http://www.sehd.scot.nhs.uk/publications/CC2006_03.pdf

SWSG 1/97: Charging fro Adult Non- Residential Sector Care - <http://www.scotland.gov.uk/library/swsg/index-f/c172.htm>

CoSLA Charging Guidance for Non Residential Social Care Services - <http://www.cosla.gov.uk/index.asp?leftId=10001C014-11001461&rightId=10001C014-11001015>

CCD 2/2001: Free Home Care for Older People Leaving Hospital - http://www.sehd.scot.nhs.uk/publications/Ccd2_01/ccd2-00.htm

Understanding the Funding Maze: A Guide to Funding Sources for Community Care and Support Services (August 2006) - <http://www.jitscotland.org.uk/knowledge-bank/publications/housing/>

Transitions from Children to Adult Services

For children and young people it is essential that the transition from School Education into Further or Higher Education and from Children's Services into Adult Services is as seamless as possible. Where this is not the case there can be a breakdown in communication and service provision. This can have a detrimental effect on a child or young person's development and continued education, especially when the child or young person uses specialist equipment, such as Augmented Communication aids.

Where lengthy delays in the provision of communication equipment occurs the young person may lose the skills to use it effectively. Trying to re-learn later in a different setting with new staff, who may be untrained in its use, may lead to demotivation and abandonment of the equipment. In these situations it is vital that a seamless and speedy replacement of the equipment, and training of staff occurs. **No services should be withdrawn without appropriate alternative provision being in place.**

It is therefore essential when a child or young person is to leave school, that individual outcomes are identified with the young person. Where there is a co-ordinated support plan, it is crucial that it is developed in partnership with the different services that will be involved in supporting the transition and this will include the provision that they are to make.

Planning and preparing a young person for post-school life can involve any agency that will become responsible for supporting the young person once he or she leaves school.

The Education (Additional Support for Learning) Act 2004²⁴ requires education authorities to take specific action to help young people with additional support needs to make the transition from school to post-school life successfully. It places a duty on the education authority to request information from appropriate agencies, if any, which are likely to be involved with the child or young person on leaving school. The appropriate agencies, all in Scotland, which may be involved are:

- any other local authority
- any NHS Board
- Careers Scotland
- any Further Education College
- any Institution of Higher Education

The duty applies to children and young people for whose school education the authority are responsible. The Act gives the education authority discretion about which appropriate agency, (if any) requires to be approached to provide information. The authority should seek information about those children and young people with

²⁴ [The Education \(Additional Support for Learning\) Act 2004](#)

additional support needs, from appropriate agencies whose help will assist the child or young person in the move to post-school provision.

The education authority must seek and take account of the views of the child and young person, where they are capable of expressing these, and the child and young person's parent (where the young person lacks the capacity to express his/her views)²⁵. Importantly, information should only be sought with the consent of the child's parent or the young person (or the young person's parent where the young person is not able to give consent).

This will enable the education authority to consider the adequacy and appropriateness of additional support provided by the education authority and other services in the period up to the child or young person leaving school²⁶. Ultimately this is to support the process of ensuring a good match between their needs and options for subsequent support.

These steps must be completed no later than 12 months before the date a child or young person with additional support needs is expected to cease receiving school education²⁷.

The Education (Additional Support for Learning) (Scotland) Act 2009²⁸ (the 2009 Act), when commenced will make certain amendments to the Education (Additional Support for Learning) (Scotland) Act 2004²⁹ (the 2004 Act), was passed by the Scottish Parliament on May 20, 2009 and received Royal Assent on June 25, 2009.

Further reading

Education (Additional Support for Learning) (Scotland) Act 2004 Circular 5/2005 - <http://www.scotland.gov.uk/Publications/2005/11/2590319/03201>

Education (Additional Support for Learning) (Scotland) Act 2004 Section 27: Dispute Resolution Arrangements - Appointment And Payment Of Independent Adjudicator – General Direction Number 1 –
<http://www.scotland.gov.uk/Resource/Doc/76169/0019794.pdf>

Additional Support for Learning Circular 1/2009 explains the main provisions of the 2009 Act and the effect that it has on the Education (Additional Support for Learning) (Scotland) Act 2004 (the 2004 Act) –
<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/ASL/aslcircular/>

Support for Children's Learning: Code of Practice provides assistance to local authorities and other agencies on implementing the Act –
<http://www.scotland.gov.uk/Publications/2005/08/15105817/58187>

²⁵ [s12\(6\)\(c\)\(ii\)](#)

²⁶ [s12\(6\)\(c\)\(i\)](#)

²⁷ [s12\(6\)\(c\)\(i\)](#)

²⁸ http://www.opsi.gov.uk/legislation/scotland/acts2009/pdf/asp_20090007_en.pdf

²⁹ http://www.opsi.gov.uk/legislation/scotland/acts2004/asp_20040004_en_1

Partnership Matters describes the roles and responsibilities of all agencies supporting people with additional support needs who wish to study, or are currently studying at Scotland's colleges or universities –

<http://www.scotland.gov.uk/Publications/2009/05/08155445/0>

Partnership Matters - Supporting You at College - booklet – 2009: an information leaflet for potential and current students of further education, parents and carers which provides an overview of the roles and responsibilities of all the agencies involved in providing the support for people with additional support needs -

<http://www.scotland.gov.uk/Topics/Education/Funding-Support-Grants/FFL/College>

The Parents' guide to Additional Support for Learning was produced by Enquire (www.enquire.org.uk) to help parents understand the Act and their rights, and their child's rights under the Act –

http://www.adviceguide.org.uk/scotland/family_parent/education_scotland/the_parents_guide_to_additional_support_for_learning_scotland.htm

Carers Assessment

“There should be recognition and respect for unpaid carers as key partners and providers in the planning, design and delivery of care”

The Future of Unpaid Care in Scotland, 2006

- Assessors should take account of the views and contribution of carers when assessing the person in need.
- Carers should be informed of their right to an assessment to determine their ability to care and the resources needed to help them, independent of any assessment of the person for whom they care.
- A carer's assessment should be provided to anyone who provides care for a disabled or older person, or a disabled child.
- The carer themselves may require information in an alternative format or language to that of the cared for person.

GOOD PRACTICE EXAMPLE

Talking Points – A personal outcomes approach

The Talking Points – a personal outcomes approach was developed to improve practice through the application of user and carer defined outcomes tools, and to enable health and social care partnerships to gather data to determine whether they are delivering good outcomes to service users and carers. This data can be used to include user and carer experiences in performance management, planning, commissioning and service improvement.

The toolkits, and other supporting materials can be downloaded from the Joint Improvement Team website at www.jitscotland.org.uk.

Further Reading

The Future of Unpaid Care in Scotland: Headline Report and ACTIONS - <http://www.scotland.gov.uk/Publications/2006/02/28094157/0>

Scottish Executive Response to Care 21 Report: The Future of Unpaid Care in Scotland - <http://www.scotland.gov.uk/Publications/2006/04/20103316/0>

Guidance on Short Breaks (Respite) - <http://www.scotland.gov.uk/Resource/Doc/245982/0069419.pdf>

CCD 2/2003 New Statutory Rights for Carers – <http://www.scotland.gov.uk/Publications/2003/03/17023>

One in Eight: Advice for unpaid carers on sources of support and advice and highlight the legislative measures for carers contained in the Community Care & Health (Scotland) Act 2002 - <http://www.scotland.gov.uk/Publications/2003/03/16884/20936>

Advocacy

Health Boards and local authorities should provide access to mediation and advocacy services, which can play an important role in exploring and resolving tensions between carers and cared-for persons and others. A list of advocacy services available in each area should be made available to users and carers.

The Scottish Government published *A Map of Independent Advocacy Services in Scotland* in 2004. The report contains details of advocacy services available, by local area and can be found at: <http://www.scotland.gov.uk/Publications/2004/03/19028/34016>

The Scottish Independent Advocacy Services also provides an online directory of advocacy services in Scotland at: http://www.siaa.org.uk/component/option,com_sobi2/Itemid,57/

Self-Directed Support

“Local councils and NHS bodies should ensure that users have information on direct payments (Self-Directed Support) and the availability of these for community equipment and adaptations.”

Audit Scotland, Adapting to the Future (August 2004)

As part of the shared assessment process the use of self-directed support should be discussed with the user and carer. Self-directed support can be used to purchase any services, including equipment that the local authority would usually provide. A person using self-directed support can buy from a service provider such as a care agency or voluntary organisation, or employ personal assistants. It is an opportunity to meet the assessed needs of the whole person in creative and flexible ways and to enable them to achieve their own desired outcomes. Local Authorities should also

consider giving notional awards for adaptations when the individual makes an informed choice to fund provision that exceeds the grant ceiling available to meet their needs. For example if the individual has been assessed to meet the criteria for a through floor lift but would prefer to build and fund an extension, a notional award could be offered to the cost ceiling of the through floor lift, as long as the alternative provision has also been assessed to meet the individuals long term needs.

Further information on self-directed support can be found at www.selfdirectedsupportscotland.org.uk.

Further reading

CCD 7/2007: Guidance on Self Directed Support - <http://www.scotland.gov.uk/publications/2007/07/04093127/0>.

A Guide to Self-Directed Support (SDS) in Scotland: Enabling people of all ages to use care and support to live more independent lives - <http://www.scotland.gov.uk/Publications/2009/03/27110544/0>

Directing Your Own Support: A User's Guide to Self-Directed Support in Scotland - <http://www.scotland.gov.uk/Publications/2009/03/27111350/0>

Adults with Incapacity (Scotland) Act 2000

Agencies should obtain at the outset the informed consent of the person to carry out the assessment. The Adults with Incapacity (Scotland) Act 2000³⁰ (the AWI Act) was introduced to protect individuals (aged 16 and over) who lack capacity to make some or all decisions for themselves and to support their families and carers in managing and safeguarding the individuals welfare and finances.

Further reading

CCD 5/2007: Guidance for Local Authorities: Provision of Community Care Services to Adults with Incapacity - http://www.sehd.scot.nhs.uk/publications/CC2007_05.pdf

Adults with Incapacity (Scotland) Act 2000: A short guide to the Act <http://www.scotland.gov.uk/Publications/2008/03/25120154/0>

Communicating and Assessing Capacity: A guide for social work and health care staff <http://www.scotland.gov.uk/Publications/2008/02/01151101/0>

Guardianship and Intervention Orders - making an application: A Guide for Carers <http://www.scotland.gov.uk/Publications/2007/08/29112925/0>

It's Your Decision booklet for young adults with incapacity - <http://www.scotland.gov.uk/Publications/2007/10/17102141/0>

³⁰ http://www.opsi.gov.uk/legislation/scotland/acts2000/asp_20000004_en_1

ASSESSMENT – KEY ACTIONS

Equipment and adaptations should be incorporated into mainstream community care services. Partnerships should:

- Take an outcomes based approach to involvement of users and carers during the assessment process
- Incorporate equipment and adaptations into the assessment, care plan and review process in line with the National Minimum Information Standards;
- Offer a carers assessment to anyone who cares for a disabled person or elderly relative
- Ensure appropriate support for people who lack capacity through advocacy, and use of the Adults with Incapacity Act, Mental Health Act and the Adult Support and Protection Act, where appropriate.
- Ensure training for staff reflects the above approach
- Equipment and adaptations needs require to be part of co-ordinated support plans at times of transition from one service provider/agency to another

SERVICE DELIVERY MODEL

“ Councils and NHS bodies should:

- Work towards joint information systems that provide good management information on the community equipment and adaptation services within their partnership area.
- Clarify partnership arrangements for the assessment and provision of community equipment and adaptations ensuring that all relevant partners are involved; and formalise these arrangements in agreed policies and procedures.
- Ensure all relevant staff across the respective partner organisations are aware of the agreed policies and procedures.
- Ensure that community equipment and adaptation services are developed as part of their overall community care strategy.
- Develop protocols which maximise the ability of staff from different organisations to access equipment and adaptations and reduce the waiting time for users.
- Develop joint training plans for all staff involved in assessing the need for, and demonstrating, equipment and adaptations.”

Audit Scotland, Adapting to the Future (August 2004)

Previous guidance referred to lists of equipment and adaptations that health and local authorities were obliged to provide. The Audit Scotland report found that “national guidance about roles and responsibilities for equipment and adaptations is confusing for providers and is out of date. It can get in the way of joint working by reinforcing artificial distinctions between social care and nursing needs, and housing and social work provision”. This message has been reinforced by stakeholders during the consultation and development of this guidance. It was agreed that specific roles and responsibilities for specific types of equipment and adaptations would not be helpful in reducing some of the current barriers to access. This guidance recommends that partnerships work closely together to agree a joint model of provision for equipment and adaptations.

The Rehabilitation Framework identifies three main groups of people who access rehabilitation services. These include people requiring vocational rehabilitation, older people and people living with long term conditions. The new model of rehabilitation advocates a single point of entry to rehabilitation services that aims to ensure service co-ordination.

This future model identifies three distinct stages in the rehabilitation process as:

- Specialist rehabilitation teams utilising case management
- Locally based rehabilitation and maintenance teams
- Self management population

Equipment, adaptations, environmental controls, assistive or ‘SMART’ technology, incorporating Telecare and Telehealth will play a significant role in future rehabilitation services. Anyone requiring equipment and adaptations or other care services should experience a seamless journey through the pathway of care that

ensures they receive the right intervention at the right time. To ensure that changing care needs are managed effectively it is essential that equipment and adaptations are seen as an integral part of the rehabilitation /enablement structure.

Some users have progressive conditions that change over time. Anticipatory approaches to provision are needed to ensure that services, including equipment and adaptations, are made available to accommodate these changes.

Some users of equipment and adaptations may also require the use of a wheelchair. This may involve adaptations to the home to enable wheelchair use and independent living. To help support case management, meaningful partnerships need to be established between wheelchair and seating centres and the NHS/local authority partners responsible for equipment provision and adaptations.

GOOD PRACTICE EXAMPLE

Argyll and Bute Integrated Equipment Service

The integrated equipment service in Argyll and Bute has included Telecare alongside standard equipment and linked Telecare with the provision of bathlifters to support work with falls prevention and management within the home environment. Any provision of bathlifters can be Telecare enabled bathlifters.

All requests for collection and delivery of equipment have a section that asks the assessor to consider referring the patient for a telecare assessment; this alongside the provision of equipment that is Telecare enabled, allows assessors and equipment service staff to provide a more comprehensive range of ways to meet assessed need.

Telehealth is also linked into equipment provision as it has similar aims, and supports shifting the balance of care, and is key to the future of managing long term conditions particularly in rural areas.

Argyll and Bute's Telehealth equipment is maintained and supported by the integrated equipment service. The store staff visit patients' homes and install and demonstrate the items. This is an integrated approach using district and specialist nurses. The integrated equipment service in Argyll and Bute is already a fully integrated service between health and local authority but they acknowledge that their partners extend far beyond that to include voluntary sector, industry, housing associations etc.

Partnership Model for Standard and Specialist equipment and adaptations

To help clarify local partners' roles and responsibilities and avoid disagreements, local authorities, health boards and any other agencies should work together to:

- Agree the partnerships accountability framework which covers equipment and adaptations;
- agree the range of equipment and adaptations that will be provided by the partnership, and the funding streams for these;
- include equipment and adaptations within eligibility criteria for **all** services;
- ensure that all contracts with external providers of care services consider equipment and adaptations requirements;
- ensure that, irrespective of the original provider, equipment is not withdrawn due to a change in circumstances or age until new arrangements are in place. (e.g. assistive communication equipment that may be provided by education should not be withdrawn when the child leaves school or further education).

For the purpose of this guidance standard/specialist equipment, and major/minor adaptations can be defined as:

<p>Standard Equipment</p> <p>Standard equipment which can be used to meet simple to non complex needs and does not need to be adapted for the individual, such as shower chairs, raised toilet seats, bathing equipment, flashing doorbells and standard wheelchairs.</p>	<p>Specialist Equipment</p> <p>This equipment may require a specialist assessment and is bespoke, uniquely specified and sourced for an individual.(e.g. communication equipment, specially designed seating or wheelchairs)</p>
<p>Minor Adaptations</p> <p>A minor adaptation is one which is relatively inexpensive and may be fitted relatively easily and quickly, such as grab-rails³¹.</p>	<p>Major Adaptations</p> <p>Addresses complex needs and involves expensive permanent structural changes to a person's home, such as widening doors for wheelchair access, provision of shower facilities, ground floor toilet, or installation of a through floor lift.</p> <p>These are addressed in the Major Adaptations Section.</p>

There is evidence that improved performance and staff and users satisfaction can be achieved for standard equipment and minor, low cost adaptations through an integrated model of direct access provision. The need could be assessed by any appropriately trained front-line member of staff or directly by the user themselves. This will have huge benefits for the service user in terms of a timely and efficient response. Items could include, but is not limited to:

³¹ Minor Adaptations Without Delay -

<http://www.cot.co.uk/homepage/publications/?l=1&ListItemID=411&ListGroupID=248>

- raised toilet seats,
- grab rails
- shower chairs
- stair rails,
- walking frames.

However, it should be recognised that local authorities and Health Boards may choose not to include some small, low cost items within their standard stock of equipment as these may not be vital to meet the desired outcomes of individual. Where this is the case, advice should be given on where these items can be purchased from the commercial sector.

Individuals with simple or non complex needs can access equipment and minor adaptations without the need for a specific professional assessment thus making services more accessible. A streamlined approach to assessment and provision, that avoids unnecessary bureaucracy will ensure that services are provided in a timely and efficient way. This can include models utilising direct access.

Where specialist equipment or major adaptations are required, partnerships need to develop joint protocols for the referral, assessment and provision ensuring coordination of the range of professional inputs so that the service user has the best possible advice.

These protocols should be streamlined and detail who to contact for specific services, (e.g. wheelchair centres, Registered Social Landlords (RSLs), housing associations, etc.). Details of the different funding options should also be provided, along with any other associated costs or charges that may be applied. For example, users opting to purchase stairlifts privately, or with the use of grants should be made aware of the possible future maintenance and repair costs they may be liable for.

This type of approach has already been endorsed by professional bodies and guidance on providing minor adaptations can be found in *Minor Adaptations Without Delay* produced by the College of Occupational Therapists (COT).

The COT guide identifies a range of minor adaptations for which there is a clear consensus that initial assessment by an occupational therapist is not required. It is aimed at Registered Social Landlords and illustrates a range of good practice where local agencies have worked together to streamline their policies and procedures to deliver quick and responsive minor adaptations service.

The COT guide is supported by a technical handbook that provides a recommended specification for the provision or fitting of the specified minor adaptations. These specifications are designed to assure a sound and consistent standard of provision.

Previous guidance (GEN 90) classed straight stair lifts as removable equipment. However the degree of associated structural works involved with more modern lifts, including curved ones, has required the funding of some stair lifts as adaptations.

The present guidance revokes GEN 90. To allow local flexibility in decision making and funding, and in line with the Housing (Scotland) Act 2006 for private home owners, these matters should be addressed locally by recognising the range of

funding available across local partners ensuring that the outcome for the individual is the joint priority for all partners.

To help develop these models the Scottish Government has produced a “Good Practice Guide for the Provision of Community Equipment Services” (available at Annex **) that allows partnerships to benchmark their current services.

“Local councils and NHS bodies should monitor the performance of equipment and adaptation services by collecting and using robust management information on:

- Cost
- Activity, including waiting times
- Quality of services, including users’ views
- Ensure stock control systems are in place to track and locate equipment.
- Agree and implement formal policies and procedures that include:
 - recall of faulty equipment
 - maintenance and repair arrangements
 - recycling, including infection control procedures
- Ensure management information systems contribute to the effective management or risk.
- Review user needs once equipment have been supplied.

Audit Scotland, Adapting to the Future (August 2004)

- It is recommended that local partnerships adopt a model to provide standard equipment and minor adaptations and review their current models for providing specialist equipment and major adaptations.
- Models of provision should cover: protocol for access, information for service users, review of equipment catalogues, training, and quality assurance as well as provision, including, maintenance, review and recycling. Models should also ensure there are robust performance management systems in place, linking to the national community care outcomes framework.
- Local authorities should identify all of their spending on equipment and minor adaptations across services including social work, education and housing services with the aim of integrating provision of ‘standard’ equipment (including minor adaptations) with their health colleagues. Health services should carry out a similar review. This could involve the use of pooled, or aligned budgets and establishment of joint stores for the provision of ‘standard’ equipment and minor adaptations.

GOOD PRACTICE EXAMPLE

Joint Protocol for Service Provision – EquipU

Joint protocol arrangements allow staff (including physiotherapists, nurses and occupational therapists) to access to a wide range of equipment relevant to the service they are providing, and not based on professional boundaries. The equipment staff order is charged directly to that service ('who orders pays') irrespective of what type of equipment has been selected.

This ensures that staff in all care groups can access the EquipU store directly without having to refer on to a separate agency or professional group. The core stock of standard equipment is open to all designated staff to access e.g nurses are able to assess for and order more extensive bathing equipment (bathlifts) and occupational therapy and physio staff can access beds, moving and handling equipment, and low to medium risk tissue viability products (mattresses).

To support competency, EquipU runs a joint training programme for equipment. This training is delivered by a joint team of practitioner trainers from across professional and agency services.

Starting with an analysis of success in improving outcomes for people using equipment and adaptations, local partners should review the benefits from their current models of delivery and consider the advantages from an integrated approach and pathway across services and agencies for both 'standard' and specialist provision.

Wider Workforce Issues

Existing examples from partnerships of mainstreaming the assessment for, and provision of equipment and adaptation services have demonstrated an impact on the work of a wide range of staff, providing the opportunity to use the professional skills and expertise in different ways to meet service users needs.

In addition, some existing organisational boundaries can result in an inappropriate numbers of transitions of care for the individual between services. This can result in a delay in the provision of appropriate services and may leave service users frustrated and confused as to who to contact when problems or delays occur.

Streamlining the pathways to standard equipment and minor adaptations, allows a wide range of appropriately trained front-line staff (e.g. Community Care Assistants, Social Work Professionals, Occupational Therapists, District Nurses etc.), to play their part in assessing and providing equipment and adaptation services. There is also scope within this model to allow the individual, and their carers, more flexibility and choice to enable them to achieve their desired outcomes. This will also reduce the number of transitions experienced by the individual across services.

In their recent position statement, *The Value of Occupational Therapy and its Contribution to Adult Social Service Users and their Carers*, the College of Occupational Therapists stated that occupational therapy practitioners will need to:

- Identify key areas where the contribution of occupational therapists has most cost benefit and the greatest impact to the organisation and the service user.
- Train and support others to carry out those straight-forward tasks that occupational therapists may have undertaken in the past i.e. assessment of individuals who have non complex needs and tasks that may involve fast tracking of low cost items of equipment.
- Identify the current areas of engagement that can be managed by the service user or their carer/advocate and support them to exercise control and achieve their aspirations and needs. This may involve working with service users who use self-directed budgets.

The Position Statement also recommends that senior managers within social care organisations should support their Occupational Therapist colleagues to:

- Proactively plan and deliver changes in services that:
 - Promote efficiencies and better ways of working
 - Develop and support changes in practice and systems to reduce backlogs where they exist, including learning from other areas.
- Be open to considering the additional contribution occupational therapists can make to the wider social care agenda such as prevention, employment, and enablement.

As a consequence of demographic change and the growing complexity of people's needs in Scotland, demands on services will increase. Mainstreaming the assessment of need and provision of equipment will enable opportunities to use the Occupational therapists' skills in preventative work, maintaining independence, reablement, rehabilitation and joint working which need to be fully realised to deliver on *Changing Lives* and the *Rehabilitation Framework*.

It is recommended that within the context of the wider agenda for joined up health, housing and social care services, community care partnerships mainstream the assessment of equipment and adaptations, and in parallel review workforce planning. This should ensure an effective occupational therapy workforce for the future and value the contribution of occupational therapy to the service users and their carers. Key areas where the contribution of occupational therapists has the most cost benefit and greatest impact to the organisation and service user and their carers must be identified to ensure the best use of occupational therapy staff. For example:-

“An Occupational Therapy enablement homecare pilot evidenced a care cost reduction on £180K equating to 33% of original care costs”- SWITCH South Lanarkshire 2009

Managing risk in equipment and adaptation provision

Where the equipment or adaptations prescribed by staff are standard/minor (non-complex) and the needs of the service user are straightforward and indicate no specific risks, then appropriately trained front-line staff should be able to assess for and provide this directly. For this level of need, in many cases it will also mean that service users themselves can directly access the equipment.

If it were evident that there may be more complex issues/risks (with needs being met by either 'standard' or 'specialist' equipment) then a referral would be required to be made to appropriate specialist practitioner.

Further Reading

Minor Adaptations without delay: a practical guide and technical specifications for housing associations -

<http://www.cot.co.uk/homepage/publications/?l=l&ListItemID=411&ListGroupID=248>

Health and Safety Responsibilities

The following advice has been provided by the Health and Safety Executive. More details can be found in their publication '*Handling Home Care: Achieving safe, efficient and positive outcomes for care workers and Service users*'³²

The Health and Safety at Work etc. Act 1974 requires employers to ensure, so far as is reasonably practicable, the health safety and welfare of all their employees.

The general provisions in the Act are reinforced by Regulations which define in more detail what duty holders must do in particular areas. Links to related guidance and legislation can be found in the further reading section.

Since 1993 the Manual Handling Operations Regulation 1992 have provided a general framework for tackling handling activities at work. The regulations require the following approach:

- To avoid the manual handling activities where it is reasonably practicable to do so; and, where it is not,
- To assess the risk and take appropriate steps to reduce it so far as is reasonably practicable.

The above Regulation is not restricted to the lifting and moving of objects, but also covers 'helping people' tasks such as helping a disabled child out of bed or helping an elderly person go upstairs.

Risk Assessment

As an employer, the service provider or the employing agency has primary responsibility for ensuring the health and safety of their care workers and managing the risks associated with their work duties. Mobility assistance considerations will be a significant factor in determining the overall cost of delivering any care package to the Service user. Health and safety risk management must, therefore, form an integral part of the care assessment, so that the hazards are identified and dealt with before the care worker and the Service user are put at risk. This should be considered while ensuring an enablement, rehabilitative approach to the shared care and support plan

Training

Training is an essential part of a proper risk management, based on sound risk assessment. When providing mobility assistance to a Service user it is not always possible to avoid manual handling tasks, even when support equipment is available. It is essential, therefore, that all care workers (including unpaid carers) are suitably trained in safer handling techniques.

³² Available from the HSE bookshop at www.hsebooks.co.uk

Using equipment safely

Service users and care workers can be injured if equipment is used inappropriately, or is not properly maintained. Service providers, or employing agencies must ensure that the equipment is in good working order, and that all care workers are aware of and understand the appropriate application and limitations of the different pieces of equipment they are expected to use.

Where non-standard equipment is supplied or alterations are made to standard equipment (in line with the manufacturer's advice) to meet the particular needs of the service user training may need to be reinforced with more specific instructions and practice at the service user's home.

To help avoid confusion when using equipment, especially hoists and slings, it may be helpful to produce written instructions with photographs or drawings. These could be incorporated into the care plan for future reference by anyone providing care. See section on Information for further advice on providing information in accessible formats.

Responsibility for maintenance of equipment

Equipment provided for use by the family carer and care worker

If the service provider supplies equipment such as a stair lift, bath lift or toilet riser, intended for use by care workers while attending to the service user, then the equipment may be considered 'work equipment'. In these circumstances, the Provision and Use of Work Equipment Regulations 1998 (PUWER) will apply. Depending on the type of equipment, the Lifting Operation and Lifting Equipment Regulations 1998 (LOLER) may also apply, i.e. if the principle function of the equipment is lifting. For example, LOLER will not apply to electrical profiling beds but it will apply to bath lifts, as their principle function is lifting persons. These regulations require the employer to ensure that equipment and adaptations are maintained and inspected.

Equipment provided to assist the service user's mobility

If the equipment is not intended for use by people at work, then PUWER/LOLER regulations will not apply. However, the equipment provider has responsibility under the general provisions of the Health and Safety at Work etc. Act 1974 to ensure that it is safe for the service user and others to use. Although the PUWER/LOLER regulations may not apply, their provisions can be used as a guide to establish proper maintenance arrangements. It is important that all parties involved are clear at the outset who will carry out the necessary maintenance.

Equipment provided by the service user

Service users have no duties under health and safety legislation to maintain their own equipment. However, the position is complicated where the carer is employed directly, for instance where the service user funds their care through self-directed support provided by the local authority. In these circumstances, service users may have duties under health and safety legislation.

Service providers have no powers under health and safety legislation to compel service users to have their own equipment maintained. However, as an employer, the service provider is still responsible for ensuring their care workers' safety. It is up to the service provider to assess whether any equipment provided by the service user is suitable for their care workers to use, to discuss with the service user any changes which may need to be considered, and if the equipment is to be used by people at work, to ensure that any applicable maintenance and inspection legal requirements of PUWER and LOLER are complied with. .

In these circumstances the HSE would expect a competent person, trained in risk assessment, to make the initial risk assessment of the tasks associated with delivering the care, including the use of the equipment, and to record the significant findings. This is in addition to the day to day need for carers (who have had sufficient and appropriate training) to make an assessment of a task before undertaking it.

Assessing equipment owned by the service user

In some cases, service users may have a service agreement with the equipment supplier, particularly for major items of equipment, such as stair lift or mobile hoists. Where these arrangements provide evidence that the equipment is properly maintained and the service provider is satisfied that it is safe for their care worker to use, then it can be incorporated into the care plan. However, it will be necessary to confirm periodically that the service contact continues to operate and the necessary checks have been carried out regularly.

In the absence of such service agreements, the service provider will need to take other measures to ensure the safety of their care workers. This may be by taking over, with the service users agreement, the equipment maintenance arrangements or instructing the care worker not to use the equipment.

Reporting Adverse Incidents to IRIC

The Incident Reporting & Investigation Centre (IRIC), which is part of Health Facilities Scotland (HFS), receives adverse incident reports from NHS Boards and local authorities. It is responsible for coordinating, investigations so that, as far as possible, root causes can be established and remedial action taken to prevent or reduce any identified risks.

When an adverse incident occurs reports should be submitted using one of the three adverse incident report forms – online; electronic, or paper – all of which are available on the HFS webpage 'How to report adverse incidents' at <http://www.hfs.scot.nhs.uk/online-services/incident-reporting-and-investigation-centre-iric/how-to-report-adverse-incidents/>.

Where the issue is serious or urgent reporting should not be delayed. Such incidents may be reported or advice obtained during office hours using the IRIC helpline – 0131 275 7575. The emergency number 0131 334 1638 will automatically divert to the on-call Hazard Coordinator and should be used for urgent matters out-of-hours.

Medical Device Alerts

The Medicines and Healthcare products Regulatory Agency (MHRA) is responsible for the regulation of medical devices throughout the UK and for issuing Medical Device Alerts (MDAs).

A new eMDA format has been used by MHRA since April 2009 and applies throughout the whole of the UK. It is a web based system with various information sections which include sections for each devolved administration so that relevant information may be selected for cascading within each organisation

As soon as a new alert is published HFS will notify all Equipment Coordinators³³ in Scotland by email. In the case of an eMDA the email will contain a summary page and a link to the MHRA website. It is the responsibility of each Equipment Coordinator to determine if each alert is relevant to their organisation and to download it for onward distribution and action.

The latest MDAs can be found on the HFS site at <http://www.hfs.scot.nhs.uk/online-services/incident-reporting-and-investigation-centre-iric/mhra-medical-device-alerts/>.

Further information on reporting adverse incidents and Medical Device Alerts can be found in CEL 43 (2009)³⁴.

Recycling, Infection Control and Decontamination

The Health and Safety at Work etc. Act (1974)³⁵ places a number of duties on employers and employees concerning the requirements of safe working practices. Furthermore, The Management of Health and Safety at Work Regulations (1999)³⁶ place a statutory duty of co-operation between employer and employee to provide each other with clear communication in health and safety matters, including any hazards associated with their activities, e.g. decontamination, transfer of material or equipment etc.

The Medicines and Healthcare Products Regulatory Agency (MHRA) Device Bulletin DB2006(05) provides detailed advice on a systematic approach to the purchasing, deployment, maintenance, repair and disposal of medical devices.

Significant savings can be made through the effective retrieval, cleaning and servicing of equipment. EquipU, the joint NHS/local authority equipment store covering 6 local authorities and NHS Greater Glasgow and Clyde in the central west of Scotland, reported that during 2008/09 £2.1 million worth of equipment was recycled back to the partners, with a reuse cost of only £254,000. The partners expect to see continued benefits from their £1 million investment in refurbishing their store facilities which took place in October 2008. This model provides an expanded state-of-the-art self-contained recycling facility which can respond effectively and efficiently to maximise the re-use of community equipment. As part of the performance framework for the partnership it is intended that targets will be set for 2010/11 recycling figures to ensure ongoing efficiencies.

³³ CEL 43 (2009): Action Point 4

³⁴ http://www.sehd.scot.nhs.uk/mels/CEL2009_43.pdf

Work should be undertaken to identify the number of self contained recycling facilities that would be required to provide a service for community equipment across Scotland and whether this model should be rolled out.

Further Reading

The Health and Safety at Work Act 1974 - <http://www.hse.gov.uk/legislation/hswa.pdf>

The Manual Handling Operations Regulations 1992 - http://www.opsi.gov.uk/si/si1992/uksi_19922793_en_1.htm

The Lifting Operations and Lifting Equipment Regulations 1998 - <http://www.opsi.gov.uk/si/si1998/19982307.htm>

Thorough Examination of Lifting Equipment: A Simple Guide for Employers <http://www.hse.gov.uk/pubns/indg422.pdf>

Simple guide to the Lifting Operations and Lifting Equipment Regulations 1998 - <http://www.hse.gov.uk/pubns/indg290.pdf>

Handling home care: Achieving safe, efficient and positive outcomes for care workers and Service users – available to purchase from www.hsebooks.co.uk

DB2006(05) MHRA Device Bulletin: Managing Medical Devices – Guidance for healthcare and social service organisations <http://www.mhra.gov.uk/Publications/Safetyguidance/DeviceBulletins/CON2025142>

CEL 43 (2009) Safety of Health, Social Care, Estates and Facilities Equipment: NHS Board and Local Authority Responsibilities http://www.sehd.scot.nhs.uk/mels/CEL2009_43.pdf

SERVICE DELIVERY MODEL – KEY ACTIONS

Scottish Government will:

1. Produce a 'good practice guide' for equipment provision that will allow partnerships to benchmark their current services.
2. Scope work to identify the number of self contained recycling facilities that would be required to provide a service for community equipment across Scotland and, with partnerships, consider whether this model should be rolled out across Scotland.
3. Support shared learning from early implementers of effective occupational therapy approaches between health and across local authority staff; and provide support for further implementation.

Local Partnerships will:

1. Adopt a model to provide standard equipment and minor adaptations and review their current models for providing specialist equipment and major adaptations. Develop self-assessment models for standard/minor items of equipment and adaptations which could be accessed without the need for a full community care assessment or directly by the user themselves.
2. Local authorities, health boards and any other agencies should work together to agree the range and type of equipment and adaptations that will be provided by the partnership, eligibility and charging framework and the funding streams and conflict resolution for these.
3. Local authorities should identify all their spending across their services including social work, education and housing services with the aim of integrating provision of standard equipment and minor adaptations with their health colleagues. Health services should carry out a similar review. Local authorities and health jointly require to consider a range of funding options to ensure funding will support an integrated model of service delivery. This could involve establishing joint stores for the provision of 'standard' equipment and minor adaptations. Funding for equipment and adaptations should be considered within joint annual reviews for community care and children's services and be reported through the community care outcomes and SOA arrangements.
4. Models of provision should cover: protocol for access, information for service users, review of equipment catalogues, training and quality assurance as well as provision, including, maintenance, review and recycling. Models should also ensure there are robust performance management systems in place.
5. Local partners should review the benefits from their current models of delivery and consider the advantages from an integrated approach across services and agencies
6. Within the wider agenda for joined up health, housing and social care services, community care partnerships should mainstream the assessment of need, and provision of equipment and adaptations, and in parallel review their workforce planning. This will remove duplication and streamline pathways of service provision between hospital and community based services and help to appropriately allocate professional expertise to meet the needs of local service provision.

MAJOR ADAPTATIONS

(For minor adaptations see section on [service delivery models](#))

Background

A major adaptation can be defined as:

Work that addresses complex needs and involves expensive permanent structural changes to a person's home, such as provision of shower facilities, ground floor toilet, or installation of a through floor lift.

Major adaptations can make a significant difference to the outcomes for an individual in relation to where they can live and the level of independence they have within their daily environment. It should also be recognised that many adaptations for people with a visual impairment or dementia may not involve major structural changes to a person's home, although issues such as lighting, colour schemes, and layout should be considered.

Adaptations should be seen as one of a number of possible solutions available, and it may be that housing support, or re-housing could also be of benefit. It is therefore essential that any person seeking any type of disability-related adaptations should be encouraged to contact social work services, if they have not already done so. This will ensure their needs are assessed as part of the mainstream community care assessment care planning and review processes with the aim of addressing the outcomes that are important for the individual.

Local partnerships will need to identify the range of front-line assessors to be trained to enable them to undertake an assessment where it is likely a major adaptation may be required. People's needs can then be fully assessed, and all the options on how best to meet eligible assessed needs may be explored.

It would also be of benefit to partnerships to recognise the range of different partners, including the service user and carers, who may become involved in any adaptations process. These could also include

- Social work services
- Housing departments
- Building standards
- Planning departments
- Architects
- Registered Social Landlords
- Voluntary organisations
- Advocacy services

Given the diverse range of organisations who may be involved in adaptations it is essential that partnerships develop strong links wherever possible. In order to deliver an efficient service front-line assessors should have clear referral routes and contact points for progressing cases and seeking professional advice. To further avoid any unnecessary delay it is essential that contact with other departments, and external organisations is made as quickly as possible. To help facilitate this process

local authorities may wish to consider, in partnership with other organisations, developing fast track referral routes and pathways for disabled adaptations.

Local authorities may also wish to consider developing local protocols for major adaptations to ensure consistent and co-ordinated working practices between the different departments and external organisations. These should be reviewed in line with the Housing (Scotland) Act 2006.

Currently there is a range of practices and models of service provision for major adaptations, which help demonstrate some elements of good practice. For example, in some areas, local authorities have service level agreements with care and repair projects to manage all major adaptation work on the authority's behalf.

GOOD PRACTICE EXAMPLE

Borders Care and Repair

A pilot Care and Repair scheme was established in February 2005 to provide an efficient and cost effective adaptations service to all owner occupier/private landlords in the Scottish Borders.

The pilot was rolled out to all Borders communities in May 2007 after a positive independent review. Following a successful pilot scheme direct access from NHS Occupational Therapists is now being rolled out.

Revenue cost to run team of: Co-ordinator, Project Officer, Occupational Therapist, 3 x Handypersons and Administrative Assistant = £208,000

2008-2009 Achievements

Grant spend = £895,210

203 Major works completed

362 Minor adaptations

700+ Handyperson adaptations (fitting grab rails and banisters etc).

Locally, the transfer of adaptations from Social Care & Health Occupational Therapists to Care & Repair has enabled these Occupational Therapists to shift the emphasis of their work from assessment activity allowing focus on the rehabilitation agenda. It has also allowed NHS Occupational Therapists to access adaptations directly thus reducing waiting times.

“The main saving is for the Service user, taking away most of the stress and worry of completing paperwork and dealing with contractors.”

To help develop a more consistent adaptations service across Scotland the Scottish Government has commissioned work to identify the range of different adaptations services currently working across Scotland. This information will then be used to inform and develop a Good Practice Guide for adaptation services, similar to the Good Practice Guide for Equipment Services already developed and attached at [Appendix 1](#).

It is also recognised that the range of funding streams available for adaptations can be difficult to navigate. For these reasons consideration should be given to the

benefits of establishing a specialist approach for provision of major adaptations following mainstream assessment and the identification of the need for a major adaptation.

To help front-line assessors the Scottish Government is developing a guide to adaptations funding. This guide will be of benefit to both professionals and service users, and their carers. The guide will be published in 2010 and will be available on the Scottish Government's website.

The Scottish Government's Housing and Regeneration Directorate is currently reviewing care and repair projects in Scotland to consider their future role within the overall policy direction set by the 2006 Act. Care and repair already provides assistance on behalf of local authorities for older and disabled homeowners. However, the level of service varies across Scotland and there may be scope to expand or modify services offered locally to maximise the contribution of care and repair in general and specifically to the local authority's Scheme of Assistance.

Further Reading

The Housing (Scotland) Act 2006 -

http://www.opsi.gov.uk/legislation/scotland/acts2006/asp_20060001_en_1

The Review of Care and Repair in Scotland -

<http://www.scotland.gov.uk/Topics/Built-Environment/Housing/quality/16193/Improvements/careandrepair/Revofcareandrepai>
[

Private sector housing

Homeowners

Regulations under the 2006 Act give local authorities additional duties to provide financial assistance to homeowners to carry out adaptations arising from a disability. These duties will form part of the overall assistance provided to homeowners under each council's "Scheme of Assistance" for owners wanting to repair, improve or adapt their homes.

The Housing Act defines an adaptation as:

"Structural work that involves other permanent changes to the house, but excluding (a) work to extend any structure to create additional living accommodation, and (b) work to create living accommodation in a separate building from the current living accommodation".

Section 73(1)(b) of the 2006 Act gives local authorities the power to provide or arrange for the provision of assistance to adapt a house for a disabled person to make it suitable for the accommodation, welfare or employment of that person. Such assistance may be in the form of a grant. As is the case under existing provisions on mandatory grant, the new duties apply where needs have been assessed, and the council has deemed it a priority for the needs to be met and adaptations is agreed as the best way to meet those needs.

Financial assistance for private tenants

Tenants renting from a private landlord can apply for financial assistance under the 2006 Act in the same way as a homeowner. The Act does not prevent a council or housing association tenant from applying for a grant. Generally, however, it is expected that the existing arrangements will continue, i.e. with adaptations for council tenants being funded through the Housing Revenue Account, and for Registered Social Landlords by the landlord or through Housing Association Grant provided to associations by the Scottish Government.

Further Reading

Implementing the Housing (Scotland) Act 2006: Statutory Guidance for Local Authorities - Volume 5 Scheme of Assistance -

<http://www.scotland.gov.uk/Publications/2009/03/25153822/0>

An Applicants Guide To Improvement and Repair Grants for Private Housing – <http://www.scotland.gov.uk/Publications/2003/09/18303/27476>

Help with Adaptations to Your Home: A Guide for Disabled People in Private Housing in Scotland -

<http://www.scotland.gov.uk/Publications/2009/03/31131031/0>

Better Renting Scotland website for details of tenants and landlords rights and responsibilities in the private rental sector –

www.betterrentingscotland.com.

Further advice on landlords duties can be found in the Leaflet **Private Renting: Information for Landlords** available at

<http://www.scotland.gov.uk/Publications/2007/12/07131753/0>.

Social Rented Sector

Under the Housing (Scotland) Act 2001 and the Disability Discrimination Acts 1995 and 2005 the tenant has a right to adapt their home, either to make it suitable for a disabled person who lives there or to take advantage of government schemes to provide central heating or energy efficiency (the Scottish Government's Central Heating and Warm Deal programmes). The tenant is responsible for organising and funding the work, with grant if available. The landlord cannot refuse permission or impose conditions without good reason.

Landlords and managers of rented premises or premises to let are required to make reasonable adjustments to address the barriers which may be experienced by a disabled tenant. The requirement for these adjustments falls into three areas:

- providing auxiliary equipment and services;
- changing practices, policies and procedures; and
- changing a term of the letting.

The duty does not require them to take any steps which would consist of or include the removal or alteration of a physical feature. Some examples of possible auxiliary aids and services include:

- removing, replacing or providing furniture, furnishings, materials or equipment
- replacing or providing signs or notices
- replacing taps or door handles
- replacing, providing or adapting door bells or door entry systems
- changing the colour of a surface (such as a wall or a door).

Further Reading

The Code of Practice Rights of Access: services to the public, public authority functions, private clubs and premises - <http://www.equalityhumanrights.com/your-rights/disability/access-to-services/>

Housing and the Disability Equality Duty A guide to the Disability Equality Duty and Disability Discrimination Act 2005 for the social housing sector
http://www.equalityhumanrights.com/uploaded_files/PSD/42_housing_ded.pdf.

Local authority tenants

Under section 2 of the Housing (Scotland) Act 1987, local authorities have the power to alter or enlarge their existing housing stock.

Where a local authority tenant's home no longer meets their needs and they are assessed as requiring a major adaptation to their home, the local authority will look to fund this work; generally through their Housing Revenue Account.

Wider local authority duties to meet need

It is important for duties under housing legislation to be seen in the context of wider local authority duties under welfare legislation, such as the Chronically Sick and Disabled Persons Act 1970.

Local authorities have an overall duty to meet eligible assessed needs. These needs will be met according to locally agreed priorities and eligibility criteria. Any lack of funding from parties involved on the housing side does not negate this duty for social work. However, a local authority may decide to review the best way to meet the need, e.g. increased home based support commensurate with level of risk documented until funding becomes available for adaptations.

Registered Social Landlords tenants

A Registered Social Landlord (RSL) provides social-rented housing registered with and regulated by the Scottish Housing Regulator. RSLs include housing associations and co-operatives. While the statutory duty to provide adaptations lies with the local authority most RSLs apply for Housing Association Grant (HAG) for 'stage 3 adaptations' which comes from the Affordable Housing Investment Programme to adapt their properties for individual need.

The local authority should liaise with RSLs operating in their area and include details of the estimated funding required for adaptations within their Strategic Housing Investment Plan (SHIP) and this in turn should inform the Strategy and Development Funding Plan (SDFP) bids for HAG funding submitted by RSLs to Scottish Government Regional Offices annually.

Where this funding cannot be made available, RSLs can also use their financial reserves to fund the works.

Different arrangements exist for those RSLs operating where there has been a Transfer Management of Development Funding (TMDF) from Scottish Government to the local authority. For those local authorities there is an annual settlement of funding for AHIP and they make the decisions on the level of funding to use for priorities such as adaptations. They must adhere to Scottish Ministers guidance for RSLs on administering grants. RSLs in these areas submit their SDFP bids for HAG funding to the local authority rather than the Scottish Government Regional Office.

Further Reading

Guidance on procedures for Housing Association Grants for Stage 3 Adaptations -

<http://www.scotland.gov.uk/Topics/Health/care/EandA/HAGStage3Adaptations>

MAJOR ADAPTATIONS – KEY ACTIONS

The Scottish Government will:

1. Undertake a national review of existing models of the provision of major adaptations to identify current best practice to support shared learning.
2. Develop a guide for practitioners, and service users, through the different funding streams available for housing adaptations
3. Commence work to establish a good practice model for provision of major adaptations.

Local partnerships will:

1. Ensure assessment for major adaptations are incorporated into mainstream community care services.
2. Adopt a specialist approach for the **provision** of major adaptations
3. Local partnerships led by the local authority should have clear protocols to ensure consistent and co-ordinated working practices particularly between social work and housing including RSL's.
4. Local protocols should be reviewed in line with the Housing (Scotland) Act 2006 and the new duties emerging from the Act in April 2009

CARE HOMES

“Providers of a care home service shall, having regard to the size of the service, the statement of aims and objectives and the number and needs of the service user provide such other equipment for the general use of service users as is suitable and sufficient having regard to their health and personal care needs”

The Regulation of Care (Requirements as to Care Services) (Scotland) Regulation 2002

Under the terms of above Regulation care homes are expected to provide standard equipment to fill their obligations to their service users and to their workforce. This provision could be through purchase by the home, or through a hire/maintenance arrangement with an equipment service.

Statutory providers (NHS and local authorities) should work with care home sector to agree the most suitable makes and models of generic, standard equipment. This will assist equipment stores to stock a range of suitable bespoke attachments to customise the equipment as required, to meet the assessed needs of an individual.

For care homes providing nursing care, equipment is highly likely to include equipment such as pressure reducing and relieving overlays and replacement mattresses to maintain tissue viability. That is, if a service user in a care home providing nursing care is assessed as requiring preventative care for pressure ulcers, the care home should provide for that service user.

Where the needs of the individual require the provision of bespoke equipment or attachments the responsibility lies with the statutory providers (NHS or local authority). Where responsibility falls to the local authority, and the client is self funding, the local authority may decide, after a financial assessment, to ask the individual to meet part or all of the cost of the bespoke equipment.

Bespoke equipment can be defined as:

- (a) Any item of equipment specifically manufactured to meet the unique needs of an individual or
- (b) any item purchased off the shelf which is then adapted with bespoke attachments or accessories to meet the assessed needs of an individual (e.g. complex postural management needs) or
- (c) an item of equipment that would not regularly be required by the population within the care home e.g. standing frame

This guidance lays out some guiding principles to responsibilities in equipment provision in relation to care homes.

- As a person’s residence, the care home has a responsibility to ensure that the residence meets the needs of the individual. A care home providing nursing care should have suitable equipment available to meet a range of nursing needs.
- Care home residents do not lose their rights to access NHS services.
- Where someone has been in hospital and the provision of equipment can support early discharge this equipment must be loaned, with urgency, free of charge up to a period of four weeks.

- Where the provision of equipment can prevent admission to an acute hospital setting then that equipment must be loaned with urgency free of charge for a period of up to four weeks.
- Where equipment has been loaned to a care home, as described above, and it is not the responsibility of the NHS or local authority to provide, clear protocols should be agreed locally between the NHS, local authority and the care home provider on the provision of the equipment after 4 weeks. This could include long-term hire/maintenance agreements or purchase of the equipment from the NHS/local authority or an independent provider. **No equipment should be removed before an alternative, long term option has been identified.**
- Staff must be appropriately trained in the use, cleaning and maintenance of equipment as set out in The Health and Safety Executive and MHRA regulations.
- Where equipment has been loaned to, or hired by, a care home repair and maintenance responsibility remains with the equipment provider. The equipment provider must also ensure that appropriate training in the use of the equipment is provided to the care home. It is then the responsibility of the care home to ensure that this training is cascaded to all staff likely to use the equipment. Further advice on health and safety requirements is contained in the [health and safety](#) section on page 41)
- Care home staff should have equal access to training in equipment handling. This is of particular importance in terms of:
 - Moving and handling legislation
 - Communication equipment – staff must be appropriately trained to understand the need to promote and participate in its use.
- Where ‘care management’ has been delegated to the care home, care home staff must have access to equipment stores.

Scenario 1

Mrs A is assessed as requiring assistance with seating posture. The care home she resides in has a range of adaptable chairs to address postural issues but does not have the attachments necessary to fully adapt the chair to meet Mrs A’s specific needs. The local authority loans the care home the necessary attachments – headrest, and pressure relieving cushion and the seat is adjusted by Mrs A’s Occupational Therapist to her required specifications. Once Mrs A no longer requires the attachments they are returned to the local authority for decontamination and recycling.

Scenario 2

Mr B, currently resident in a specialist Dementia unit, has deteriorated physically and due to his size the hoist, bed, mattress and slings used by the home are inappropriate. To avoid an unnecessary admission to hospital the Health Board and local authority loan the required equipment to the care home. A loan agreement is drawn up between the care home and the statutory providers and it is agreed that maintenance responsibility remains with the statutory organisations. Clear protocols for returning the equipment for recycling are also agreed, once the equipment is no longer required by Mr A it is returned to the joint store for decontamination and recycling.

Further Reading

The Regulation of Care (Requirements as to Care Services) (Scotland) Regulation 2002 -

<http://www.opsi.gov.uk/legislation/scotland/ssi2002/20020114.htm>

National Care Standards -

<http://www.scotland.gov.uk/Topics/Health/care/17652/National-Care-Standards-1-1>

CARE HOMES – KEY ACTIONS

1. Where equipment can support early discharge from hospital it must be loaned, with urgency, free of charge for a period of up to four weeks.
2. Where the provision of equipment can prevent admission to an acute hospital setting it must be loaned, with urgency, free of charge for a period of up to four weeks.
3. Staff must be appropriately trained in the use, cleaning and maintenance of equipment as set out in H&S and MHRA regulations.
4. Statutory providers should work with the care home sector to agree the suitable makes and models of equipment to be used in care homes to allow for the supply of appropriate bespoke attachments or accessories, when required.
5. The definitions of Standard Residential Care, Standard Nursing Care, and Additional Care being developed as part of the National Care Home Contract will include reference to the level of equipment expected in each case.

Annex A - Glossary

See also the Shared Vocabulary at

<http://www.scotland.gov.uk/Topics/Health/care/EandA/SharedVocabulary>

Augmentative and Alternative Communication (AAC)

Methods of communication which can be used to add to the more usual methods of speech and writing when these are impaired and can be a way to help someone understand, as well as a means of expression. It includes unaided systems such as signing and gesture (sometimes referred to as linguistic communication), as well as aided techniques ranging from picture charts to the most sophisticated computer technology currently available.

Electronic Assistive Technology (EAT)

'Interfaces' that enable people with impairments and/or chronic health problems to control electrical and/or electronic devices. An EAT service provides assessment, advice, design expertise and, if required, the associated manufacture of interfaces to people of all ages. It can be closely allied with bioengineering, powered wheelchair provision and communication 'aids'. (Full definition can be found at <http://www.scotland.gov.uk/Topics/Health/care/EandA/vocab>).

Environmental Controls

Equipment systems that enable people with higher levels of physical impairment or chronic health problems to control access to their home, to summon emergency help and to operate domestic appliances. (Full definition can be found at <http://www.scotland.gov.uk/Topics/Health/care/EandA/vocab>).

Equipment

Any item or product system, whether acquired commercially off the shelf, modified or customised that is used to increase the functional capabilities of individuals with disabilities. This does not include medical devices or anything that is invasive to the body.

Standard equipment – Standard equipment can be used to meet simple to non complex needs and which does not need to be adapted for the individual, such as shower chairs, raised toilet seats, bathing equipment, flashing doorbells and standard wheelchairs.

Specialist Equipment – This equipment may require a specialist assessment and is bespoke, uniquely specified and sourced for an individual.(e.g. communication equipment, specially designed seating or wheelchairs)

Frontline assessors

Any member of health or social care staff (including those in the private sector such as care home staff) who is appropriately trained in assessment of need and the provision of a range of standard equipment and minor adaptations to an agreed level. Staff could include District Nurses; Occupational Therapist Assistants; social workers and support staff etc.

Once assessed needs are higher than the agreed training level the case will be passed onto a more appropriately trained professional (e.g. Speech and Language Therapists);

Independent living

“All people having the same choice, control and freedom as any other citizen - at home, at work, and as members of the community”³⁵

As this can be misinterpreted to mean doing everything for your self, some disabled people now using 'self determination' for control over their life even though they may be highly dependent on another person to exercise that control.

Minor Adaptation

A minor adaptation is one which is relatively inexpensive and may be fitted relatively easily and quickly such as grab-rails, hand-rails, flashing doorbells and smoke alarm alerts³⁶.

Major Adaptation

Work that involves structural or other permanent changes to a house, but excluding work to extend a structure to create additional living accommodation, or work to create living accommodation in a separate building from the current living accommodation.

Partnership – Includes the NHS Board and individual local authorities within the NHS Board boundary. A map showing the make-up of these partnerships is attached at Annex **

Partnerships

This is the Health Board and Local Authorities (Social Work/Housing/Education). Could also include local housing providers (e.g. RSLs), care home providers and voluntary sector organisations.

Telecare

There is no universally agreed definition of the term 'Telecare'; therefore, for the purpose of the national Telecare Development Programme in Scotland, we have

³⁵ Disability Rights Commission www.drc-gb.org/

³⁶ Minor Adaptations Without Delay, COT

adopted the following definition. It is taken from the '[Shared Vocabulary](#)' agreed and published by the Scottish Government, and is consistent with definitions used in the English and Welsh development programmes.

“Telecare is the remote or enhanced delivery of health and social services to people in their own home by means of telecommunications and computerised systems. Telecare usually refers to equipment and detectors that provide continuous, automatic and remote monitoring of care needs emergencies and lifestyle changes, using information and communication technology (ICT) to trigger human responses, or shut-down equipment to prevent hazards.”

Full definition and examples of telecare can be found at <http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/>

Annex B - Revoked Guidance

NHS Circular No 1976 (GEN) 90 SW 19/1976	Provision by Health Boards and Local Authorities of Aids and Equipment for the Disabled Living at Home and Adaptations to their Homes
NHS 1985 (GEN) 33 SDD 40/85 SWSG 17/1985	Allocation of Responsibility Between Health, Social Work and Housing for The Provision of Aids, Equipment and House Adaptations
NHS MEL (1994)79 SWSG 7/94 ENV 27/94	Community Care – The Housing Dimension (Paragraphs 5.12 – 5.14 and Annex 7 only)

Annex C - Related Guidance

General CCDs & CELs

CCD 2/2003: Community Care and Health (Scotland) Act 2002: New Statutory Rights for Carers http://www.sehd.scot.nhs.uk/publications/CC2003_02full.pdf

CCD 1/2005: Better Outcomes for Older People – Framework for Joint Services for Older People http://www.sehd.scot.nhs.uk/publications/CC2005_01.pdf

CCD 3/2006: National Minimum Information Standards for all Adult Groups <http://www.scotland.gov.uk/Topics/Health/care/JointFuture/InformationStandards>

CCD 7/2007: Self Directed Support – New National Guidance <http://www.scotland.gov.uk/Publications/2007/07/04093127/0>

CEL 6/2008: NHS Continuing Healthcare http://www.sehd.scot.nhs.uk/mels/CEL2008_06.pdf

Free Personal and Nursing Care

CCD 5/2003: Free Personal and Nursing Care: Consolidated Guidance http://www.sehd.scot.nhs.uk/publications/CC2003_05.pdf

<http://www.scotland.gov.uk/Topics/Health/care/17655/research/NewPage/guidancedoc/Q/EditMode/on/ForceUpdate/on>

Disability Discrimination

Disability Discrimination Act: Code of Practice Rights of Access http://www.equalityhumanrights.com/Documents/Disability/Services/Access_code.pdf

The Code of Practice Rights of Access: services to the public, public authority functions, private clubs and premises - <http://www.equalityhumanrights.com/your-rights/disability/access-to-services/>

Housing and the Disability Equality Duty A guide to the Disability Equality Duty and Disability Discrimination Act 2005 for the social housing sector http://www.equalityhumanrights.com/uploaded_files/PSD/42_housing_ded.pdf

Adults with Incapacity Act

Adults with Incapacity (Scotland) Act 2000: A short guide to the Act <http://www.scotland.gov.uk/Publications/2008/03/25120154/0>

Communicating and Assessing Capacity: A guide for social work and health care staff <http://www.scotland.gov.uk/Publications/2008/02/01151101/0>

Adults with Incapacity (Scotland) Act 2000 Guardianship and Intervention Orders - making an application: A Guide for Carers

<http://www.scotland.gov.uk/Publications/2007/08/29112925/0>

Adults with Incapacity (Scotland) Act 2000: It's Your Decision booklet for young adults with incapacity

<http://www.scotland.gov.uk/Publications/2007/10/17102141/0>

Additional Support for Learning Act

Partnership Matters: A guide to local authorities, NHS Boards and Voluntary Organisations on Supporting Students with Additional Needs in Further Education

<http://www.scotland.gov.uk/Publications/2007/08/partnershipmatters>

Statutory Guidance Relating to the Education (Additional) Support for Learning) Act 2004

<http://www.scotland.gov.uk/Publications/2005/08/15105817/58187>

The Parent's guide to Additional Support for Learning

http://www.adviceguide.org.uk/05020210_s.pdf

Circular 1/2009: The Education (Additional Support for Learning) Act 2009

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/ASL/aslcircular/>

Health and Safety

DB2006(05) MHRA Device Bulletin: Managing Medical Devices – Guidance for healthcare and social service organisations

<http://www.mhra.gov.uk/Publications/Safetyguidance/DeviceBulletins/CON2025142>

Handling Home Care: Achieving safe, efficient and positive outcomes for care workers and Service users www.hsebooks.co.uk

Housing

Guidance on procedures for Housing Association Grants for Stage 3 Adaptations -

<http://www.scotland.gov.uk/Topics/Health/care/EandA/HAGStage3Adaptations>

Implementing the Housing (Scotland) Act 2006: Statutory Guidance for Local Authorities - Volume 5 Scheme of Assistance -

<http://sh45inta/Publications/2009/03/25153822/0>

An Applicants Guide To Improvement and Repair Grants for Private Housing –

<http://sh45inta/Publications/2003/09/18303/27476>

Help with Adaptations to Your Home: A Guide for Disabled People in Private Housing in Scotland -

<http://www.scotland.gov.uk/Publications/2009/03/31131031/0>

Private Renting: Information for Landlords
<http://www.scotland.gov.uk/Publications/2007/12/07131753/0>.

Other Related Policy Documents

National Care Standards
<http://www.scotland.gov.uk/Topics/Health/care/17652/National-Care-Standards-1-1>

Wheelchair and Seating Services Modernisation: An Action Plan 2008
<http://www.scotland.gov.uk/Publications/2008/08/04102245/0>

Review of Community Eyecare Services in Scotland
<http://www.scotland.gov.uk/Publications/2006/12/13102441/0>

Scottish Vision Strategy Implementation Plan
<http://www.vision2020uk.org.uk/ukvisionstrategy/page.asp?section=72%C2%A7>

Audiology Modernisation in Scotland
<http://www.scotland.gov.uk/Publications/2004/04/19200/35577>

Community Care: Joint Purchasing, Resource Transfer and Contracting:
Arrangements for Inter-Agency Working – Available on request from NHS
Information Services Division
(<http://www.sehd.scot.nhs.uk/mels/IndexMELcirculars1992-2000.htm>)

Annex D – Legislation

Community care and Health (Scotland) Act 2002

http://www.opsi.gov.uk/legislation/scotland/acts2002/asp_20020005_en_1

National Health Service (Scotland) Act 1978

<http://www.statutelaw.gov.uk/legResults.aspx?LegType=All+Legislation&title=national+health+service&Year=1978&searchEnacted=0&extentMatchOnly=0&confersPower=0&blanketAmendment=0&TYPE=QS&NavFrom=0&activeTextDocId=2301536&PageNumber=1&SortAlpha=0>

Social Work (Scotland) Act 1968

<http://www.statutelaw.gov.uk/legResults.aspx?LegType=All+Legislation&title=social+work+scotland&Year=1968&searchEnacted=0&extentMatchOnly=0&confersPower=0&blanketAmendment=0&TYPE=QS&NavFrom=0&activeTextDocId=1660141&PageNumber=1&SortAlpha=0>

The Chronically Sick and Disabled Persons Act 1970

[http://www.statutelaw.gov.uk/legResults.aspx?LegType=Act+\(UK+Public+General\)&title=chronically+sick+and+disabled&searchEnacted=0&extentMatchOnly=0&confersPower=0&blanketAmendment=0&TYPE=QS&NavFrom=0&activeTextDocId=1278945&PageNumber=1&SortAlpha=0](http://www.statutelaw.gov.uk/legResults.aspx?LegType=Act+(UK+Public+General)&title=chronically+sick+and+disabled&searchEnacted=0&extentMatchOnly=0&confersPower=0&blanketAmendment=0&TYPE=QS&NavFrom=0&activeTextDocId=1278945&PageNumber=1&SortAlpha=0)

The Chronically Sick and Disabled Persons (Scotland) Act 1970

[http://www.statutelaw.gov.uk/legResults.aspx?LegType=Act+\(UK+Public+General\)&title=chronically+sick+and+disabled&searchEnacted=0&extentMatchOnly=0&confersPower=0&blanketAmendment=0&TYPE=QS&NavFrom=0&activeTextDocId=1373581&PageNumber=1&SortAlpha=0](http://www.statutelaw.gov.uk/legResults.aspx?LegType=Act+(UK+Public+General)&title=chronically+sick+and+disabled&searchEnacted=0&extentMatchOnly=0&confersPower=0&blanketAmendment=0&TYPE=QS&NavFrom=0&activeTextDocId=1373581&PageNumber=1&SortAlpha=0)

The Children (Scotland) Act 1995

http://www.opsi.gov.uk/acts/acts1995/Ukpga_19950036_en_1.htm

The Education (Additional Support for Learning (Scotland) Act 2004

http://www.opsi.gov.uk/legislation/scotland/acts2004/asp_20040004_en_1

The Education (Additional Support for Learning (Scotland) Act 2009

http://www.opsi.gov.uk/legislation/scotland/acts2009/pdf/asp_20090007_en.pdf

Community Care and Health (Scotland) Act 2002

http://www.opsi.gov.uk/legislation/scotland/acts2002/asp_20020005_en_1

Community Care (Joint Working etc.) (Scotland) Regulations 2002

http://www.opsi.gov.uk/legislation/scotland/ssi2002/ssi_20020533_en.pdf

The Adults with Incapacity (Scotland) Act 2000

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<http://www.statutelaw.gov.uk/legResults.aspx?LegType=All+Legislation&title=health+and+safety+at+work&Year=1974&searchEnacted=0&extentMatchOnly=0&confersPower=0&blanketAmendment=0&TYPE=QS&NavFrom=0&activeTextDocId=1278945&PageNumber=1&SortAlpha=0>

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Annex E – Key Actions

Scottish Government Key Actions

Information Provision

1. Key government websites will be developed to provide a useful resource for users and carers to access information on equipment and adaptations.
2. The Scottish Government will develop a template webpage for equipment and adaptation information to assist local authorities in developing their local information website.
3. The Scottish Government will produce a range of accessible information sources with detailed information on equipment and adaptation services.
4. The Scottish Government and local partnerships must ensure that all information produced include a review date and that these review are carried out regularly

Service Delivery Model

5. Produce a 'good practice guide' for equipment provision that will allow partnerships to benchmark their current services.
6. Scope work to identify the number of self contained recycling facilities that would be required to provide a service for community equipment across Scotland and, with partnerships, consider whether this model should be rolled out across Scotland.
7. Support shared learning from early implementers of effective occupational therapy approaches between health and across local authority staff; and provide support for further implementation.

Major Adaptations

8. Undertake a national review of existing models of the provision of major adaptations to identify current best practice to support shared learning.
9. Develop a guide for practitioners, and service users, through the different funding streams available for housing adaptations
10. Commence work to establish a good practice model for provision of major adaptations.

Local Partnership Key Actions

Information Provision

1. Local partnerships will jointly produce and publish information on equipment and adaptations provision.
2. The Scottish Government and local partnerships must ensure that all information produced include a review date and that these review are carried out regularly.

Assessment

3. Equipment and adaptations should be incorporated into mainstream community care services.
4. Take an outcomes based approach to involvement of users and carers during the assessment process.
5. Incorporate equipment and adaptations into the assessment, care plan and review process in line with the National Minimum Information Standards.
6. Offer a carers assessment to anyone who cares for a disabled person or elderly relative.
7. Ensure training for staff reflects the above approach.
8. Equipment and adaptations needs require to be part of co-ordinated support plans at times of transition from one service provider/agency to another

Service Delivery Model

9. Adopt a model to provide standard equipment and minor adaptations and review their current models for providing specialist equipment and major adaptations. Where standard/minor items of equipment and adaptations can be accessed without the need for a full community care assessment or directly by the user themselves.
10. Local authorities, health boards and any other agencies should work together to agree the range and type of equipment and adaptations that will be provided by the partnership, and the funding streams for these.
11. Local authorities should identify all their spending across their services including social work, education and housing services with the aim of integrating provision of standard equipment and minor adaptations with their health colleagues. Health services should carry out a similar review. Local authorities and health jointly require to consider a range of funding options to ensure funding will support an integrated model of service delivery. This could involve establishing joint stores for the provision of 'standard' equipment and minor adaptations. Funding for equipment and adaptations should be considered within joint annual reviews for community care and children's services.

12. Models of provision should cover: protocol for access, information for service users, review of equipment catalogues, training and quality assurance as well as provision, including, maintenance, review and recycling. Models should also ensure there are robust performance management systems in place.
13. Local partners should review the benefits from their current models of delivery and consider the advantages from an integrated approach across services and agencies
14. Within the wider agenda for joined up health, housing and social care services, community care partnerships should mainstream the assessment of need, and provision of equipment and adaptations, and in parallel review their workforce planning. This will remove duplication and streamline pathways of service provision between hospital and community based services and help to appropriately allocate professional expertise to meet the needs of local service provision.

Major Adaptations

15. Ensure assessment for major adaptations are incorporated into mainstream community care services.
16. Adopt a specialist approach for the **provision** of major adaptations.
17. Local partnerships led by the Local Authority should have clear protocols to ensure consistent and co-ordinated working practices particularly between social work and housing including RSL's.
18. Local protocols should be reviewed in line with the Housing (Scotland) Act 2006 and the new duties emerging from the Act in April 2009

Care Homes

19. Where equipment can support early discharge from hospital it must be loaned, with urgency, free of charge for a period of up to four weeks.
20. Where the provision of equipment can prevent admission to an acute hospital setting it must be loaned, with urgency, free of charge for a period of up to four weeks.
21. Staff must be appropriately trained in the use, cleaning and maintenance of equipment as set out in H&S and MHRA regulations.
22. Statutory providers should work with the care home sector to agree the suitable makes and models of equipment to be used in care homes to allow for the supply of appropriate bespoke attachments or accessories, when required.
23. The definitions of Standard Residential Care, Standard Nursing Care, and Additional Care being developed as part of the National Care Home Contract will include reference to the level of equipment expected in each case.

Appendix 1 – Good Practice Guide for Service Delivery