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To: Chief Executives Local Authorities & NHS Boards
Directors of Housing
Local Authority Directors of Finance
Directors of Social Work
Other Professional and Voluntary Organisations

2 December 2008

Dear Colleagues

EQUIPMENT AND ADAPTATIONS GUIDANCE FOR HEALTH AND LOCAL AUTHORITY PARTNERSHIPS – CONSULTATION ON DRAFT GUIDANCE

I am writing to invite your comments on the Equipment and Adaptations Guidance for Health and Local Authority Partnerships in the attached compendium. The guidance sets out responsibilities for the joint provision of equipment and adaptations. It replaces previous guidance issued in October 1976. **Your views are invited by 31 March 2009.**

Context

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 new equipment and adaptations guidance aims to update and clarify existing guidance, taking into account legislative and policy changes in care provision since previous guidance was issued in 1976 (Circular 1976 (GEN) 90).

The guidance aims to 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.

This new guidance recognises that there are still key areas requiring further development in relation to access to equipment and adaptations, support will be provided to take this work forward.

There are a number of key recommendations in this document:

Scottish Government recommendations:

The Scottish Government will:

1. Develop a national website to provide a useful resource for users and carers to access information on equipment and adaptations.
2. Produce a good practice guide for equipment provision that will allow partnerships to benchmark services against.
3. Commence work to establish a good practice model for provision of major adaptations.
4. Develop a guide for practitioners, service users, and carers through the different funding streams available for housing adaptations.
5. 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 partnership recommendations:

1. Local partnerships should incorporate equipment and adaptations into mainstream community care services by:
 - Taking 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 training for staff reflects the above approach.
2. Partnerships should jointly produce and publish information on equipment and adaptations provision.
3. Partnerships should adopt a 'standard' and specialist/major model to the provision of equipment and adaptations where standard items of equipment can be accessed without the need for a full community care assessment, or directly by the user themselves.
4. Partnerships should work together to agree the range of equipment and adaptations that will be provided, and the funding streams for these.
5. Local Authorities should identify all their spending on equipment and adaptations across their services including social work, education and housing services with the aim of integrating provision of standard equipment and adaptations with their health colleagues. Health services should carry out a similar review. This could involve the use of pooled budgets and establishing joint stores for the provision of 'standard' equipment and adaptations.
6. 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.

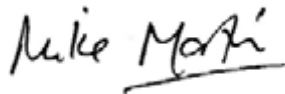
7. Local partners should review the benefits from their current models of delivery and consider the advantages from an integrated approach across services and agencies.
8. Local partnership should target occupational therapy services more effectively. Agencies need to remove duplication and streamline pathways of service provision between hospital and community based occupational therapy services and reallocate their professional expertise to meet the needs of local service provision

Consultation process

You are invited to respond to the particular questions set out in Annex D. In addition to the written consultation we will be running a number of regional stakeholder events. The dates of these will be posted on the Equipment and Adaptations website at <http://www.scotland.gov.uk/Topics/Health/care/EandA>.

If you have any questions about this consultation please contact Isla Bisset on 0131 244 3748 or email isla.bisset@scotland.gsi.gov.uk.

Your sincerely



Mike Martin
Deputy Director
Partnership Improvement and Outcomes Division

The immediately following pages set out the Scottish Government's standard practice for consultations.

EQUIPMENT AND ADAPTATIONS GUIDANCE FOR HEALTH AND LOCAL AUTHORITY PARTNERSHIPS – CONSULTATION ON DRAFT GUIDANCE

Responding to this consultation paper

We are inviting written responses to this consultation paper by 31 March 2009.

Please send your response to:

Amy.phillips@scotland.gsi.gov.uk

or

Amy Phillips

Scottish Government, Partnership Improvement and Outcomes Division, St Andrews House, Regent Road, Edinburgh, EH1 3DG

If you have any queries contact Isla Bisset on 0131 244 3748. We would be grateful if you would use the consultation questionnaire provided as this will aid our analysis of the responses received. This consultation, and all other Scottish Executive consultation exercises, can be viewed online on the consultation web pages of the Scottish Executive website at <http://www.scotland.gov.uk/consultations>. You can telephone Freephone 0800 77 1234 to find out where your nearest public internet access point is. The Scottish Executive now has an email alert system for consultations (**SEconsult**: <http://www.scotland.gov.uk/consultations/seconsult.aspx>). This system allows stakeholder individuals and organisations to register and receive a weekly email containing details of all new consultations (including web links). SEconsult complements, but in no way replaces SE distribution lists, and is designed to allow stakeholders to keep up to date with all SE consultation activity, and therefore be alerted at the earliest opportunity to those of most interest. We would encourage you to register.

Handling your response

We need to know how you wish your response to be handled and, in particular, whether you are happy for your response to be made public. Please complete and return the **Respondent Information Form** as this will ensure that we treat your response appropriately. If you ask for your response not to be published we will regard it as confidential, and we will treat it accordingly. All respondents should be aware that the Scottish Executive are subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

Next steps in the process

Where respondents have given permission for their response to be made public (see the attached Respondent Information Form), these will be made available to the public in the Scottish Executive Library and on the [Scottish Executive consultation](#) web pages. We will check all responses where agreement to publish has been given for any potentially defamatory material before logging them in the library or placing them on the website. You can make arrangements to view responses by contacting the SE Library on 0131 244 4552. Responses can be copied and sent to you, but a charge may be made for this service.

What happens next ?

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us reach a decision on the equipment and adaptations guidance. We aim to issue a report on this consultation process by 30 April 2009.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to Amy Phillips (contact details above).

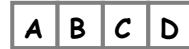
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.scotland.gov.uk





RESPONDENT INFORMATION FORM

Please Note That This Form **Must** Be Returned With Your Response To Ensure That We Handle Your Response Appropriately



(Please complete in **BLACK** ink and in **BLOCK CAPITALS**, one per box)

1. Name/Organisation

Organisation Name

Grid for Organisation Name

Title Mr Ms Mrs Miss Dr Please tick as appropriate

Surname

Grid for Surname

Forename

Grid for Forename

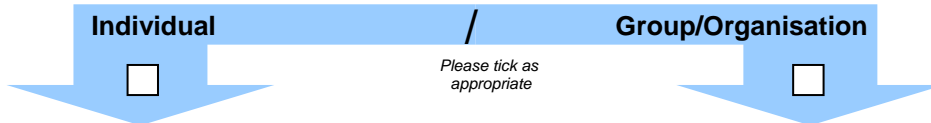
2. Postal Address

Grid for Postal Address

P O S T C O D E Phone _____ Email _____

3. Permissions

I am responding as ...



(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?
Please tick as appropriate Yes No

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis
Please tick ONE of the following boxes

- Yes, make my response, name and address all available
- Yes, make my response available, but not my name and address
- Yes, make my response and name available, but not my address

(c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).
Are you content for your **response** to be made available?
Please tick as appropriate Yes No

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?
Please tick as appropriate Yes No

CSU USE ONLY

OFFICE USE ONLY
DATE RECEIVED

RIFv1.7(12/07)

ANNEX C – THE SCOTTISH GOVERNMENT CONSULTATION PROCESS

Consultation is an essential and important aspect of Scottish Government working methods. Given the wide-ranging areas of work of the Scottish Government, there are many varied types of consultation. However, in general, Scottish Government consultation exercises aim to provide opportunities for all those who wish to express their opinions on a proposed area of work to do so in ways which will inform and enhance that work.

The Scottish Government encourages consultation that is thorough, effective and appropriate to the issue under consideration and the nature of the target audience. Consultation exercises take account of a wide range of factors, and no two exercises are likely to be the same.

Typically Scottish Government consultations involve a written paper inviting answers to specific questions or more general views about the material presented. Written papers are distributed to organisations and individuals with an interest in the issue, and they are also placed on the Scottish Government web site enabling a wider audience to access the paper and submit their responses¹. Consultation exercises may also involve seeking views in a number of different ways, such as through public meetings, focus groups or questionnaire exercises. Copies of all the written responses received to a consultation exercise (except those where the individual or organisation requested confidentiality) are placed in the Scottish Government library at Saughton House, Edinburgh (K Spur, Saughton House, Broomhouse Drive, Edinburgh, EH11 3XD, telephone 0131 244 4565).

All Scottish Government consultation papers and related publications (eg, analysis of response reports) can be accessed at: [Scottish Government consultations](http://www.scotland.gov.uk/consultations) (<http://www.scotland.gov.uk/consultations>)

The views and suggestions detailed in consultation responses are analysed and used as part of the decision making process, along with a range of other available information and evidence. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

Final decisions on the issues under consideration will also take account of a range of other factors, including other available information and research evidence.

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

¹ <http://www.scotland.gov.uk/consultations>

**ANNEX D – CONSULTATION QUESTIONNAIRE
EQUIPMENT AND ADAPTATIONS GUIDANCE FOR HEALTH AND LOCAL AUTHORITY PARTNERSHIPS – CONSULTATION ON
DRAFT GUIDANCE**

Name:

Job Title:

Partnership Organisation etc:

Email:

1. Does the format of the guidance enable you to find specific aspects of interest with ease?

Comments/Answer:

2. Will the guidance as a whole ensure that equipment and adaptations are seen as part of the wider community care provision?

Comments/Answer:

3. Is the approach to remove specific roles and responsibilities for certain types of equipment helpful?

Comments/Answer:

4. Is the responsibility for assessment of equipment and adaptations clear?

Comments/Answer:

5. ASSESSMENT OF NEED: Do the key recommendations provide the impetus to affect the changes that are required?

Comments/Answer:

6. INFORMATION PROVISION: Do the key recommendation provide the impetus to affect the changes that are required?

Comments/Answer:

7. SERVICE DELIVERY MODEL: Do the key recommendation provide the impetus to affect the changes that are required?

Comments/Answer:

8. ADAPTATIONS: Do the key recommendation provide the impetus to affect the changes that are required?

Comments/Answer:

9. CARE HOMES: Do the key recommendation provide the impetus to affect the changes that are required?

Comments/Answer:

10. Do you have any other general comments on the draft guidance?

Comments/Answer:

EQUIPMENT AND ADAPTATIONS GUIDANCE

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EQUIPMENT AND ADAPTATIONS GUIDANCE

1 INTRODUCTION

1. 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.
2. User and carer participation in assessment, care planning and review lie at the heart of identifying and improving outcomes for people using community care services. Equipment and adaptations should be seen as part of the range of services and interventions that can be provided.
3. The changing demography of the Scottish population offers significant challenges to health and social care services. The number of younger people is projected to decline, whilst the number of people of pensionable age is projected to rise by around 31% from 0.98m in 2006 to 1.29m in 2031. The number of people aged 75 and over is projected to increase by around 81%, from 0.38m in 2006 to 0.69m in 2031.
4. There is evidence that equipment and adaptations, including the opportunities provided by innovative technology require them to 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.
5. This guidance promotes joint working in relation to the provision of equipment and adaptations. Local authority and health partners must work closely together to ensure that the provision of equipment and adaptations is a smooth and seamless process from the user and carer perspective.

2 BACKGROUND

Audit Scotland Report

6. Following a major review of the management of community equipment and adaptations, Audit Scotland published the report '*Adapting to the Future: Management of Community Care Equipment and Adaptations*' (2004)¹. The report highlighted a need for local authorities and the NHS to improve the planning, organisation and delivery of equipment and adaptation services to support people living in their own homes.
7. The report also made a number of key recommendations for the Scottish Government, for local authorities and for NHS Boards. The report recommended that the **Scottish Government** should:
8. "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."
9. Full details of the report's main findings and recommendations can be found in appendix A.

Equipped for Inclusion

10. Following a recommendation in '*Community Care: A Joint Future*'² (2000) the Strategy Forum: Equipment and Adaptations was established to achieve a "much needed sense of direction for equipment and adaptation services". The main findings of the Strategy Forum were published in the report *Equipped for Inclusion*³ in June 2003.
11. Four key areas were identified in the report:
 - a) Equipment and adaptations as part of every day life: the promotion of social justice through the mainstreaming of equipment and adaptations.
 - b) Extending and sharing knowledge: by improving the information available and how it is provided, supported by advice and demonstration.
 - c) A joint future: equipment and adaptations integrated with one another, integrated within community care, and across care groups through joint resourcing and joint service management, single shared assessment and care management.
 - d) Assuring quality and innovation: by auditing and improving service standards, a knowledge base evidencing and evaluating the impact on people's lives and on other care services, and by encouraging and supporting innovation.

Community Care: A Joint Future

12. *The Community Care: Joint Future* Report made a number of key recommendations. The report recommended that:

- 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.

3 PURPOSE OF THE GUIDANCE

Aims of revised guidance

This guidance covers the responsibilities of NHS Scotland and local authorities for providing equipment and adaptations and replaces all previous guidance on this issue. The updated guidance will be issued with immediate effect. [final version only]

13. The guidance aims to update and clarify existing guidance, taking into account legislative and policy changes in care provision since original guidance was issued in 1976 (NHS Circular 1976 (GEN) 90).

14. 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.

15. 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.

What are equipment and adaptations?

16. Equipment and Adaptations is a collective term for a broad range of products and changes to the fabric of a building that enable people of all ages to carry out ordinary activities of daily life that have been affected by impairment, ill health, traumatic injury, or the effects of ageing. It includes assistive technology but not anything that is invasive to the body.

Who may need them?

17. Any individual of any age, with any illness or disability may benefit from some type of equipment, or adaptation, within their community settings to improve their quality of life. This could be provided on a short or long term basis depending on the persons assessed needs. For example a piece of equipment may only be needed over a short period of time to enable assessment or rehabilitation, or may be required over many years.

18. It should also be recognised that there will be a small number of users with different types of equipment needs, for example those with sensory impairment.

4 CORE VALUES AND PRINCIPLES

19. Access to assessment and provision should be fair and consistent. There should be no discrimination on the grounds of race, disability, gender, age, sexual orientation, religion or belief or type of community setting. Health boards and local authorities have a general responsibility under the Equality Act 2006²⁴ for ensuring that discrimination does not occur.
20. Persons needing equipment and adaptations and their carers need to understand clearly 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.
21. 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 2002²⁵, 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.
22. 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. This also applies to the transition from children services to adult services.

5 POLICY CONTEXT

Legal Framework

23. The National Health Service (Scotland) Act 1978 (“the 1978 Act”)²⁶ 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.

24. The Social Work (Scotland) Act 1968 (“the 1968 Act”)²⁷ 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.

25. Section 2 of the Chronically Sick and Disabled Persons Act 1970²⁸ is effective in Scotland through the Chronically Sick and Disabled Persons (Scotland) Act 1972²⁹. 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 1995 applies.

26. Sections 22 and 29 of the Children (Scotland) Act 1995³⁰ also place a duty on local authorities to provide services that promote and safeguard the welfare of children.

27. The Education (Additional Support for Learning) (Scotland) Act 2004³¹ introduced a single structure for meeting the needs of children who require additional support to ensure they can make the most of their education.

28. Local authorities have a duty to assess the needs of any person for whom they may have a duty or power to provide community care services.

Co-operation between local authorities and health boards

29. 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.

30. Part II of the Community Care and Health (Scotland) Act 2002³² and the Community Care (Joint Working etc.) (Scotland) Regulations 2002³³ 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.

Policy Context

31. 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. Government policy is therefore to support this.
32. The Scottish Government is also committed to improving outcomes through partnership working across all organisational boundaries. It encourages health and social care agencies to work together to provide joined up, community focussed services. It has developed a Community Care Outcomes Framework for joint working in community care
33. The Community Care Outcomes Framework offers 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.
34. 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 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, housing and the voluntary and private sectors.
35. Carers have new rights to an assessment and joint working has progressed through work in multi-disciplinary/agency teams. More generally, the Scottish Government is committed to modernising services to achieve better outcomes.
36. Community care services cover a wide range of health, social care and housing activities that collectively enable individuals to optimise their quality of life and help them to continue to live in their own homes and communities.

Shifting the balance of care

37. Shifting the balance of care to people's own homes and the community is a key part of community care policy. *Better Health, Better Care*⁴ promotes a similar shift in the NHS. 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.

38. 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.

39. 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

40. The Delivery Framework for Adult Rehabilitation⁵ 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.

Changing Lives

41. *Changing Lives, The Review of Social Work in Scotland*⁶ set out a vision for social care services for the 21st Century. The report outlines 13 recommendations 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.

42. 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

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

Free Personal and Nursing Care

44. 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.

45. The Sutherland Report on free personal and nursing care made some recommendations which are currently under consideration.

46. Further details on the Free Personal and Nursing Care policy can be found in Circular CCD 5/2003⁷ and at:
<http://www.scotland.gov.uk/Topics/Health/care/17655>.

Self-Directed Support

47. 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. It allows an individual more flexibility, choice and control over the support they receive, and can ultimately promote confidence and wellbeing for those with an assessed need. Research published in June 2008 gives evidence of the positive experiences of people who receive self-directed support:

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

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

49. A full list of related policy and legislation can be found in Annexes C & D.

6 INVOLVING THE INDIVIDUAL

50. People who use services, and their carers, are at the centre of the assessment process. The person whose needs are being assessed should be encouraged to make as full a contribution as possible, identifying the outcomes that are important to them. The assessor should actively seek the carer's views as a partner in the process. Where the person being assessed and their carer's views differ, the assessor should consider involving advocacy services.

51. Partnerships could consider utilising the User and Carer Defined Service Evaluation Toolkit (UDSET) within an outcomes approach to assessment care planning and review. Further information on the UDSET is available on the Joint Improvement Team website at www.jitscotland.org.uk.

52. It is important that information on the assessment process, service provision, financial issues, etc. is made available to users and carers. The information should be in an easy to understand format, written from a user's perspective and be available in any format that might be needed (Braille, audio, other languages etc.).

53. Agencies should review and, where necessary, develop joint arrangements for ensuring that people with special communication needs, and people from minority ethnic groups, can participate fully in their assessment.

7 COMMUNITY CARE ASSESSMENT

Users Shared 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

54. 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 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, social care and housing partners to develop and embed this within their service provision.

55. An outcomes focused approach to assessment will identify the desired outcomes for the individual and support individualised interventions that a person can receive which may include 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.

“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 to 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)

56. As part of this process local partners should also ensure that all decisions about a persons future care needs are fully 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.

57. Full guidance on Shared Assessment care planning and review is contained in CCD 3/2006⁸.

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 person or elderly relative, spouse or a disabled child.

58. CCD 2/2003⁹ provides comprehensive advice on the rights of carer’s and what they can expect from a carers assessment.

CASE STUDY 1

User Defined Evaluation Toolkit (UDSET)

The UDSET toolkit 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 (a similar toolkit for carers has also been developed (CDSET)). 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.

Advocacy

59. 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.

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)

60. 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 on 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.

61. Full guidance on Self Directed Support is available in Circular CCD 7/2007¹⁰ and at <http://www.scotland.gov.uk/Topics/Health/care/VAUnit/DirectPayments>.

Adults with Incapacity (Scotland) Act 2000

62. Agencies should obtain at the outset the informed consent of the person to carry out the assessment. The Adults with Incapacity (Scotland) Act 2000³⁴ (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.

63. Details of further guidance on the AWI Act can be found in Appendix B.

COMMUNITY CARE ASSESSMENT – KEY RECOMMENDATIONS

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 training for staff reflects the above approach

“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)

National Information

Care Information Scotland: Care information for older people

64. 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 for older people in Scotland. The service, which will consist of a helpline and website, will be up and running early in 2009. If successful, consideration may be given to expanding the service to all community care for adults. (A child care information service for Scotland - Scottish Childcare www.scottishchildcare.gov.uk already exists).

65. 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

66. 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.

67. 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

68. 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 what 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 private 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 languages
- provide information on other sources of help and advice
- accurately reflect current policies and legislation

69. Local partnership information should as a minimum, be available on each member of the partnerships website and in a joint partnership leaflet.

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

70. 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 ensure service users can access appropriate information to help them with self management. It will also facilitate effective access to the knowledge and evidence base for self management, enablement and rehabilitation as well as the sharing and generation of new knowledge. It will also provide the evidence base to support service re-design in the management of long term conditions, linking closely with the work of the long term conditions collaborative.

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

Information in accessible formats

72. Information should be inclusive and accessible. It should be produced in accordance with the RNIB's 'see it right guidelines' available under 'Good Design' at www.rnib.org.uk.

73. Information should also be available in different languages and formats (e.g. Braille) as required to meet the needs of the local population.

INFORMATION PROVISION – KEY RECOMMENDATIONS

Key government websites will be developed to provide a useful resource for users and carers to access information on equipment and adaptations

Local Partnerships will jointly produce and publish information on equipment and adaptations provision.

DRAFT

9 SERVICE DELIVERY MODELS

“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 to 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)

74. 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 review of current 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 jointly their models of provision for equipment and adaptations.

75. 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.

76. 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

77. Equipment, adaptations, assistive or ‘SMART’ technology and tele-health 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.

78. 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.

79. 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.

CASE STUDY 2

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 clinician to consider referring the patient for a telecare assessment; this alongside the provision of equipment that is Telecare enabled, allows clinicians and equipment service staff to provide a more comprehensive range of solutions to 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

80. 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 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** community care services;
- 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).

81. For the purpose of the guidance standard and specialist equipment can be defined as:

Standard Equipment	Specialist Equipment
All equipment which does not need to be adapted for the individual, such as shower chairs, raised toilet seats flashing doorbells standard wheelchairs.	Equipment that may require a specialist assessment or tailored to meet the individuals needs (e.g. AAC dynamic display devises)

82. The Audit Scotland Report 2004 defined minor and major adaptations as:

Minor Adaptations	Major Adaptations
Non-structural and temporary – can easily be removed from the property, such as external grab-rails and removable ramps.	Involve permanent changes to the structure of a person's home, such as widening doors for wheelchair access, installation of a through floor lift or having an extension added to the property.

83. There is evidence that improved performance and satisfaction can be achieved for standard equipment and minor adaptations through an integrated model of provision. Standard items of equipment (e.g. standard wheelchairs, raised toilet seats, shower chairs etc.) and minor adaptations (e.g. grab rails or temporary ramps etc.) can be accessed without the need for a full community care assessment of need by any appropriately trained front-line member of staff or directly by the user themselves.

84. Where more specialist equipment or major adaptations are required, partnerships need to develop joint protocols for the assessment, referral and provision for this level of service. These protocols should be streamlined and detail who to contact for specific services, (e.g. wheelchair centres, RSLs, housing associations, etc.).

Details of different funding options should also be provided. 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*¹⁶ produced by the College of Occupational Therapists.

85. The provision of stair lifts challenged the definitions for equipment and adaptations. In principal models of stair lifts which require no structural alterations would be defined as equipment, with models requiring a structural alteration to the property by housing being defined as adaptations. It is recognised that in using these definitions of stair lifts the current range of funding options could be limited. These issues require to 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.

86. To help develop these models the Scottish Government will produce a “good practice guide” for equipment provision that will allow 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 areas adopt a standard (including minor adaptations) and a specialist/major, model to the provision of equipment and adaptations.
- Local Authorities should identify all of their spending on equipment and adaptations across its 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 budgets and establishment of joint stores for the provision of ‘standard’ equipment and 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.

CASE STUDY 3

Joint Protocol for Service Provision – Greater Glasgow Independent Living Equipment Store (GGILES)

Joint protocol arrangements allow staff (physiotherapists, nurses and occupational therapists) 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 also ensures that staff in all care groups can access GGILES directly without having to refer on to a separate agency or professional group. Nurses are now also able to assess for and order more extensive bathing equipment (bathlifts) and physio staff can access beds and low to medium risk tissue viability products (mattresses).

GGILES runs a joint training programme for equipment. This training is delivered by a joint team of practitioner trainers from across professional and agency services.

87. 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 /major provision.

Managing risk in equipment provision

88. Where the equipment prescribed by staff is standard (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.

89. 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.

Recycling, Infection Control and Decontamination

90. 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.

91. The Medicines and Healthcare Products Regulatory Agency (MHRA) Community Equipment Loan Stores: Guidance on Decontamination provides detailed advice on the decontamination and infection control of community equipment in loan stores.

Using Occupational Therapy Services More Effectively

92. Existing examples of mainstreaming the assessment and provision of equipment and adaptation services have demonstrated an impact on the work of a range of staff, including occupational therapy staff. This opportunity needs to be captured to maximise the use of individual professional skills and expertise.
93. For occupational therapy staff existing organisational boundaries can result in inappropriate numbers of transitions of care for an individual between health occupational therapy staff in hospitals and community based services as well as to staff in the local authority. It has been long recognised by the occupational therapy profession and within Scotland that there is scope to maximise the use of occupational therapy skills within rehabilitation and enablement: by addressing these boundaries and reducing transitions: as well as enabling users and carers and other staff, to play their part in assessing and providing equipment and adaptation services.
94. Along with nurses, occupational therapy staff should no longer be perceived as the main route to equipment and adaptations. They should contribute to training and supporting others in managing "simple" solutions while becoming more widely involved with inreach and outreach models of rehabilitation and enablement as outlined in the rehabilitation framework. The rehabilitation co-ordinators appointed in each health board area will provide the strategic direction to enable this model.
95. Over the past eight years in Scotland a range of good practice approaches have been developed to provide simplified pathways for access and co-ordination of occupational therapy interventions. They have demonstrated a pivotal and equal role in joint, community-based rehabilitation/enablement services co-ordinated hospital discharge arrangements, and have become an integral part of intensive support services within multi-disciplinary/agency teams.
96. One of the challenges these changes have highlighted is a tension in the balance of reallocation of occupational therapy skills, expertise and capacity between rehabilitation and care management responsibilities. Good practice has demonstrated that this needs to be defined by the type of service, taking account of rural and care group resources. Wherever possible intensive care management responsibilities should only be allocated where the case also requires the skills and experience of that profession.
97. It is recommended that within the context of the wider agenda for joined up health, housing and social care services, community care partnerships can mainstream the assessment of equipment and adaptations and improve the utilisation of occupational therapy staff across hospital and community and between health and social services in parallel. In doing so they should have individual project plans for the two areas of work and project management capacity including training to implement the recommended changes.

SERVICE DELIVERY MODEL – KEY RECOMMENDATIONS

Scottish Government will:

1. Produce a 'good practice guide' for equipment provision that will allow partnerships to benchmark their current services.
2. 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:

3. Adopt a 'standard' and specialist/major model to the provision of equipment and adaptations where standard items of equipment can be accessed without the need for a full community care assessment or directly by the user themselves.
4. Local authorities, health boards and any other agencies should work together to agree the range of equipment and adaptations that will be provided by the partnership, and the funding streams for these.
5. Local authorities should identify all their spending on equipment and adaptations across their services including social work, education and housing services with the aim of integrating provision of standard equipment and adaptations with their health colleagues. Health services should carry out a similar review. This could involve the use of pooled budgets and establishing joint stores for the provision of 'standard' equipment and adaptations.
6. 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.
7. Local partners should review the benefits from their current models of delivery and consider the advantages from an integrated approach across services and agencies
8. To target occupational therapy services more effectively, agencies need to remove duplication and streamline pathways of service provision between hospital and community based occupational therapy services and reallocate their professional expertise to meet the needs of local service provision.

10 MAJOR ADAPTATIONS

98. Adaptations to the home, or workplace, can be of real benefit to disabled people. However, they are 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 to the mainstream community care assessment care planning and review processes with the aim of addressing the outcomes that are important for the individual which in part may involve a major adaptation.

99. This section focuses on major adaptations (for minor adaptations – see section on service delivery models).

100. It is recognised that local partnerships will need to identify the range of front line staff to be trained to enable them to undertake an assessment where it is likely a major adaptation may form part of the interventions for the individual to achieve their outcomes. Peoples needs can then be fully assessed, and all the options on how best to meet eligible assessed needs may be explored.

The definition being used in this guidance for major adaptations is:

A major adaptation involves permanent changes to the structure of a person's home, such as widening doors for wheelchair access, installation of a through floor lift or having an extension added to the property.

(Note: Under housing legislation extensions to provide additional living accommodation do not attract mandatory grant – see later in this section)

101. Major adaptations can make the 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. Due to the limited requirement for major adaptations in some smaller local authority areas it is recognised that front line staff often have limited experience of dealing with these, and the wide range of disciplines, including architects and housing authorities, that are involved. This often leads to delays and frustrations in the processes from identification of need to provision being in place. Major adaptations can also enable an individual to return home from hospital. These blockages can also result in significant delays to discharge.

102. 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.

CASE STUDY 4

NHS Lanarkshire and South Lanarkshire Council - Switch project

In South Lanarkshire, a pilot scheme to develop inreach /outreach practices will extend the duty of care and the role of health colleagues in the prescription of major adaptations in the interests of service users and in line with the Rehabilitation Framework.

103. 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 RSLs. These should be reviewed in line with the Housing (Scotland) Act 2006³⁷ and the new duties emerging from the Act in April 2009.
104. Currently there is a range of practice 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.
105. 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.
106. At present, no one clear model of best practice for major adaptations has emerged. However, there is recognition that a national review of existing models, to identify current best practice, would support shared learning and provide the baseline for further work to establish a good practice model for provision of major adaptations.

Private sector housing

107. From April 2009, 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.
108. Local authorities are obliged by section 72 of the 2006 Act to prepare and make publicly available a statement of the circumstances in which they will offer assistance. For assistance with adaptations, this will largely be a statement of the council's legal duties, but in addition there will be some areas where councils have discretion (for example to provide funding beyond the minimum grant limits) and the circumstances in which this discretion will be exercised should be set out in the statement.

109. From April 2009, local authorities will have a duty under section 73(1)(b) of the 2006 Act, similar to that in the Housing (Scotland) Act 1987³⁸, to provide grant for the provision of “standard amenities” for a disabled person: this refers to bathroom and toilet facilities. Regulations under the Act introduce a number of new duties intended to create a simpler and fairer system of financial assistance with adaptations. 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 the needs.

110. The main changes are as follows:

- The scope of mandatory grant will be extended to include all structural adaptations, except for the provision of house extensions to provide additional living accommodation (e.g. bedroom or living room). Adaptations not covered by mandatory grant may be grant-assisted by the authority at its discretion.
- For work not covered by mandatory grant, local authorities will have a duty to ensure that the applicant receives proper advice on the options open to them for funding the work.
- The nationally prescribed test of resources for assessing grant entitlement is to be abolished. For work subject to mandatory grant, automatic minimum grant of 80% of the works cost, or 100% for people in receipt of certain income replacement benefits, will be awarded. Local authorities have the power to award more than 80% (for households not statutorily entitled to 100%) in circumstances outlined in their section 72 statements of assistance.

111. It should be noted that where the sole purpose of providing a house extension is to provide bathroom or toilet facilities, then – as is already the case – the work will continue to attract mandatory grant.

112. The 2006 Act prohibits local authorities from setting upper expense limits on the cost of adaptation works eligible for financial assistance. Ministers have powers to set limits but have no plans to set any such limits for adaptations, as the intention is for local authorities to take account of the full cost of the work when considering what financial assistance will be offered.

113. The Scottish Government is currently exploring the options for setting up a National Lending Unit, which would make affordable lending options available to owners prioritised by the local authority for such assistance. It is intended that where a disabled household faces a significant shortfall – due for example to mandatory grant not covering the cost of house extensions – the availability of affordable lending options may provided some households with a viable way of funding the work.

114. Further information on the changes can be found in statutory guidance issued by the Scottish Government in [\[scheduled for December 2008 or January 2009\]](#).

Reinstatement of previously adapted property

115. From April 2009 local authorities will also be under a duty to provide assistance with the reinstatement of previously adapted properties where this is requested. This need not be financial assistance. The aforementioned statutory guidance suggests that one area where practical assistance with reinstatement could be provided is for private landlords who have previously given their consent to a tenant who has applied to adapt their privately rented property.

Financial assistance for tenants

116. Tenants renting from a private landlord can apply for financial assistance under the 2006 Act. 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 housing associations by the landlord or through Housing Association Grant provided to associations by the Scottish Government.

Social Rented Sector

117. Under the Housing (Scotland) Act 2001³⁹ tenants in the social rented sector who make a request to undertake alterations to their home cannot have consent unreasonably withheld.

118. In addition, disabled tenants in both the social and private rented sector also have additional rights under the Disability Discrimination Act 1995 and 2005. 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 aids and services;
- changing practices, policies and procedures; and
- changing a term of the letting.

119. 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).

120. Further information on these requirements and disabled peoples rights under the Disability Discrimination Act is available in the Code of Practice Rights of Access: services to the public, public authority functions, private clubs and premises. ”

Registered Social Landlords

121. 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 RSLs have no legislative duty to provide adaptations 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.
122. The local authority should 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.
123. Where this funding cannot be made available, RSLs can also use their financial reserves to fund the works.
124. 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 (Glasgow and Edinburgh). 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 local Scottish Government Regional Office.

Wider local authority duties to meet need

125. 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. Where need has been assessed, adaptation is deemed to be the best way to meet the need and in a given case it is a priority for the need to be met, the local authority must ensure that the need is met. The lack of funding from parties involved on the housing side does not negate the authority's duty to meet eligible assessed need. A local authority may decide to reconsider the best way to meet the need.
126. In the short term to support front line staff it has been identified that there is a need to develop a guide for practitioners, and service users, through the different funding streams available for housing adaptations

ADAPTATIONS – KEY RECOMMENDATIONS

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

11 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 2002⁴⁰

129. There is inconsistency across Scotland over the range of equipment provided to, and provided by, care homes. In general terms, care homes need to have suitable and adequate equipment in place to meet residents' needs. Equipment for providing 'personal care' as defined in Section 2(28) of the Regulation of Care (Scotland) Act 2001⁴¹ will be provided by the care home. This may include prescribed items such as medication and aids to manage feeding, respiration, incontinence and skin care. Care homes are also expected to provide standard items such as wheelchairs for general mobility, commodes, standard beds and toileting and bathing aids.

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

- ❑ 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.
- ❑ 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.
- ❑ Repair and maintenance responsibility remains with the equipment provider.
- ❑ Care home staff should have equal access to training in equipment handling.
- ❑ Where 'care management' has been delegated to the care home, care home staff must have access to equipment stores.

131. NB Work has been on-going in two local authority areas in agreeing general and specific descriptors. This work will be piloted in those two areas during the period of consultation and the final guidance will take account of the results.

CARE HOMES – KEY RECOMMENDATIONS

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.

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APPENDICES

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AUDIT SCOTLAND RECOMMENDATIONS**The Scottish Government 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.

Local authorities and NHS Boards should:

- ❏ Ensure that community equipment and adaptations are developed as part of their overall community care strategy.
- ❏ 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.
- ❏ Work towards joint information systems that provide good management information on the community equipment and adaptation services within their partnership area.
- ❏ Agree and implement formal operational policies and procedures which cover:
 - recall of faulty equipment
 - maintenance and repair arrangements
 - recycling, including infection control procedures
 - emergency arrangements.
- ❏ 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 service people can expect, using information such as local targets for response times.
- ❏ This should be published in different formats and in other languages as relevant to local communities.
- ❏ 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).
- ❏ Jointly review budgets for community equipment and adaptations and Housing Improvement Grants to ensure that they are set at a realistic level to meet need.

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