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Guidance on the Provision of Equipment & Adaptations: Executive Summary

Introduction

Health and Social Care Integration

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Joint Working Act) establishes the legal framework for integrating health and social care in Scotland. The Act requires each Health Board and Local Authority to delegate some of their statutory functions, and associated budgets, to their Integration Authority. Regulations that underpin the Act set out which health and social care functions must be delegated. The provision of equipment and adaptations are functions which **must be delegated** to the Integration Authority.

Power of Ministers to Issue Direction and Guidance

Under the Joint Working Act Ministers have the power to issue Directions and Guidance to Health Boards, local authorities and Integration Authorities in relation to carrying out their functions.

This guidance is issued as statutory guidance under the terms of Section 53 of the Joint Working Act, and as such Health Boards, local authorities and Integration Authorities must have regard to the advice provided.

Purpose of the Guidance

This guidance covers the responsibilities of NHS Scotland and Local Authorities, Integration Authorities, and their Housing and Education partners for the provision of equipment and adaptations, and replaces all previous guidance on this issue. This updated guidance is issued with immediate effect.

The guidance outlines the responsibilities of all relevant agencies, with the aim of supporting partnerships, across Scotland, to deliver a more equitable and accessible approach to the provision of equipment and adaptations.

The overall aims of the guidance are to:

- Remove barriers in the systems promoting seamless pathways which are consistent and equitable across the country;
- Ensure services evidence that the service user, and unpaid carer (and family members providing support and care, but who may not identify as a carer), are at the centre of provision.
- Enable choice and control for service users and unpaid carers as partners in the process of assessment and support planning.
- Focus service provision on supporting the achievement of successful outcomes for the individual, and where relevant, their unpaid carer.
- Endorse a consistent approach to the assessment for, and provision of, equipment and adaptations, which promotes prevention and early intervention, and supports self-management.

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

Background

Equipment and adaptations are an essential component of an integrated health & social care service. Timely provision of these often simple solutions, enable some of our most vulnerable citizens to achieve their individual outcomes, living in their own home, or a homely setting, for as long as possible. This enables them to achieve the quality of life they wish, can improve mental health and well-being, as well as being a cost effective model of intervention.

Since the publication of the previous Guidance in 2009, service models have developed significantly, particularly in relation to the increased integration of health & social care, and also with improved alignment with Housing. It is however acknowledged that there is still work to do, in terms of streamlining the pathways for provision of equipment & adaptations, and ensuring the best fit possible with new models of health & social care, and effective interface with other relevant partners including, housing, education, and prisons.

- ❖ The sections in this guidance therefore highlight the need to support more fundamental change, and particularly address issues with equity of access, and the need to remove barriers which prevent responsive service provision, and the ability to help people to self-manage and make their own choices.
- ❖ The Guidance also references the need to address issues with funding arrangements which create barriers in the service pathways, and ensure that community equipment and adaptation services are fully resourced to be as effective as possible.
- ❖ The consistent themes throughout this document, focus on ensuring that prevention and early intervention are the objectives which dictate the way our services are developed and delivered, and help minimise, wherever possible, the need for reactive, and crisis intervention.

Key Actions are identified for each section in the guidance, with the expectation that all partnerships will review these by using the new self-assessment [Equipment & Adaptations Baseline Assessment Tool](#) which has been developed to help partnerships evaluate their performance in relation to the updated national guidance, and identify the actions required to address issues and improve their services.

Improvement work will also be supported by the revised '*Good practice guides*' for both community equipment, and adaptations which are relaunched as accompanying documents. These document can be found on the [Scottish Government blog page](#).

The aim is to provide a standardised approach for the effective provision of equipment & adaptations across Scotland, to help improve the consistency, quality, and equity of service.

A summary of the **Key Actions** can be found at the end of this document.

Contribution of Equipment & Adaptations

Equipment and adaptations, need to meet the needs of people of all ages and disabilities, and respond appropriately when these needs change.

The provision of equipment and adaptations can reduce risk and injury, help with people's confidence and their mental well-being, and may prevent unnecessary admission to hospital.

These solutions can support a wide range of people within the community, including:

- Frail older people
- Disabled adults, children and young people
- Older prison populations
- Palliative and end of life care
- Individuals with communication needs
- People with long term conditions



The shower chair improved her life so much she is going out more it's crazy to think that a small chair can make so much difference we live close to a supermarket and she'll go to the shops now.

She probably didn't feel dressed or clean before. She was like a prisoner in her own home. She's so much more confident

Just out of hospital having taken a stroke. I use the walking aid to get out the Zimmer was a godsend for the house and I now use the trolley to carry the injections, medicines and for my makeup in case Mr. Right comes to the door!

I'm 81 years of age. The equipment for the shower and the rail at the back door is fantastic. When I came out of hospital my leg was weak and I was walking badly. The equipment has helped me so I'm happy as Larry to get back into the greenhouse and look after my tomatoes.

Equipment Service User Feedback



The timely provision of Community equipment is also a cost-effective solution which can contribute significantly to the streamlining of service responses and pathways, and support wider agendas including, hospital discharge and avoidance of admission, prevention and early intervention, frailty pathways, Anticipatory Care Planning, Mental Health & Dementia, child development, and the management of long-term conditions including end of life care.

It can allow people to do more for themselves and avoid the need for additional, more expensive, support from other services, and compliments rehabilitation intervention, and self-management strategies, for people of all ages.

Key Actions

- Integration Authorities (IAs) should work with relevant partners to capture data which evidences the value, effective and efficient community equipment and adaptation provision makes to the delivery of key service goals.
- IAs require to ensure they are resourcing their community equipment and adaptations services to be as effective as possible in providing responsive, outcome focused services, with fully integrated funding streams.
- Any proposed policy changes related to the provision of equipment and adaptations need to be scoped and reviewed to identify any potential implications of stopping or inhibiting the provision of equipment, and its impact on meeting wider strategic service objectives across health & social care, and other relevant partners e.g Housing.
- IAs require to ensure they have reviewed their pathways and access to equipment and adaptations, as part of delivering the aims of the Rehabilitation strategic framework.
- In terms of children's needs, Health and Social Care, Housing, and Education services, require to ensure that they are compliant with the relevant legislation, and the principles and values of wellbeing, early intervention, and child-centred practice are evidenced in all aspects of equipment and adaptations service provision.

Assessment & Provision

To enable the delivery of person centred, outcomes focused, and streamlined service provision for all ages, it is essential that the governance, and delivery of equipment, and adaptations (for children and adults), are effectively incorporated into the integrated arrangements for IAs, and their relevant partners, including Housing, Education, and Prisons.

Good assessment practice is fundamental to the provision of effective equipment and adaptations services. This should be in the context of promoting independence, and should balance risk with the need to maximise functional potential and avoid over-prescription.

Equipment and adaptations can support a range of needs and complement interventions including rehabilitation and the management of conditions, and should be viewed as integral to the delivery of wider service objectives.

Key Actions

- Equipment, and adaptations assessment pathways, should be clearly evident in the integrated arrangements for health & social care, and relevant partners (e.g. housing organisations, education, prison service etc.), supported by robust governance arrangements.
- Operational arrangements for the assessment and provision of equipment and adaptations, should reflect a focus on **prevention**, early intervention, and anticipatory care, avoiding inappropriate admission to hospital or long term care, and promoting independent living and self-management as key to improving health and wellbeing.
- Service users (children and adults), and their unpaid carers, should be fully involved in the assessment process. There is a person-centred, personal outcomes focus to the assessment with clear goals identified, agreed, and recorded, and the provision of the equipment recognised as a 'means to an end', rather than being 'an end in itself', with the principles of the social model of disability informing practice.
- The principal of 'minimum intervention, maximum independence' should underpin all assessments, and alternative methods of managing, should be fully explored supported by Rehabilitation and reablement interventions as appropriate.
- Staff should have a good understanding of the way different conditions can impact on a person's needs, and the wide range of solutions that are potentially available to support these, with the assessment pathways recognising, and helping deliver, solutions which support mental well-being, as much as physical needs.
- Services should have clear policy and processes to support service users moving from one service boundary, to another, to ensure a seamless service.

Prevention, Early Intervention, and Self-management

The promotion of Self-management is a crucial basis for the future of effective health and social care provision. The aim is to support people to make their own choices and decisions at the earliest stage, and maximise their opportunities for control and ownership, minimising the need for input from services.

If we are to effectively engage with people earlier, we have to move the conversations away from service responses informed by 'criteria' and 'eligibility'.

The focus needs to be on:

- simple engagement in the form of effective conversations, which helps holistically identify the issues;
- assistance, provided with the lightest of touches, and;
- ensuring the person is taking the lead in understanding and addressing any actions required.

Work around the [Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic](#) will help underpin these approaches, and has highlighted the importance of engaging with people much sooner, and offering simple advice and signposting which will enable the person to better understand how best they can support themselves.

The Housing Solutions approach described later in this Guidance highlights the importance of having early housing conversations with people before they are in crisis, to help them identify their long term housing needs, fully explore all options, and plan accordingly.

There are also simple mechanisms which can support prevention, early-intervention and self-management: A number of partnerships have worked with charitable or commercial organisations, or developed their own in-house solutions to assist people to be able to self-manage and self-assess their needs and make informed choices.

Examples include:

- [Equipu Partnership Ask Sara Assessment Tool](#)
- [Aberdeen City, Bon Accord service, in-house website Equip Me For Living](#)
- [East Lothian HILDA self-assessment tool](#)

Approaches such as this can also help assist with 'healthcare literacy', which has been one of the key issues highlighted as a barrier to supporting people to better understand their condition and then to help them, help themselves.

It is critical that our services support measures to promote better access to quality information, and sharing of information which helps people explore and understand their options, and manage their conditions, as part of early intervention strategies.

Key Actions

- Services should review and challenge their strategies, policies, and existing operational arrangements and service pathways across equipment and adaptation service provision, to ensure they are actively promoting and helping people maximise their own independence.
- Services should implement a range of approaches/solutions, at key stages in the service pathways (E.g. front door services, but also where service users and their families may require support when needs change), across all service settings (hospital and community), to assist people to self-manage and self-assess their needs, and make informed choices.
- Services should support measures to promote better access to quality information, in all relevant accessible formats, and effective methods of sharing of information which helps people explore and understand their options, and manage their conditions, as part of early intervention strategies.

Unpaid Carers

Unpaid carers are at the heart of health and social care policy and should be considered as key partners in care. Therefore providing carers and the person they care for with self-management care skills and effective rehabilitation services is essential.

We noted earlier in the document that, although the term, 'unpaid carer' is used throughout this document, it is important to acknowledge that the same approach must apply to family members providing the support and care, but who may not identify with this label.

We also need to ensure effective hospital discharge policies are in place. Leaving hospital can be a difficult experience, especially if the person leaving hospital is unable to function as they did before, and it is recognised that it can also be a difficult time for their carers too.

Section 28 of the Carers Act gives carers the right to be involved in the hospital discharge process of the person they are or are going to be caring for. (See section 6 of the [Carers' charter: Your rights as an adult carer or young carer in Scotland](#)).

Any subsequent support, housing advice, 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 importantly helps avoid hospital readmission.

Key Actions

- Assessors must take account of the views and contribution of carers when assessing the person in need, and fully engage them in discussions about future housing needs, and any associated equipment and adaptations which may support the service user to remain safely in the community. The outcomes should be clearly recorded and reviewed as required.
- Carers must be informed of their right to an adult carer support plan or young carer statement to determine what is important to them and their own support needs, independent of any assessment of the person for whom they care.
- An adult carer support plan or young carer statement must be offered to anyone who provides care for a disabled or older person, or a disabled child.
- Carers should be fully involved in assessment and discharge planning from hospital, with agreed outcomes clearly recorded for the provision of any equipment and adaptation and housing solutions, and relevant support identified as required.

Moving & Handling

Equipment plays a critical role in supporting the effective moving & handling of people who are frail or unable to transfer independently.

The assessment process to determine appropriate equipment provision, needs to clearly evidence the views of the person who requires to be moved and handled and a person-centred approach should be promoted.

Risk assessments should promote the ethos of 'minimum intervention, maximum independence with the aim of fully utilising the persons functional abilities at all times and avoids practice which over prescribes equipment requirements, and 'disables' the person, impacting negatively on their potential wellbeing.

The Health & Safety Executive (HSE) are clear in their guidance that blanket solutions should not be applied, and their helpful guide [Getting to Grips with Hoisting](#) provides information which highlights the importance of the individual assessment in determining the appropriate number of carers required to safely move and handle the person.

A wide range of professionals including physiotherapists, nurses, occupational therapists, and social care staff, should be able to assess for and provide moving and handling equipment as required, as part of the service they are providing, and health and social care services should ensure that they avoid arrangements which encourage duplication in the assessment pathways and inappropriate onward referrals.

The publication of the *Scottish Manual Handling Passport*, in 2016, has highlighted the importance of a strategic, partnership approach to the effective provision of manual handling interventions, ensuring safety, and competence, in the workforce, whilst ensuring the promotion of person-centered approaches which maximise independence and choice.

Key Actions

- Assessments should evidence the views of the person who requires to be moved and handled and a person-centred, and risk-enabled approach should be promoted.
- Services should apply a minimum intervention ethos, which aims to maximise a person's ability to utilise functional performance and avoids practice which 'disables' the person and impacts negatively on their potential wellbeing.
- For 'end of life' ensure that services act in line with good practice/policy for those with palliative needs and ensure the service users wishes are central to the decision making, avoiding unnecessary equipment provision.
- Ensure that a wide range of professionals are able to assess for and provide moving and handling equipment as required, either to support hospital discharge and/or as part of the service they are providing.

- Services must ensure robust training and refresher training, is in place to support the effective assessment (including positive risk-taking), and use of the equipment.
- Services should ensure they avoid arrangements which encourage duplication in the assessment pathways and inappropriate onward referrals.
- Blanket solutions to moving and handling should not be applied and individual assessment is used to determine the number of care workers required to safely move and handle the person, encouraging the use of single-handed care where appropriate.
- Partnerships should review arrangements to encourage good practice recommendations from the Scottish Manual Handling Passport which aim to help standardise good practice across Scotland.

Postural Care

For people with many conditions, effectively addressing their postural care needs, is central to maximising their independence and well-being, and their potential to engage fully in everyday activities.

The postural care strategy, [Your Posture Matters](#) outlines a range of key ambitions to improve postural management care for people of all ages across Scotland, and specifically highlights the critical role equipment plays in meeting those aims.

It is therefore essential that Integration Authorities, and their equipment services, have an aligned strategy and policy, for the provision of equipment which helps supports those ambitions.

Key Actions

- Health & Social Care services should have an aligned strategy and policy, for the provision of equipment which helps support the Postural Management Strategy.
- Health & Social Care services should work with all key stakeholders, and community equipment Store service providers, to develop effective arrangements for the provision of a range of equipment which effectively supports posture care e.g. not just seating, but Sleepsystems and other relevant products.

Hospital Discharge

To ensure seamless arrangements for the discharge from hospital settings, it is important that a range of staff within the hospital (occupational therapists, physiotherapists, liaison nurses, and staff within multi-disciplinary discharge teams) can assess and order directly, equipment for 'safe discharge', for their patients. It is important that these staff are supported to provide all aspects of the assessment role including follow-up and conclusion of the assessment following provision and/or work jointly with other community based colleagues to fulfil these responsibilities.

A hospital discharge guide [Planning Discharge from Hospital, A guide to Providing Community Equipment on Discharge from Hospital](#), is based on arrangements tested and implemented in some existing services in Scotland. It has been developed to assist local services clarify roles and responsibilities for the provision of equipment, between the hospital and community settings, and support the implementation of clear and effective pathways.

Key Actions

- Integration Authorities (IAs) should utilise the hospital discharge equipment provision good practice guide, to support improvements in the provision of equipment for-discharge.
- IAs should ensure that a range of staff within the hospital can assess and order directly, equipment and relevant adaptations, for 'safe discharge'.
- IAs should ensure that clear pathways are in place to allow hospital staff to refer to relevant community staff for the assessment and ordering of equipment and adaptations for more complex, ongoing needs.
- All services should avoid over-prescription for patients with standard needs, and agree simple solutions, to ensure a seamless, and safe discharge.
- Services should explore the opportunities to implement a Planned Date of Discharge approach, to improve forward planning for the provision of equipment and relevant adaptations for discharge.

Children & Young People

The provision of equipment for children and young people is an essential part of the therapeutic management of their disabilities, and is effective both in terms of improving quality of life and potentially reducing costs for more intensive intervention and care.

The majority of equipment provided can be categorised as 'standard children's equipment'. This includes bathing/showering and seating solutions, as well as items to provide postural support (including sleep systems), mobility, and moving and handling. In some cases, it is also relevant to provide standard adult equipment, augmented with relevant accessories.

It is essential that the provision of equipment to children and young people is provided in an integrated way, and recognised as an integral part of community equipment service provision within the health & social care partnership arrangements. This should include Education partners who play a pivotal role in providing equipment for use in educational settings.

In March 2015, the Scottish Government issued guidance to Health Boards and local authorities on their statutory responsibilities in relation to the [Provision of Equipment to Children and Young People with Disabilities](#).

This recommended that arrangements for the provision of children's equipment should be jointly agreed, and budgets should be set up in a way which supports direct access to equipment in line with the health & social care children's services pathways.

It also encourages Community Equipment services to establish 'Standard Core Stock for Children' for the range of needs most commonly met, to assist with delivering efficiencies in the service pathway including standardisation of practice and policy, procurement, and improved recycling which can deliver significant financial savings.

It is recognised that an increasing number of children with behavioural issues are being managed at home which may require an environmental support component to the care package. It is not appropriate for this type of solution to be provided via community equipment loan stores, and it should not be assumed that it is the responsibility of occupational therapists to provide these.

Where the provision of an environmental solution is to support the wider needs of a child (e.g. emotional or psychological stress, behaviour, or sleep management) and extends beyond physical disability and functional needs, it is the responsibility of the health & social care services to determine which agency or clinician is most appropriate to lead on the identification of the needs e.g. this may be social worker/social care manager, and/or psychologist colleagues, or other relevant health professionals.

It is paramount that the views of the child are expertly sought and evidenced as part of the multi-disciplinary approach to any agreed provision, in line with the principles of the UNCRC Article 12, and that any concerns about potential restraint, are robustly addressed by the multi-disciplinary assessment process.

If it is agreed that the provision of an environmental solution is appropriate, it is the responsibility of the health & social care partners to agree the primary purpose of the provision, and identify funding for this type of environmental support from relevant Children's Services budgets, and to then monitor this provision, and evaluate the outcomes. Ideally, clear pathways should be agreed which clarify local roles and responsibilities and processes.

Key Actions

- The provision of equipment and adaptations to children and young people, for home and school settings, should be provided in an integrated way, and recognised as an integral part of community service provision, in order to streamline and standardise provision.
- Services should apply an anticipatory care planning approach to housing needs to ensure more effective early intervention work to help identify and plan for housing solutions as the child's needs change.
- Arrangements for the provision of children's equipment should be jointly agreed, and budgets should be set up in a way which supports direct access to equipment in line with the education, and health & social care children's services pathways.
- Community equipment services should establish a 'Standard Core Stock for Children' of equipment commonly assessed for by occupational therapy, physiotherapy, and nurse colleagues, for the range of needs most commonly met.

Care Homes

In 2012 the Convention of Scottish Local Authorities (CoSLA) and Scottish Government jointly issued a [National Protocol for the Provision of Equipment in Care Homes](#). The Protocol was jointly developed and agreed with CoSLA, Scottish Care, local health & social care partners, and the Scottish National Association of Equipment Providers. The Protocol became a part of the National Care Homes Contract.

The Protocol reiterated that care homes are expected to provide a wide range of equipment to fulfil their obligations to their service users and to their workforce.

In order to ensure equity, people who are self-funding, and have been confirmed as having an assessed need for specific equipment should not be charged for this essential equipment provision. Similarly, families should never be asked to fund this equipment.

Where partnerships have developed interim care home placement models, it is essential that appropriate arrangements for equipment are in place. Therefore, the approach is the same as for permanent care home placements, acknowledging that timely provision of equipment to support more complex needs is critical to the success of the transitional pathways. Commissioning contract arrangements should therefore ensure that the care home facilities have suitably resourced themselves with a stock of equipment which will support these needs e.g. including standard support seating to address essential postural management needs.

For day, and respite facilities, again it is expected, that the same approach will apply as for the other facilities, and that these settings are suitably resourced with appropriate equipment for the service users they are funded to support.

To support good practice, commissioning and equipment service leads within statutory providers (HSCPs) should work with their local care home sector to agree the most suitable makes and models of generic equipment e.g. beds, mattresses, modular support seating etc. This will assist the care homes in the cost effective procurement of appropriate equipment to meet common needs within the Care Home population and effectively support the people in their care. It will also assist local equipment stores to stock a range of suitable bespoke attachments to customise relevant equipment as required (e.g. accessories for modular seating systems), to meet the assessed needs of an individual.

Key Actions

- Care homes should provide a wide range of equipment to fulfil their obligations to their service users and to their workforce, in line with the national Protocol for the Provision of Equipment in Care Homes.
- Services users who have been confirmed as having an assessed need for specific equipment should not be charged for this essential equipment, and

families should not be asked to fund this provision, this includes people who are self-funding.

- Commissioning and equipment service leads within statutory providers should work with their local care home sector to agree the most suitable makes and models of generic equipment, and ensure this equipment is in place.
- These principles should also apply to all care groups including homes for younger adults, interim care home models, and day and respite facilities.

Prisons

It is now recognised that there is significant pressure within the prison system from a growing ageing population, coupled with almost 40% describing themselves as having a long-term condition or a disability ([Scottish Prison Service 2019 Prisoner Survey](#)).

This has implications for the support required within the prison service, but also when prisoners are eligible for release. Equipment and adaptations are part of the services which require to be systematically provided to facilitate successful transitions: at the point of admission, when transferred within the prison estate, or on release to the community.

Drawing on good practice from partnerships and their local prisons, a new [Protocol for the Provision of Equipment to Prisons](#) has been developed. The protocol aims to promote a consistent and reliable approach to the assessment, provision and uplift, of community equipment, used within the prison settings, to ensure that the needs of these prisoners are met effectively.

Key Actions

- Local partnerships should apply the principles of the [Good Practice Guide for the Provision of Equipment to Prisons](#) as a tool to help them jointly review any current service provision with their SPS colleagues, to streamline and improve the pathways for all equipment provision, and establish cohesive governance arrangements.
- It is expected that the following arrangements should be in place:
 - Robust and consistent assessment pathways with NHS healthcare staff within the prison able to assess and recommend equipment for non-complex needs, and HSCP staff assessing for more complex needs;
 - SPS to fund equipment for long term needs, and HSCP's to fund equipment for short-term loan;
 - Business efficiencies maximised with access to local Store service arrangements for the provision of effectively procured and standardised equipment solution for both long-term and short-term provision.
- Local partnerships should work with SPS, and Housing colleagues to ensure the effective transition back into community, providing appropriate housing, and equipment and adaptations as part of a seamless pathway, and in line with the SHORE standards.

Wheelchairs

In March 2021 Scottish Government issued new [Guidance on the provision of Wheelchairs for short-term loan](#). This was developed in response to national work involving the Red Cross, which highlighted inconsistency and gaps in the provision of basic wheelchairs for temporary, short-term loan.

Key Actions

- Integration Authorities must adhere to the recommendations within the Scottish Government [Guidance on the provision of Wheelchairs for short-term loan](#), and have suitable arrangements in place to meet any eligible needs for a wheelchair on short-term loan, for up to a maximum of 6 months, to ensure no gaps in service provision.
- These arrangements must also be monitored, and reported within the Integration Authority.

Communication Aids (Augmentative and Alternative Communication - AAC)

Communication equipment may be used by people who have no speech, who are at risk of losing their speech, or whose speech is not sufficient to meet their everyday needs. The purpose of this equipment is to support a person to communicate in their daily life.

Communication equipment is either 'low-tech' or 'high-tech', and people may require to use a combination of these. The range of equipment may change over a person's lifetime.

The [Augmentative and alternative communication \(AAC\) National Core Pathway](#) provides a reference guide for health boards and all relevant partners in Education, social care, and the third sector. It specifically highlights the importance of clarity on the processes, and roles and responsibilities in the procurement of equipment, with the aim of streamlining service provision and delivering much improved transparency.

Key Actions

- Health and social care services, working with their Adult & Children's services, and Education partners, should use the AAC National Core Pathway and the AAC Good Practice Model, to develop their local arrangements for the provision of AAC equipment, making best use of all local resources, and ensuring a focus on the principles of improving governance, robust systems, procurement, and financial and performance monitoring.

Technology Enabled Care

Technology Enabled Care (TEC) is defined as “where outcomes for individuals in home or community settings are improved through the application of technology as an integral part of quality, cost effective care and support”. Included under the definition of TEC, are community alarm and telecare services.

Telecare services support people to live safely at home with greater confidence, independence and freedom – often preventing or delaying admissions to care homes and hospitals, as well as supporting people on discharge from hospital. The service provides the person, their carers, and families with peace of mind and assurance of a rapid response should an incident occur.

In the context of the review of Adult Social care, and the proposals for a national Care Service, the provision of technology is acknowledged as an important mechanism to support the shift to more preventative services.

Overall strategy needs to be aligned with wider health and social care service objectives, in order to help maximise the potential of these services, to keep people safe and well in their own homes, preventing cost elsewhere in the health and social care system.

Key Actions

- Health and Social Care partners, with their Housing colleagues, should work together to maximise the opportunities provided by TEC, developing local strategy and policies, which help people to choose their own digital solutions as part of self-management and earlier intervention approaches, as well as utilising technology to address issues of isolation and frailty.
- This should include reviewing charging policies to ensure that these are not acting as a barrier in the system, preventing services from supporting those most vulnerable.

Sensory Impairment

The [See Hear Strategy](#) provides a strategic framework of action for meeting the needs of people with a sensory impairment against a background of increasing demand, requirements for greater efficiency and effectiveness, and Health and Social Care Integration.

The timely provision of appropriate equipment is crucial in terms of effectively delivering the wider strategic objectives of the *See Hear* strategy. As with people with all other needs, equipment can make a significant difference, helping people to fulfil their potential, and actively participate in employment, education, and in their everyday activities, supporting their overall well-being.

Appropriate specialist alarms can also help ensure people with sensory loss are kept safe in their home. The [Housing \(Scotland\) Act 1987 \(Tolerable Standard\) \(Extension of Criteria\) Order 2019](#) brought in a requirement for all homes in Scotland to have interlinked alarms. Although the legislation does not refer to specialist alarms, it is important to highlight that existing Deaf alert systems are not compatible with the new interlinked products. Therefore, if a homeowner has an existing **specialist** alarm, they will need to contact their local Health & Social care, Sensory impairment services, to seek advice on which type of new system they will require to purchase, so that they select a system which will also provide them with the option for new compatible specialist deaf alarms, which can then be installed by the local services.

In terms of overall responsibilities, Health and Social care Partnerships and their Community Equipment services should ensure that they work with relevant stakeholders, and have effective pathways in place which meet the key equipment needs of people with sensory loss, and offer streamlined access to a range of appropriate equipment as part of the core equipment service provision.

Key Actions

- Health & Social care services and their Community Equipment services should ensure that they work with relevant stakeholders and have effective pathways in place which meet the equipment needs of people with sensory loss
- This should include the provision of streamlined access to a core range of appropriate equipment for both hearing and visual impairment.

Integrated service pathways for equipment provision

Anyone requiring equipment and adaptations or other care services should experience a seamless journey through the pathway of care, which then ensures they receive the right intervention at the right time. To guarantee that changing care needs are managed effectively, it is essential that equipment and adaptations are seen as an integral part of the service pathways and can be provided by a wide range of staff across all service settings.

Our pathways should be designed to ensure that any staff who are involved in assessing the needs of a person who may require equipment to support them, are then able to directly provide equipment, to complement their interventions, and/or support wider service goals.

Relevant health & Social Care staff, should be able to access a wide range of equipment appropriate to the type of service they are providing, and not based on professional or agency boundaries.

It is essential that financial arrangements support this, and that Partnerships have funding mechanisms which ensure that all equipment purchased through the Store service is paid for from the one funding 'pot', with no barriers according to type or professional use.

To support all professions and services in these roles, Core Training modules should be available as part of an annually updated training programme which is open to all relevant partners and agencies.

Inter-agency agreements (Protocols) should be in place, defining the arrangements between the Partners in terms of the roles and responsibilities of staff and their managers, and the processes for assessment, prescription, and provision of equipment.

Key Actions

- Equipment and adaptations should be seen as an integral part of the wider service pathways and their contribution should be clearly articulated in local health and social care strategies.
- Relevant health & social care staff, should be able to access a wide range of equipment and relevant adaptations, appropriate to the type of service they are providing, and not based on professional or agency boundaries.
- Partnerships must have funding mechanisms which ensure that all equipment purchased through the Store service is paid for from the one funding 'pot', with no barriers according to type, or professional use.
- Staff across services who are involved in identifying equipment and adaptation needs should be trained to assess and provide a wide range of solutions, irrespective of their own professional background. The training should strongly emphasise good assessment practice, the need for 'good conversations' which

focus on personal outcomes, and encourage prescribers to consider their reasoning for provision, contraindications, recording of decision making, and encourages avoidance of over-prescription.

- Inter-agency agreements (protocols) should be in place, defining the arrangements between the partners in terms of the roles and responsibilities of staff and their managers, and the processes for assessment, prescription, and provision of equipment and adaptations.
- Individuals with simple or non-complex needs should be able to access equipment and minor adaptations without the need for a specific professional assessment. This can include models utilising direct access and self-assessment tools.

Community equipment Store service models

Since the publication of the original guidance in 2009, many store service arrangements have been reviewed and Integration has also proved to be a catalyst in helping partners reflect on their local models for provision.

However more could still be done to improve service pathways and remove barriers to the provision of equipment for people in our communities, particularly in relation to issues with the separate funding stream arrangements, in some equipment services, which can create barriers and blockages.

Store services should be resourced by partners with a funding 'pot' which allows the Stores to procure equipment into the service, according to demand, throughout the year, with all equipment and Store running costs, funded equally from this arrangement. This should avoid the issues that some service still have with separate funding arrangements based on professional use/type

The store service arrangements should be designed and resourced to effectively meet the partner objectives, ensuring that the equipment service is strategically aligned across all relevant services, with clear statements which articulate the expected benefits of timely equipment provision within the service pathways, between hospital and home, institutional settings, and community.

The refreshed **Good practice guide for the provision of community equipment services** and the **self-assessment tool** which accompanies this Guidance, should assist partnerships to review their Store service models in line with these aims. These resources are available on the [Scottish Government blog page](#).

Key Actions

- Store service arrangements should be designed and resourced to effectively meet the partner objectives, ensuring that the equipment service is strategically aligned across all relevant services to help deliver key aims related to supporting hospital discharge, and effectively maintaining people in the community.
- Store services should be resourced by partners with a funding 'pot' which allows the Service to procure equipment into the service, according to demand, throughout the year, with all equipment funded equally from this arrangement. Costs for the use of the equipment should then be charged to partners according to use by their services, rather than by type.
- Funding model should allow the store service to procure a wide range of standardised core equipment (and non-stock products as required) for people of all ages and needs (e.g. including equipment assessed for by all relevant Allied Health professionals (AHP's), nurses, care staff, staff working in Sensory services etc.), with an annually agreed budget which guarantees appropriate levels of funding throughout the year.
- Operational and strategic managers should be clearly accountable for overall expenditure and actively support the store service managers to achieve business efficiencies, as well as providing a responsive and effective operational service.

- Partnerships should utilise the **Good practice guide for the provision of community equipment**, and the new **self-assessment tool**, to assess current services and ensure their arrangements are in line with the aims of the national guidance.

Health & Safety

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

It is therefore important to clarify that the liability and responsibility for ensuring adherence with health & safety legislation sits with the employers of staff using equipment, and not with the Store service provider who procures and delivers the equipment. Store services will, as part of their wider service, provide repairs, maintenance, and health and safety testing as directed by the partners, who fund the Store service arrangements. The Store service is therefore responsible for carrying out testing arrangements as agreed with the partners. It is therefore incumbent upon the partners to ensure they have funded and resourced, and clearly directed their Store service provider on the requirements to be met.

Key Actions

- Partnerships should follow the Manual Handling Operations Regulation 1992 which provides a general framework for tackling handling activities at work.
- Health and safety risk management must form an integral part of the care assessment.
- All care workers (including unpaid carers) must be suitably trained in safer handling techniques. It is the responsibility of the employing agency to provide appropriate training for their staff and the assessor/care manager should refer the unpaid carer to relevant support for moving and handling training.
- Care 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 equipment.
- Partners and their Store service provider should ensure they have clarified what arrangements they wish to have in place as standard maintenance arrangements for all relevant equipment. It is then the store services responsibility to ensure robust servicing and maintenance arrangements are in place.
- Partnerships should have clear arrangements in place which identify the roles and responsibilities of all stakeholders, in the event of an incident, including reporting to IRIC.
- Store services should have arrangements in place for the circulation of relevant MHRA alerts, and appropriate responses to the alert.

Recycling & Infection Control and Decontamination

Under the terms of the Health and Safety at work Act it is expected that store services, on behalf of the partners, will have in place arrangements which ensure the robust cleaning, and refurbishment of all equipment. Advice can be provided by local NHS infection control leads. It is recommended that there should be a separation of arrangements within the store to comply with decontamination good practice, for 'dirty' and 'clean' equipment.

Investing in cleaning facilities and systems within the store can deliver business efficiencies, and significant savings can be made through the effective retrieval, cleaning and servicing of equipment.

Key Actions

- Store services will have in place arrangements which ensure the robust cleaning, and refurbishment of all equipment returned to the Stores service.
- IAs and their equipment and adaptation service providers should ensure they maximise the potential benefits from recycling of all equipment and relevant adaptations, and record and monitor the recycling benefits they deliver, as this information can be used to evidence savings and efficiencies as part of wider budgetary discussions.

Adaptations and Housing Solutions

The timely provision of 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.

However, adaptations to a person's home, should be seen as one of a number of possible solutions available, and it may be that housing support, or re-housing would be a better option for long term needs.

It is vital that we help service users consider their long-term housing needs at an early stage, and proactively support them to identify solutions that could minimise the need for more extensive adaptations, and disruption, in the future.

In addition, in the wake of The [Independent Review of Adult Social Care](#), there is a renewed interest in fundamentally improving the processes and infrastructure which deliver services, to offer greater emphasis on preventative and anticipatory responses, and removing barriers in the systems.

This context offers an opportunity to revisit the work previously carried out by the independent Adaptations Working Group (AWG), (and the subsequent **Adapting for Change** programme), which reported in Dec 2012, with recommendations which are still very relevant but, have as yet, with the exception of some work around the Housing Solutions programme, have not been taken forward.

There is now an impetus within our partnerships, to address the outstanding issues, with the need to bring all relevant housing, and health & social care stakeholders together to create service models which remove the barriers to provision, and offer a genuine person-centred, '**tenure neutral**' approach, for people living in our communities.

One of the ways of addressing inequities in the system, would be to remove the need for owner occupiers to apply for grant and instead provide 100% funding, where the need for an appropriate adaptation has been agreed.

To address these types of issues and help partners jointly manage budgets in a more strategic and planned way, partners should jointly identify the most effective mechanisms to utilise financial resources collectively, including consideration of **pooled budgets** under **joint governance arrangements** which include a wide range of relevant stakeholders across housing (all tenures), health and social care.

Work also requires to focus on the need for cohesive local housing plans, aligned to housing allocation policies, which promote the provision of **barrier-free housing** and **early intervention strategies**.

The '**Housing Solutions**' change programme been developed as an output from the AfC programme, and offers a framework for service improvement which would help drive forward the range of required changes identified in the section above.

This approach offers a practical and effective way of encouraging wider responsibility across our housing, health, social care & 3rd sector services, for the identification and

discussion of housing needs and solutions with people in our communities who need advice and support.

[Training modules](#) have also been developed to support the change programme, and encourage a multi-partnership integrated approach to identifying and assessing for local solutions.

In addition, an example [Partnership Joint Protocol for Housing Solutions & Adaptations](#) has been developed as a good practice tool to help partners embark on their strategic improvement work and some partnerships in Scotland have already utilised this to help them work with a wider range of stakeholders with the aim of taking forward service improvement.

Key Actions

- A national *Adapting for Change Action Plan* should be devised to compliment other policy work, and assist partnerships to drive forward the changes recommended from the original Adapting for Change report by the Adaptations Working Group.
- To assist with the practical implementation of the Adapting for Change recommendations, partnerships should implement **Housing Solutions** change programmes which assist all relevant partners to develop local Protocols, and deliver training programmes, which effectively promote:
 - Early intervention with full exploration of rehousing opportunities;
 - Better planning for the delivery of barrier-free housing and an inclusive design/living approach;
 - Robust joint governance, which provides a clear strategic direction and supports priority setting;
 - Joint finance arrangements which help streamline service improvements (e.g. pooled budgets)
 - Equity in the system, applying a ‘tenure neutral’ approach;
 - To address barriers in the system, removing the requirement for grant assistance for owner occupiers and providing 100% funding for the assessed adaptations;
 - Removing the need for occupational therapists to provide an assessment for standard adaptations in housing association properties e.g. shower provision; and encouraging ‘direct access’ arrangements.
 - Maximising procurement and recycling benefits to help deliver efficiencies.

Summary of Key Actions

Contribution of Equipment & Adaptations

- Integration Authorities (IAs) should work with relevant partners to capture data which evidences the value, effective and efficient community equipment and adaptation provision makes to the delivery of key service goals.
- IAs require to ensure they are resourcing their community equipment and adaptations services to be as effective as possible in providing responsive, outcome focused services, with fully integrated funding streams.
- Any proposed policy changes related to the provision of equipment and adaptations need to be scoped and reviewed to identify any potential implications of stopping or inhibiting the provision of equipment, and its impact on meeting wider strategic service objectives across health & social care, and other relevant partners e.g Housing.
- IAs require to ensure they have reviewed their pathways and access to equipment and adaptations, as part of delivering the aims of the Rehabilitation strategic framework.
- In terms of children's needs, Health and Social Care, Housing, and Education services, require to ensure that they are compliant with the relevant legislation, and the principles and values of wellbeing, early intervention, and child-centred practice are evidenced in all aspects of equipment and adaptations service provision.

Assessment & Provision

- Equipment, and adaptations assessment pathways, should be clearly evident in the integrated arrangements for health & social care, and relevant partners (e.g. housing organisations, education, prison service...), supported by robust governance arrangements.
- Operational arrangements for the assessment and provision of equipment and adaptations, should reflect a focus on **prevention**, early intervention, and anticipatory care, avoiding inappropriate admission to hospital or long term care, and promoting independent living and self-management as key to improving health and wellbeing.
- Service users (children and adults), and their unpaid carers, should be fully involved in the assessment process. There is a person-centred, personal outcomes focus to the assessment with clear goals identified, agreed, and recorded, and the provision of the equipment recognised as a 'means to an end', rather than being 'an end in itself', with the principles of the social model of disability informing practice.
- The principal of 'minimum intervention, maximum independence' should underpin all assessments, and alternative methods of managing, should be fully explored supported by Rehabilitation and reablement interventions as appropriate.
- Staff should have a good understanding of the way different conditions can impact on a person's needs, and the wide range of solutions that are potentially

available to support these, with the assessment pathways recognising, and helping deliver, solutions which support mental well-being, as much as physical needs.

- Services should have clear policy and processes to support service users moving from one service boundary, to another, to ensure a seamless service.

Prevention, Early Intervention, and Self-management

- Services should review and challenge their strategies, policies, and existing operational arrangements and service pathways across equipment and adaptation service provision, to ensure they are actively promoting and helping people maximise their own independence.
- Services should implement a range of approaches/solutions, at key stages in the service pathways (E.g. front door services, but also where service users and their families may require support when needs change), across all service settings (hospital and community), to assist people to self-manage and self-assess their needs, and make informed choices.
- Services should support measures to promote better access to quality information, in all relevant accessible formats, and effective methods of sharing of information which helps people explore and understand their options, and manage their conditions, as part of early intervention strategies.

Unpaid Carers

- Assessors must take account of the views and contribution of carers when assessing the person in need, and fully engage them in discussions about future housing needs, and any associated equipment and adaptations which may support the service user to remain safely in the community. The outcomes should be clearly recorded and reviewed as required.
- Carers must be informed of their right to an adult carer support plan or young carer statement to determine what is important to them and their own support needs, independent of any assessment of the person for whom they care.
- An adult carer support plan or young carer statement must be offered to anyone who provides care for a disabled or older person, or a disabled child.
- Carers should be fully involved in assessment and discharge planning from hospital, with agreed outcomes clearly recorded for the provision of any equipment and adaptation and housing solutions, and relevant support identified as required.

Moving & Handling

- Assessments should evidence the views of the person who requires to be moved and handled and a person-centred, and risk-enabled approach should be promoted.

- Services should apply a minimum intervention ethos, which aims to maximise a person's ability to utilise functional performance and avoids practice which 'disables' the person and impacts negatively on their potential wellbeing.
- For 'end of life' ensure that services act in line with good practice/policy for those with palliative needs and ensure the service users wishes are central to the decision making, avoiding unnecessary equipment provision.
- Ensure that a wide range of professionals are able to assess for and provide moving and handling equipment as required, either to support hospital discharge and/or as part of the service they are providing.
- Services must ensure robust training and refresher training, is in place to support the effective assessment (including positive risk-taking), and use of the equipment.
- Services should ensure they avoid arrangements which encourage duplication in the assessment pathways and inappropriate onward referrals.
- Blanket solutions to moving and handling should not be applied and individual assessment is used to determine the number of care workers required to safely move and handle the person, encouraging the use of single-handed care where appropriate.
- Partnerships should review arrangements to encourage good practice recommendations from the Scottish Manual Handling Passport which aim to help standardise good practice across Scotland.

Postural Care

- Health & Social Care services should have an aligned strategy and policy, for the provision of equipment for people of all ages, which helps support the Postural Care Strategy.
- Health & Social Care services should work with all key stakeholders, and community equipment Store service providers, to develop effective arrangements for the provision of SleepSystems and other relevant products which support effective postural care

Hospital Discharge

- Integration Authorities (IAs) should utilise the hospital discharge equipment provision good practice guide, to support improvements in the provision of equipment for-discharge.
- IAs should ensure that a range of staff within the hospital can assess and order directly, equipment and relevant adaptations, for 'safe discharge'.
- IAs should ensure that clear pathways are in place to allow hospital staff to refer to relevant community staff for the assessment and ordering of equipment and adaptations for more complex, ongoing needs.
- All services should avoid over-prescription for patients with standard needs, and agree simple solutions, to ensure a seamless, and safe discharge.

- Services should explore the opportunities to implement a Planned Date of Discharge approach, to improve forward planning for the provision of equipment and relevant adaptations for discharge.

Children & Young People

- The provision of equipment and adaptations to children and young people, for home and school settings, should be provided in an integrated way, and recognised as an integral part of community service provision, in order to streamline and standardise provision.
- Services should apply an anticipatory care planning approach to housing needs to ensure more effective early intervention work to help identify and plan for housing solutions as the child's needs change.
- Arrangements for the provision of children's equipment should be jointly agreed, and budgets should be set up in a way which supports direct access to equipment in line with the education, and health & social care children's services pathways.
- Community equipment services should establish a 'Standard Core Stock for Children' of equipment commonly assessed for by occupational therapy, physiotherapy, and nurse colleagues, for the range of needs most commonly met.
- Relevant local services should clarify responsibility for the provision of solutions not provided via local store services as equipment e.g. Environmental / behavioural solutions. Health & social care services should put in place arrangements which clarify for individual cases, the lead agency/clinician, the funding source, and monitoring arrangements.
- Services should ensure that the views of the child are sought and clearly evidenced as part of the multi-disciplinary approach to any agreed provision.
- Services should ensure effective transition arrangements for children moving into adult services to minimise disruption and ensure a seamless approach to the provision of equipment and adaptations.

Care Homes

- Care homes should provide a wide range of equipment to fulfil their obligations to their service users and to their workforce, in line with the national Protocol for the Provision of Equipment in Care Homes.
- Services users who have been confirmed as having an assessed need for specific equipment should not be charged for this essential equipment, and families should not be asked to fund this provision, this includes people who are self-funding.
- Commissioning and equipment service leads within statutory providers should work with their local care home sector to agree the most suitable makes and models of generic equipment, and ensure this equipment is in place.
- These principles should also apply to all care groups including homes for younger adults, interim care home models, and day and respite facilities.

Prisons

- Local partnerships should apply the principles of the [Good Practice Guide for the Provision of Equipment to Prisons](#) as a tool to help them jointly review any current service provision with their SPS colleagues, to streamline and improve the pathways for all equipment provision, and establish cohesive governance arrangements.
- It is expected that the following arrangements should be in place:
 - Robust and consistent assessment pathways with NHS healthcare staff within the prison able to assess and recommend equipment for non-complex needs, and HSCP staff assessing for more complex needs;
 - SPS to fund equipment for long term needs, and HSCP's to fund equipment for short-term loan;
 - Business efficiencies maximised with access to local Store service arrangements for the provision of effectively procured and standardised equipment solution for both long-term and short-term provision.
- Local partnerships should work with SPS, and Housing colleagues to ensure the effective transition back into community, providing appropriate housing, and equipment and adaptations as part of a seamless pathway, and in line with the SHORE standards.

Wheelchairs

- Integration Authorities must adhere to the recommendations within the Scottish Government [Guidance on the provision of Wheelchairs for short-term loan](#), and have suitable arrangements in place to meet any eligible needs for a wheelchair on short-term loan, for up to a maximum of 6 months, to ensure no gaps in service provision.
- These arrangements must also be monitored, and reported within the Integration Authority.

Communication Aids

- Health and social care services, working with their adult services and education partners, should use the AAC National Core Pathway and the AAC Good Practice Model, to develop their local arrangements for the provision of AAC equipment, making best use of all local resources for the procurement and storage of equipment, and ensuring a focus on the principles of improving governance, robust systems, procurement, and financial and performance monitoring.

Technology Enabled Care

- Health and Social Care partners, with their Housing colleagues, should work together to maximise the opportunities provided by TEC, developing local strategy and policies, which help people to choose their own digital solutions as

part of self-management and earlier intervention approaches, as well as utilising technology to address issues of isolation and frailty. This should include reviewing charging policies to ensure that these are not acting as a barrier in the system, preventing services from supporting those most vulnerable.

Sensory Impairment

- Health & Social care services and their Community Equipment services should ensure that they work with relevant stakeholders and have effective pathways in place which meet the equipment needs of people with sensory loss
- This should include the provision of streamlined access to a core range of appropriate equipment for both hearing and visual impairment.

Integrated service pathways for equipment provision

- Equipment and adaptations should be seen as an integral part of the wider service pathways and their contribution should be clearly articulated in local health and social care strategies.
- Relevant health & social care staff, should be able to access a wide range of equipment and relevant adaptations, appropriate to the type of service they are providing, and not based on professional or agency boundaries.
- Partnerships must have funding mechanisms which ensure that all equipment purchased through the Store service is paid for from the one funding 'pot', with no barriers according to type, or professional use.
- Staff across services who are involved in identifying equipment and adaptation needs should be trained to assess and provide a wide range of solutions, irrespective of their own professional background. The training should strongly emphasise good assessment practice, the need for 'good conversations' which focus on personal outcomes, and encourage prescribers to consider their reasoning for provision, contraindications, recording of decision making, and encourages avoidance of over-prescription.
- Inter-agency agreements (protocols) should be in place, defining the arrangements between the partners in terms of the roles and responsibilities of staff and their managers, and the processes for assessment, prescription, and provision of equipment and adaptations.
- Individuals with simple or non-complex needs should be able to access equipment and minor adaptations without the need for a specific professional assessment. This can include models utilising direct access and self-assessment tools.

Community equipment Store service models

- Store service arrangements should be designed and resourced to effectively meet the partner objectives, ensuring that the equipment service is strategically aligned across all relevant services to help deliver key aims related to supporting hospital discharge, and effectively maintaining people in the community.

- Store services should be resourced by partners with a funding 'pot' which allows the Service to procure equipment into the service, according to demand, throughout the year, with all equipment funded equally from this arrangement. Costs for the use of the equipment should then be charged to partners according to use by their services, rather than by type.
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- Operational and strategic managers should be clearly accountable for overall expenditure and actively support the store service managers to achieve business efficiencies, as well as providing a responsive and effective operational service.
- Partnerships should utilise the **Good practice guide for the provision of community equipment**, and the new **self-assessment tool**, to assess current services and ensure their arrangements are in line with the aims of the national guidance.

Health & Safety

- Partnerships should follow the Manual Handling Operations Regulation 1992 which provides a general framework for tackling handling activities at work.
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- Care 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 equipment.
- Partners and their Store service provider should ensure they have clarified what arrangements they wish to have in place as standard maintenance arrangements for all relevant equipment. It is then the store services responsibility to ensure robust servicing and maintenance arrangements are in place.
- Partnerships should have clear arrangements in place which identify the roles and responsibilities of all stakeholders, in the event of an incident, including reporting to IRIC.
- Store services should have arrangements in place for the circulation of relevant MHRA alerts, and appropriate responses to the alert.

Recycling

- Store services will have in place arrangements which ensure the robust decontamination, cleaning, and refurbishment of all equipment returned to the Stores service.
- Partnerships and their equipment and adaptation service providers should ensure they maximise the potential benefits from recycling of all equipment and relevant adaptations, and record and monitor the recycling benefits they deliver, as this information can be used to evidence savings and efficiencies as part of wider budgetary discussions.

Adaptations and Housing Solutions

- A national *Adapting for Change Action Plan* should be devised to compliment other policy work, and assist partnerships to drive forward the changes recommended from the original Adapting for Change report by the Adaptations Working Group.
- To assist with the practical implementation of the Adapting for Change recommendations, partnerships should implement **Housing Solutions** change programmes which assist all relevant partners to develop local Protocols, and deliver training programmes, which effectively promote:
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 - Robust joint governance, which provides a clear strategic direction and supports priority setting;
 - Joint finance arrangements which help streamline service improvements (e.g. pooled budgets)
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 - To address barriers in the system, removing the requirement for grant assistance for owner occupiers and providing 100% funding for the assessed adaptations;
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 - Maximising procurement and recycling benefits to help deliver efficiencies.



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