



Good Practice Guide for the Provision of Major Adaptations

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Introduction

This Guide has been prepared by the Scottish Government and forms part of a suite of materials developed alongside, and in support of, the 2009 Guidance on the Provision of Equipment and Adaptations¹. It has been prepared following an initial scoping exercise to identify and share good practice. This was carried out across 32 local authorities and partnerships to which 26 responded and engaged in the process. A summary report is available using the following link, www.scotland.gov.uk/Topics/Health/care/EandA/ScopingReport.

The purpose of this Guide is to support local services to effectively develop, deliver, manage, and monitor the provision of major adaptations from the point of assessment through to provision, and the conclusion of the assessment process. This sits within the framework of the overarching National Guidance on the Provision of Equipment and Adaptations.

The Guide's focus is on **major** adaptations, which are defined within the 2009 Guidance on Equipment and Adaptations as

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

That document also stated that the purpose of an adaptation is:

'to modify a disabling environment in order to restore or enable independent living, privacy, confidence and dignity for individuals and their families'

The aim of this Guide is that it can be used as a 'checklist' against which organisations can benchmark and evaluate their service irrespective of the type of model adopted. This Guide provides examples of what works well and what does not work well and could help as a tool to develop services or to review current provision. It will identify common and key components that should apply to all adaptation services and assist in a systematic approach to service development and delivery across all areas of Scotland. To strengthen this approach, it is essential that there is a common understanding around the use of language and terminology. The Glossary in Appendix 3 defines the terms used in this Guide with the aim of encouraging a consistent use of terminology across Scotland.

An important document that should be used in conjunction with this Good Practice Guide is the "Guide to funding a Major Adaptation" which is available at, www.scotland.gov.uk/Topics/Health/care/EandA/MajorAdaptationsGuide.

A suite of leaflets for members of the public, detailing the different funding streams will also be available soon at www.scotland.gov.uk/Topics/Health/care/EandA/UsefulPublications.

¹ *Guidance on the Provision of Equipment and Adaptations*, CCD 05/2009, Scottish Government, December 2009: www.scotland.gov.uk/Topics/Health/care/EandA/EandAGuidance

To assist Local Authorities and Partnerships in conducting their own reviews, a simple self-evaluation tool has been developed, to assist the evaluation of current performance in working through this Guide. The tool is available at <http://www.scotland.gov.uk/Topics/Health/care/EandA/AdaptationsGoodPractice/Adaptsevaluationtool>. (This tool has been developed with reference to the SWIA Performance Improvement Model - <http://www.swia.gov.uk/swia/1108.html>).

The Scottish Housing Regulator has also developed service standards and a self evaluation tool for adaptations, Performance Standard: AS2.4 Adaptations/Self Assessment. http://www.scottishhousingregulator.gov.uk/stellent/groups/public/documents/webpages/shr_as2.4adaptations-selfasses.hcsp

This guide has therefore been designed to incorporate the key themes from the Scottish Housing Regulator self assessment tool for adaptations in order to streamline governance across partnerships.

Support and guidance may be available from the Joint Improvement Team for partnerships who wish to utilise the Guide for a whole system review/service development exercise. To request further support and/or guidance please contact Margaret.whoriskey@scotland.gsi.gov.uk

This Guide will be reviewed in line with the overall timescales for review of the National Guidance on Equipment and Adaptations.

Context and Background

In the 2009 Guidance on the Provision of Equipment and Adaptations one of the key actions set out for local partnerships is to review current models for providing major adaptations. This fits with the overall aims of this guide which are to assist local partnerships to ensure that they can demonstrate that they achieve the following:

- Place the user and carer at the centre of major adaptation provision
- Focus all care and support on the improvement of outcomes for the individual and their carer
- Promote a consistent approach to the assessment for and provision of major adaptations across tenure
- Ensure that effective signposting to access adaptation services is in place
- Ensure that users and carers have access to up to date and relevant information on major adaptations so that they can make informed choices
- Promote good practice and partnership working in relation to major adaptation provision
- Implement an effective care pathway to ensure the timeous provision of major adaptations
- Remove delays for people with disabilities who require major adaptations
- Promote good practice and partnership working in relation to monitoring inter-agency performance and delivering service improvement
- Monitor that staff are deployed as effectively as possible and that effective skill mix is in place
- Ensure Best Value
- Meet statutory obligations

Adaptations are an integral part of a community care service. They enable people with disabilities to remain in their own homes for as long as possible and to achieve their own individual outcomes and the quality of life they wish. There are currently long delays for the assessment and provision of major adaptations. Delays in an assessment of need and the delivery of services may impede an individual's ability to function and can cause greater dependency. In this context adaptations have proven to be a cost effective model of intervention. Timeous provision of an adaptation can be more cost effective than providing care as highlighted in the National Guidance for Equipment and Adaptations:

Potential Savings

Residential care costs for a man with a life expectancy of 50 would be £2 million pounds over 20 years. When compared with the cost of providing 3 sets of adaptations/equipment at £30,000 over a 20 year period and housing costs of £104,000 a saving of £1.9million could be achieved. If in living independently additional support was also required a £200 per week care package over 20 years still released savings of £1.6 million compared to residential care.

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

A modern service for adaptations that is fit for purpose for the 21st century will place the views of people who use the service and their carer's at the centre of service provision. The process that delivers the major adaptation should be one of partnership across a wide range of key stakeholders e.g. SW, Housing, Advocacy, Registered Social Landlords, Care & Repair, Private Landlords, Architects, Legal Services, Contractors, Planning and Building Control (this list is not exhaustive) in which the person with a disability and their carers are the key partners. The effectiveness of the completed major adaptation should be measured by the extent to which it meets the individual's needs sensitively, efficiently and cost effectively. A useful document to consult is the Effectiveness and Value of Equipment & Adaptations which is available using the following link, <http://www.scotland.gov.uk/Topics/Health/care/EandA/ValueofAdaptations>.

Legislation in relation to the delivery of major adaptations is complex and the challenge for local services is to ensure that inter agency services and resources are organised effectively so that people with disabilities regardless of age, diagnosis or housing tenure can access appropriate adaptation services easily and equitably.

It is important that local services consider these factors when reviewing their provision and the 2009 Guidance on the Provision of Equipment and Adaptations identified the legal framework required; this is available via the following link, <http://www.scotland.gov.uk/Topics/Health/care/EandA/EandAGuidance>.

Funding streams for the provision of adaptations are complex and linked to tenure and this requires Local Authorities to satisfy themselves that satisfactory arrangements are in place to direct people effectively to the appropriate service. Guidance on the provision of Equipment and Adaptations states that 'local authorities, health boards and any other agencies should work together to agree the range and type of equipment and adaptations that will be provided by the partnership, and the funding streams for these'. Regardless of tenure and how an adaptation may be funded, the level of service received from assessment to provision should be equitable across private homeowners, council tenants, private landlord tenants and Housing Association tenants.

Everyone responsible for delivering major adaptations needs to work well together. These relationships cannot be left to emerge spontaneously. This good practice guide is intended to provide a structure and assist with the process.

Chapter One: Service Model

It is recognised that service development for adaptations across the various partnerships differ across the country. A range of models have evolved that are fragmented, historical and linked to tenure. The degree and level of integrated service development and delivery can be directly linked to the strategic infrastructure in place in the local authority or partnership. It is therefore recommended that consideration be given to a strategic overview of Adaptation Services across tenure and agency.

An adaptations partnership has essential links to other key corporate objectives within a local authority such as Local Housing Strategy, The Delivery Framework for Adult Rehabilitation and Single Outcome Agreements. It is therefore critical that policy development for the service brings together a wide partnership of all stakeholders. This is also in line with key actions on major adaptations in the guidance that state *'local protocols should be reviewed in line with the Housing Scotland Act 2006 and the new duties introduced from April 2009'*.

Partnerships should regularly review the provision of adaptations across all tenure to satisfy themselves that access is linked to mainstream community care provision to maximise whole system working and rebalance care. This is in line with the key actions in the guidance on assessment, that equipment and adaptations should be incorporated into mainstream community care services.

While recognising that adaptation services are likely to be planned and delivered by a multiplicity of partners, it is important that the service user experiences a seamless service. This can be achieved by integrated systems (e.g. IT), and protocols agreed between partner agencies. For example where more than one department or agency is involved do we ensure communication and information provision are well documented and available.

Local authorities, partnerships and NHS Boards are being encouraged by the Scottish Government to review their current models of provision. It is acknowledged that the scale and type of models adopted may continue to vary to reflect local arrangements. However the key areas identified in the Service Model checklist below should be evident in the nature and focus of the service model provided:

Checklist 1: Service Model

<p>Outcomes focus</p>	<p>In all relevant documentation for the service (including training materials) there should be a clear measurable statement describing an outcome focus to the service provision. This should refer to the relevant outcome requirements and highlight the following themes:</p> <ul style="list-style-type: none"> ● What will the provision of an adaptation achieve for the service user? E.g. will it reduce the level of home based care, alleviate risk and/or promote independence? ● Does the adaptation service have in place appropriate service standards? ● If so how well has the adaptation service performed against its standards for major adaptations? ● Is there fair and equitable access to the adaptation service e.g. across age, diagnosis, diversity and tenure? ● Can the adaptations service demonstrate through internal monitoring that design and building work is undertaken to a good quality? ● Is this linked to service targets? E.g. can the adaptation service demonstrate that they have reduced a package of care through the provision of an adaptation? ● Do we have good information on a service user's current and developing support needs? ● Do we give service users and carers an opportunity to participate in setting services standards policies and procedures? ● Are measures in place to seek service user's views on the quality of the adaptation service? ● If so what are service user's views on the provision of the adaptation service? <p>Individual Outcomes for Service Users:</p> <ul style="list-style-type: none"> ○ Do we fully involve the service user and where appropriate his/her carer throughout the adaptation process? ● What do service users want to be able to do that the provision of an adaptation will support? E.g. is there the correct balance between responsible risk taking and promotion of independence? ● Are service user focused outcomes monitored and achieved? ● How will you know you are getting the service right?
<p>Rehabilitation and Enablement perspective</p>	<p>In all relevant documentation for the service (including training materials) there should be a clear statement describing the context of the provision of the adaptation service in terms of wider rehabilitative and enablement service provision:</p> <ul style="list-style-type: none"> ● How does the adaptation service contribute to local and national strategies in relation to rehabilitation? ● How does the adaptation service contribute to local and national strategies in relation to enablement? ● Is there a clear message of minimising intervention, to maximise independence? This should describe the aim

	<p>of adaptation provision as being a means to support rehabilitation and avoiding over prescription.</p>
<p>Strategic goals</p>	<p>Key strategic goals should be set which give all stakeholders a 'clarity of purpose' in achieving key outcomes for service users:</p> <ul style="list-style-type: none"> ● What are these goals? ● Is there an outcome focus? ● How will the adaptation service achieve these goals?
<p>Service Strategy</p>	<p>The adaptation service should be developed and reviewed on the basis of the effectiveness of the service pathway in achieving key outcomes for individual service users across all care groups and which detail key roles and responsibilities for service providers:</p> <ul style="list-style-type: none"> ● Which services and staff (e.g. involved in front line assessment) need to be able to provide adaptations via the adaptation service? Consideration requires to be given to all local authority services and external agencies including NHS and Housing Associations likely to need to provide major adaptations. Partnerships must also consider the range and level of staff that can identify need and access major adaptations, using the proposed model of provision (appendix 1). An inter-agency protocol should be in place to achieve outcomes for service users regardless of tenure. The actual prescription of complex, specialist major adaptations to meet that need will remain the responsibility of HPC registered occupational therapists. The inter-agency protocol should address meeting need across a wide range of Community Care service areas including Homelessness, Addictions, Mental Health and Learning Disability as well as Children's services, Education, and Sensory Impairment.(this list is not exhaustive) ● What inter-agency arrangements need to be in place to make this happen? ● Is there clear signposting to facilitate service users to access the major adaptations service? ● Is there clear Eligibility Criteria? ● Do clear service standards exist across the partnership including timescales from assessment to provision? ● Is there an integrated care pathway across agencies for the provision of major adaptations? ● Is there evidence of a clear interagency protocol and integrated working e.g. virtual teams/data sharing/integrated performance monitoring? ● Is there evidence that individual service user outcomes are at the centre of service provision and that promoting choice and flexibility is valued by assessors? ● Is there an anticipatory approach to assessment, care planning and review? ● Is there evidence of effective care management and co-ordination of care? ● Is there a register of adapted houses, across all tenures and a means of matching them to service users seeking a particular type? ● Do staff across agencies have clarity about

	<p>responsibility and accountability?</p> <ul style="list-style-type: none"> ● Is there ability to fast track major adaptations in accordance with need? ● Is there an exceptions policy? ● Is there a directory of relevant resources, pathways protocols and referral routes ● Are effective service user feedback systems in place? ● Are effective interagency monitoring arrangements in place across the care pathway and tenure? ● What are the pathways and protocols to and from the major adaptation service to other elements of specialist provision such as rehabilitation, wheelchair provision and telehealthcare?
<p>Direct Access</p>	<p>The major adaptations service model should provide opportunities for fast tracking service users with recognised and agreed needs straight to service delivery and promote direct access to major adaptations by service users where this is appropriate e.g. extensive external rails, level access showers:</p> <ul style="list-style-type: none"> ● How will this work? ● Are there clear parameters and limits? ● Has the risk factor for providing an inappropriate adaptation been taken into consideration? ● Has there been consideration of the planning process? ● Have all relevant organisations been consulted? ● Are service users involved in determining this aspect of service development? ● Is good practice being promoted to reduce steps to service delivery and prevent the preservation of historical practices which delay provision?

Chapter Two: Partnership Arrangements

There is an urgent need for all partnerships within the adaptations service to promote inter-agency ownership, collaboration, cohesion and accountability across the system. This is in line with the key actions in the guidance on major adaptations that state '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 providers'.

Those responsible for delivering the service across Local Authority, Housing Association and Private/Private Rented tenures need to work together. This can be achieved through appropriate training, collaborative working and access to common sources of information about demand, throughput and outcomes.

In line with the National Guidance on Equipment and Adaptations, adaptation services should review current models of service delivery and identify where added value could be provided from an integrated approach and/or further development of existing integrated models. Where formal integrated Partnership models exist, these should have a Partnership Agreement that provides supporting documentation outlining the financial and legal commitment to the arrangements, monitoring and accountability, as well as formulating a clear message as to why the agencies are in Partnership and the expected benefits this will bring. Where formal arrangements are not in place then the local authority should satisfy themselves that service users receive a seamless service and that clear lines of accountability, inter-agency monitoring and joint protocols are in place to ensure equity.

Duty of care, legislation and operational arrangements that underpin the current assessment and provision of adaptations mean that a wide variety of agencies may be involved in the provision of adaptations and processes can be time consuming, fragmented and complicated by tenure. Partners often include SW, Health, housing providers, building control, in-house or external architectural services, Care and Repair and legal services. Where there is a lack of co-ordination amongst services and agencies there is also no cohesion for service users in the process and often valuable time is spent chasing progress. In addition whilst it is acceptable to have different arrangements in place across tenure it is not acceptable to have different customer practices that are not equitable.

Checklist 2: Partnership arrangements Checklist

<p>Partnership arrangements</p>	<p>The major adaptations service should develop a Partnership Agreement or Joint Protocol which can be used to support all aspects of the arrangements:</p> <ul style="list-style-type: none">• Who are the Partners?• What are the legal responsibilities of the Partners?• What are the financial responsibilities of the Partners?• How are decisions made and who is accountable?• How, and what resources are committed?• Where more than one department or agency is involved is communication and information well co-ordinated?• Are agreements in place across agencies to ensure targets are met for assessment, funding and provision of adaptations?• How is the partnership managed?• Are there any potential stakeholders not represented who will add value?• Are roles clearly defined and understood by all?• Are there clear protocols and policies between agencies?• Have pooled budgets been optimised?• Has inter-agency working and co-location been maximised?• What provision is there for joint training?• What scope exists for further integration?• Is there an integrated performance management structure?
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Chapter Three: Governance

The major adaptations service requires to clearly identify responsibility in the management and governance of the service. This is essential for all stakeholders and will assist in communication with service users and their carers, as well as internally across the relevant agencies from frontline staff, to senior strategic managers.

As stated in the introduction current arrangements for major adaptations span several services and agencies and it can be difficult to provide measurable data on timescale from assessment to provision for major adaptations. Often performance information is not available because the intervention requires input from more than one service or agency and frequently measurable performance data does not exist across tenure. This makes it difficult at present for local authorities to ensure equity of provision and also to manage performance across tenure.

Checklist 3: Governance

<p style="text-align: center;">Strategic framework</p>	<p>The following should be considered:</p> <ul style="list-style-type: none"> ● Are we meeting our legal obligations? ● Do we articulate clearly our responsibilities, objectives and targets in providing specialist adaptations? ● Is our approach underpinned by a clear understanding of the funding framework for major adaptations? ● Are our priorities derived from a comprehensive analysis of need? ● Do we clearly set out the criteria which determine a service user's eligibility for assistance? ● Have we established an effective process for assessing service user's needs and housing options (where appropriate in partnership and other agencies)? ● Do we have an equitable system in place for prioritising applications? ● Do we use the outcomes of service user consultation and feedback to improve our service? ● How do major adaptations contribute to the local authority and key partners overall strategic goals e.g. Keeping communities safe/ promoting self management etc? ● What are the groups/forums that are responsible for the development, implementation and monitoring of the major adaptations service? ● Who are the members of these groups? ● Are there gaps/are key stakeholders missing?
<p style="text-align: center;">Work plan</p>	<p>There should be a Work plan which details key objectives and tasks to ensure effective delivery of all aspects of the provision (operational) as well as the strategic aspect of the partnership (Protocols, Partnership arrangements, training...). This should be reported against quarterly and reviewed annually.</p> <ul style="list-style-type: none"> ● Who is responsible for the development and implementation of the Work plan? ● Which Group/forum agrees and reviews the Work plan?

Operational & strategic roles

The partnership should identify which managers are responsible for the different aspects of the service:

- There should be a named officer with overall strategic accountability and responsibility for the major adaptations service. (It is intended that this should be an existing post-holder and that partnerships may choose to rotate this role)
- Each partner should identify a lead officer for the effective operational delivery within their remit.
- Do these managers meet frequently at an agreed forum?
- Which managers have operational responsibility?
- What are the roles and responsibilities of these managers and how are they involved in decision making?
- How are staff involved in the development of the service e.g. development of Protocols, review of adaptations, training development and delivery? – is this ad-hoc or via structured groups?

Chapter Four: Access and Information

It is important that service users and carer's are aware how to access the services they require. The Scheme of Assistance also requires that local authorities publish information on this. The initial contact or referral may come from a variety of sources to a variety of services. The aim should be to deal effectively and quickly with enquiries or referrals wherever they initially impact.

Consideration should be given to the creation of a preferred point of access for the majority of enquiries or referrals. This could be facilitated through the provision of clear information, such as posters, leaflets or web pages for potential service users or relevant organisations. Material should be tailored to the audience with differences aimed at referring organisations and the potential service user. Many local authorities now have integrated call centres that deal with all enquiries and have trained staff to respond to and prioritise requests for major adaptations.

The requirement for information to be accessible to disabled people is included in anti-discrimination legislation. In order to assist organisations to ensure that the information they provide is accessible to everyone, The Scottish Accessible Information Forum (SAIF), funded by the Scottish Government, has produced Standards advising organisations about all aspects of improving the accessibility of information. The Standards are based on a belief that everyone will benefit from making information more accessible. A copy of the Standards can be obtained from SAIF in a range of formats or downloaded from the SAIF website at www.saifscotland.org.uk.

In addition Care Information Scotland provides invaluable information to Older People on Services they can access in their own neighbourhoods. Information can be accessed through the website at <http://www.careinfoscotland.co.uk/home.aspx>, or on the helpline number 08456 001 001.

The key actions from guidance on the provision of equipment and adaptations will further assist with this task and are available in Annex E (page 67) of the Guidance on Equipment and Adaptations.

An additional guide is being developed to assist with the provision of information for equipment and adaptations. This will be available on the internet soon at <http://www.scotland.gov.uk/Topics/Health/care/EandA/UsefulPublications>.

Checklist 4: Access and Information

<p>Access and Information</p>	<p>The following should be considered:</p> <ul style="list-style-type: none"> ● Is the name of the major adaptations service understandable and does it communicate the full scope of the service? ● Is there fair and equal access to major adaptations? ● Do we clearly inform people how to access major adaptations? ● Are our publications written in plain language and available in a variety of formats and languages? ● Have the recipients of the service been sufficiently differentiated and targeted? E.g. different client groups may have different information needs ● Has the service been sufficiently differentiated from services available elsewhere? ● Is there a Directory of Service? ● Are the enquiries received appropriate? If not this could be the result of a signposting issue? ● Is the service easy to find on line? ● Is the web site attractive? ● Is there on line enquiry forms? ● Do we provide service users with good quality information through all stages of the major adaptations process? ● Is communication and information provision across departments and agencies well co-ordinated? ● Are service users signposted easily to associated services e.g. Housing/Postural management clinics etc ● Is there a standard format and timescale to respond to major adaptation enquiries?
<p>Criteria for Provision</p>	<ul style="list-style-type: none"> ● Do we have published service standards in place and do we share current performance against them? ● Do we have clear eligibility criteria in place and do we publish this openly? ● Do we record and publish number of people who were not eligible and record and monitor trends?
<p>Timescales</p>	<ul style="list-style-type: none"> ● Are standard timescales available and published for each part of the service provision? ● Are service users advised of these in relation to their own provision? ● Are standard timescales available and published for each part of the service provision?
<p>Monitoring Service Outcomes</p>	<ul style="list-style-type: none"> ● Are arrangements in place to monitor the service outcomes? ● Are outcomes reported publically? ● Have key target groups heard about major adaptations? ● What are the human and financial resources allocated to awareness raising and promotion? ● Is there a link between signposting and the strategic plan?

Chapter Five: Assessment and Provision of Adaptations

Good assessment practice is fundamental to the provision of an effective major adaptation service. This should be in the context of promoting independence, and should balance risk with the need to maximise functional potential and avoid over-prescription. A major adaptation can compliment a range of needs and interventions including rehabilitation and the management of conditions, and should be viewed as integral to the delivery of wider service objectives.

As highlighted in the Guidance on the Provision of Equipment and Adaptations '*an outcomes focused approach to assessment will identify the desired outcomes for the individual and support individualised interventions*'. It is therefore important that partnerships ensure that their assessment process demonstrates this approach. Utilising the Talking Points – personal outcomes approach to assessment care planning and review will assist the major adaptations service.

Service users and their carers require to be fully involved in the assessment process and it is essential that there is an outcomes focus to the assessment with clear goals identified, agreed, and recorded. The principal of 'minimum intervention, maximum independence' should underpin every assessment. A major adaptation should only be provided when all other reasonable options have been ruled out. Where an assessed need has been identified, but the service user prefers a different option, then a notional award should be considered. This should be offered at the same level as the cost effective option to meet the assessed need, with the condition that the major adaptation meets the service user's long term need.

Implementation of SPARRA guidelines (in relation to the management of appropriate admissions to hospital) <http://www.isdscotland.org/isd/6072.html> have demonstrated that if you can identify who, where and how to target a resource then you can prevent very vulnerable people from being admitted to hospital and admit those most in need in a planned way. The same principles should apply to identifying people who require major adaptations. In addition the majority of people who require major adaptations will also be well known to the system.

In the current system service users wait long periods for assessment for major adaptations because occupational therapist caseloads are at capacity and throughput is often slow due to the need to chase up progress with cases and navigate complex local arrangements to procure major adaptations across tenure.

Following assessment service users routinely wait again for provision, this is often linked to funding deficits and delays in technical support. These areas can be addressed via adherence to service standards and ensuring available funding is linked to levels of identified need. Delays in assessment waiting times can also be addressed by increasing the range of assessors who can identify the need for a major adaptation.

Assessment and provision of major adaptations should be recognised as the responsibility of all care groups and services, as a means of supporting overall service delivery. Staff should therefore not be viewed as 'providers of adaptations',

but rather as assessors who provide major adaptations to compliment other service provision, e.g. facilitating hospital discharge.

Local authorities should consider training a wider range of assessors to identify the need for a major adaptation by assessing an individual in accordance with eligibility criteria. Full training requires to be provided to ensure competency for all staff assessing and providing adaptations (see Chapter 10 – Training & Development).

Local authorities who widen the range of assessors should review their current systems in place for processing adaptations and rebalance care to establish a small number of specialist OT posts to focus on adaptation prescription and operational delivery of provision. These posts should be located in the adaptations agency or with the service providing technical support and should work in partnership with the local authorities. This is in line with key actions in the guidance on delivering major adaptation services that states *'local partnerships will adopt a specialist approach to the provision of major adaptations'*.

Partnerships are encouraged to view the assessment for adaptations as part of a wider housing assessment and ensure all staff are trained to consider innovative solutions for individuals e.g. interface with ownership options. There is also a need to ensure access for service users to specialist housing knowledge and advice where required. It is critical that they get advice about the options available as a first step rather than at the end of a failed or failing process.

Checklist 5 – Assessment and provision of adaptations Checklist

<p>Protocols</p>	<p>A Protocol should be in place which provides a joint inter-agency agreement defining the arrangements between the relevant agencies/partners in terms of the roles and responsibilities of staff and their managers, and the processes across the service pathways for assessment, prescription, and provision of adaptations. Which services and staff (e.g. involved in front line assessment) need to be able to identify the need for major adaptations via the adaptations service? Consideration requires to be given to all local authority services and external agencies including NHS and Housing Associations likely to need to recommend major adaptations and an inter-agency protocol should be in place to achieve equitable outcomes for service users regardless of the housing tenure they reside in or the speciality they present to. In relation to major adaptations, assessors across a wide variety of local authority services and external agencies may be responsible for identifying need. The actual prescription of specialist adaptations to meet that need will remain the responsibility of HPC registered occupational therapists. See Appendix 1 'model for the provision of specialist adaptations':</p> <ul style="list-style-type: none">● Is there a Protocol (s) in place which clearly advises of roles and responsibilities across the agencies, for the assessment and ordering of adaptations?● Is there ownership of this across the agencies?● Is this effectively communicated via training/briefings as
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	<p>required?</p> <ul style="list-style-type: none"> • Are these arrangements reviewed, developed, monitored and implemented as required? • Is it clear which forum/group of managers/manager; has lead responsibility for these arrangements?
<p>Roles and responsibilities</p>	<p>Via the Protocol arrangements, staff within hospital and community care group services (including physiotherapists, nurses, occupational therapists, and social work staff) should be able (following appropriate training) to access a wide range of major adaptations relevant to the type of service they are providing, and not based on professional or agency boundaries. Other professions are not precluded from this access and consideration should be given to inclusion of relevant staff within the different service settings e.g. including social work support staff, rehab workers, housing officers.</p> <p>These arrangements should ensure that staff can assess for and provide major adaptations directly, without having to refer on to a separate agency or professional group to process on their behalf.</p> <p>Staff that assess and order major adaptations are responsible for satisfying themselves as part of the assessment process that the adaptation meets the assessed needs and the service user is safe in its use. Only at this stage can the full assessment process be concluded. If there are any concerns then the member of staff should not provide the major adaptation, and will record in their relevant paperwork the reasons for this.</p> <ul style="list-style-type: none"> • Is there a joint agreement between agencies minimising the number of professionals engaged in the assessment process? • Are there clear criteria for deciding who should carry out an assessment? • Are those criteria written down and jointly agreed by all? • Is there a process where decisions can be reviewed and cases passed on for a higher level of assessment if required?
<p>Standard and Specialist provision</p>	<p>Provision of a major adaptation differentiates between meeting needs which may range from general non-complex needs e.g. external handrails (over £1,000), through, to complex and highly specialist needs e.g. stairlifts, /extensions where HPC registered occupational therapists must be involved. The reason for this is that a specialist assessment can only be carried out by an HPC registered occupational therapist. See Appendix 1 'model for the provision of specialist adaptations'</p> <p>Supported by effective training, and through good assessment practice and by evidencing their reasoning, front-line assessing staff will be able to establish what the risks are around the type of provision and be able to identify need. They should also be able to provide adaptations for general non complex needs e.g. external hand rails over £1000 eligible for mandatory scheme of assistance funding where appropriate.</p>

	<p>The referral on for specialist assessment where the need is complex should not prejudice what the outcome of that assessment review may be e.g. this should not be a 'prescriptive referral' for a certain type of adaptation, but identify the needs that require to be met:</p> <ul style="list-style-type: none"> ● Does the service allow access to general non-complex types of major adaptation by staff that can access the adaptation service e.g. external rails? ● Has the service fully explored the opportunities to provide wider access for trained assessors to identify the need for different types of major adaptations? ● Are assessment and provision recommendations reviewed to ensure consideration of the provision of a more costly adaptation e.g. an extension; in recognition that this may prove more cost effective in the long run for service users with progressive illnesses?
<p>Professional support</p>	<p>Arrangements for professional support and advice need to be clearly signposted within the service and compliment the training and competency arrangements.</p> <ul style="list-style-type: none"> ● What arrangements are in place for professional advice? ● Are all services/partners clear about these?

Chapter Six: Service Delivery

A major adaptation service is effectively planned and delivered through a number of partners. It is essential that the service user experiences a seamless service. An important service delivery objective would therefore be to minimise the number of contacts the service user has. This can best be achieved by having systems and protocols in place which take into account legislation and statutory guidance (refer to Chapter 2, Partnership Arrangements and reference to the importance of a partnership agreement). For an effective operational delivery of the service, specific service level agreements should be considered e.g. between Housing, Social Work and Care & Repair

Local authorities have an obligation to provide a needs led service to people with disabilities who meet the criteria for major adaptations. To meet this need it is critical that resources reflect demand and that the process of identifying need is clearly linked to corporate budget setting processes and corporate priorities e.g. keeping communities safe. The estimate of need should go beyond calculations based on previous demand and should reflect demographic projections and any areas of unmet need suppressed by past application of arbitrary eligibility criteria. Partnerships should reflect if they have the ability to gauge the level and nature of need for major adaptations.

The major adaptations service should also have in place protocols for dealing with complex issues that relate to funding to ensure the welfare of the service user is actively promoted and that major adaptations are available in accordance with assessed need e.g. foster care

Checklist 6: Service Delivery

<p>Service Level Agreement</p>	<p>The Service Level Agreement should detail the scope of the operational service (service specification), the objectives, agreed service standards and provide a framework for performance monitoring:</p> <ul style="list-style-type: none"> • Is there a Service Level Agreement (SLA) in place? • Is there a service specification and set standards? E.g. time from enquiry to assessment • Is there an agreed timescale for the review of the SLA? • Is the service monitored as part of wider performance monitoring?
<p>Funding and Monitoring arrangements for adaptation provision</p>	<p>Funding arrangements should be agreed jointly across all the services:</p> <ul style="list-style-type: none"> • Are the agreed financial arrangements written down and signed off by all partners? <p>Monitoring mechanisms and structures should be in place, which ensure full ownership and accountability in relation to expenditure across all services:</p> <ul style="list-style-type: none"> • Is there a dedicated Finance group for the service? • Are there named officers who have overall responsibility for financial arrangements? • Are there robust arrangements for the ongoing review of budget requirements? • Are there clear timescales around forward planning for annual budget reviews? • Are financial reports submitted to strategic managers for monitoring? • Is self-certification for VAT is in place? (All applicants with a disability should be able to sign forms to allow their contractor to claim VAT exemption) • Have surveys of need been undertaken? • Are trend reports provided and actively analysed to support future funding, and alert to pressures? • Are service users and their carers consulted on service developments/change? • Are the needs of people who request a service but do not receive provision recorded? • Are the characteristics of adapted properties recorded in a way which enables tenants and applicants to be matched to properties that meet their needs? • Are we transparent about what the major adaptation service can and cannot do? • Do we provide give good information so that the user can make informed choices and understand why it is not technically feasible to adapt or why they do not meet the criteria for a major adaptation? • Is financial assistance considered e.g. discretionary adaptation grant under 2006 Housing Scotland Act for house purchase construction or sale to help people to move to a more suitable house that's cheaper or easier to adapt? The ceiling can be assessed on the costs of moving to a more appropriate property (legal, survey, removal costs). Scheme of

	<p>Assistance mandatory grant can then be authorised on the costs of adapting the new house, or the equivalent of what the ceiling would have been on the old house in accordance with need.</p> <ul style="list-style-type: none"> • Do we consider in the case of adaptations in shared facilities the legislation that relates to the right to adapt common parts? (subject of forthcoming regulations related to Equality Act 2010) • Do we work closely with users/families from as early a point as possible to assess future housing needs where possible? • Do we explore all options including re-housing to a more suitable house in any tenure for people who need major adaptation/extension? • Do we work closely with the user to ensure that their wishes and views are taken into account when considering a house move? • Can we evidence that we maximise the availability of adapted housing stock for those in need? E.g. are occupational therapists employed by housing providers to assess disabled applicants and match vacant adapted properties to service user needs? • Is there a common housing register which identifies adapted property? • Does the allocation process make the best use of housing stock?
Business Plan	<p>The service should have a Business Plan which lays out how the service will develop and be delivered over 3-5 year periods</p> <ul style="list-style-type: none"> • Is there a Business plan in place? • How is this developed and monitored?
Staff	<p>An effective major adaptation service will be reliant on a compliment of well trained, supportive staff with clear direction in terms of their responsibilities:</p> <ul style="list-style-type: none"> • Are there enough staff in place to effectively deliver all aspects of the service? • Is there a training programme in place for all staff? • Are staff clear about their roles and responsibilities?
Procurement	<p>Procurement procedures require to be in line with legislative requirements:</p> <ul style="list-style-type: none"> • Are there relevant contracts in place for servicing and maintaining adaptations? • Is there a clear policy for the maintenance of stairlifts provided through the private sector grant system? • Is there a clear policy if appropriate for the maintenance of stairlifts provided in council and housing association properties? • Do the policies in place regardless of tenure (for the maintenance of stairlifts) address the issue of the service user's environment being a place of work. • Is the approach to procuring adaptations, related services and assessing the quality, consistent with that of our other services? • Is there an opportunity to combine procurement across tenures, and even shared procurement between Councils?

Health & Safety

The service requires to meet obligations in relation to Health & Safety legislation. It is essential that the service can demonstrate 'due diligence' and that comprehensive systems are in place which provide transparency and accountability in the operation of the service.

- Does the major adaptation service have procedures in place to meet all Health & safety requirements?
- Are all staff aware of these requirements?
- Are procedures in place for incident reporting with clarity of roles and responsibilities?

Chapter Seven: Communication

A communication strategy is a vital device in making sure that all stakeholders within the agencies are effectively involved in the major adaptation service. A range of mechanisms should be considered that recognise the needs of individual service areas and professions as well as provide joint forums for the sharing of expertise and the development of relationships that effectively support joint working.

Publication of information should include access, criteria and processes and should be available in appropriate formats. Partnerships should consider if access to the major adaptation process is clearly signposted. Eligibility criteria assist local authorities to achieve fairness, consistency and transparency in how decisions are taken.

Integrated IT systems that provide all partners with ready access to information should be considered. Where partners do not have direct access to the same IT system other arrangements such as hand held computers and access to lead agency computers are possible and should be considered.

Checklist 7 – Communication Checklist

<p>Stakeholders</p>	<p>All stakeholders should be clearly mapped out:</p> <ul style="list-style-type: none"> ● Which managers need to be communicated with? ● Which staff need to be communicated with? ● What information should be provided e.g. Financial, performance, training, protocols?
<p>Key mechanisms & lead responsibilities</p>	<p>Key mechanisms should be agreed by the strategic management for the service:</p> <ul style="list-style-type: none"> ● Where more than one department or agency is involved in the provision of major adaptations do we ensure communication and information is well co-ordinated? ● What groups require to be set up? E.g. specific forum for inter-agency, cross -professional leads. ● What existing groups/forums can be accessed? ● What other mechanisms should be used e.g. newsletters, website, and annual events? ● What should be the agreed frequency of communication arrangements?

Chapter Eight: Service User and Carer involvement

People who require major adaptations on the grounds of disability should be placed at the centre of service provision and service outcomes should be user focused. Performance management systems should evidence and reflect this shift.

It is essential that a range of mechanisms and approaches are considered to ensure service users and carers views are helping develop and review the provision of major adaptation services. The use of tools such as 'Talking Points' will inform services on the outcomes required from service users and their carers, however other mechanisms should also be employed to ensure the most effective contribution to service development and evaluation.

Decision Making should be transparent and shared with service users so that they are empowered to be in control of their own lives. Partnerships should ensure that they give service users and their carer's sufficient information to enable them to make informed choices on the best solutions that are available for them.

Services are required to move away from traditional cost and volume methods of measuring throughput to focus more on outcome measures related to process and individual outcomes for service users. This will require stakeholders to develop outcome measures that include quality and experience. This is in line with key actions in the Guidance on assessment that state "partnerships should take an outcomes based approach to involvement of users and carers during the assessment processes".

Checklist 8: Service user and carer involvement

Key mechanisms	<p>A range of different mechanisms should be considered. These need to gather information both with regard to operational service responses but more importantly about the benefit the provision of the adaptation has provided:</p> <ul style="list-style-type: none">• Are there existing Service forums that can be used which already involve service users and carers e.g. Public Partnership Forums?• Do new forums require to be established?• Are there regular surveys used to gauge service user and carer's views on the quality of the major adaptation service e.g. annual, bi-annual?• Are service users/carers given the opportunity to participate in setting standards and priorities?• Do the questions asked on completion of the major adaptation, clarify the difference the provision of the adaptation has made e.g. what can someone now do? Do they feel safer/more independent? Has it stopped a hospital admission?• Are service users and carers involved in the provision of training on assessing for adaptations?• Are different mechanisms considered to give service users and carers a voice e.g. use of digital stories?• Is there a process in place to assist service users who
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are willing and able to self fund to access technical advice, and assistance with the selection and engagement of competent contractors? For example is there an approved contractors list or access to feedback/testimonies from other people who have used specific contractors

Chapter Nine: Performance

A Performance framework should be developed which outlines the key areas which require to be measured and monitored, to evaluate if the service is effective in its stated objectives. This performance framework should be linked to service standards and whole system protocols. The performance measures should compliment wider service performance, monitoring and evaluation work (e.g. Community Care Outcomes, Best Value Review, SWIA (Social Work Inspection Agency) self-evaluation) and explore ways of effectively measuring outcomes for service users and their carers ('the difference being made').

Checklist 9: Performance

<p>Service objectives</p>	<p>The service requires to have written service objectives which are widely communicated to all stakeholders</p> <ul style="list-style-type: none"> ● Are there clear service objectives? ● How are these communicated?
<p>Service standards</p>	<p>The major adaptations service requires to have service standards for the assessment, prescription, provision and quality of adaptations.</p> <ul style="list-style-type: none"> ● Are there service standards in place? ● How/when are these monitored?
<p>Performance indicators</p>	<p>A concise range of performance indicators should be agreed by the key stakeholders and be used to monitor effectiveness in all areas of the provision of major adaptations. These should include response/delivery times, business efficiencies, recycling, service demand, complaints, training, and the outcomes for service users.</p> <ul style="list-style-type: none"> ● Has the service identified performance indicators? ● Have the service and systems in place been benchmarked against similar services? ● Are effective inter-agency monitoring arrangements in place across the care pathway and tenure? ● Are these effective in evidencing service improvement? ● Do these include ways of measuring the impact of adaptation provision for service users and carers? ● Does the partnership have in place appropriate service standards including timescale from assessment to provision? ● If so how well has the major adaptation service performed against its standards? ● Are effective service user feedback systems in place and is feedback linked to service improvement? ● Can you demonstrate through internal monitoring that building and design work is carried out to a high standard? ● How is the service monitoring information then translated into service design and delivery?

Chapter Ten: Training and Development

Training needs should be identified and resourced for inter-agency stakeholders to collaborate well together. All stakeholders should have access to integrated performance information about demand, throughput and outcomes to influence effective service delivery.

Training should aim to build on essential skills and knowledge but more importantly focus on facilitating learning and development for the individual. It is essential that the major adaptation service has in place a comprehensive training policy, agreed by all stakeholders, that establishes a set of principles, strategy and systems. From this it will provide the basic system and management guide for the people who will design and develop the training manuals.

Staff across services who are involved in identifying the need for an adaptation should be trained to assess and provide a range of adaptations for non-complex needs irrespective of their own professional background. This training should be provided via a core 'standard provision' module'. This will ensure that service users and their carers get access to major adaptations more quickly and effectively without the need for additional assessment unless the complexity of their needs requires a referral for a specialist assessment. This is also in line with ensuring that HPC registered occupational therapists skills are deployed effectively in undertaking specialist assessments, rehabilitation, enablement and complex case management.

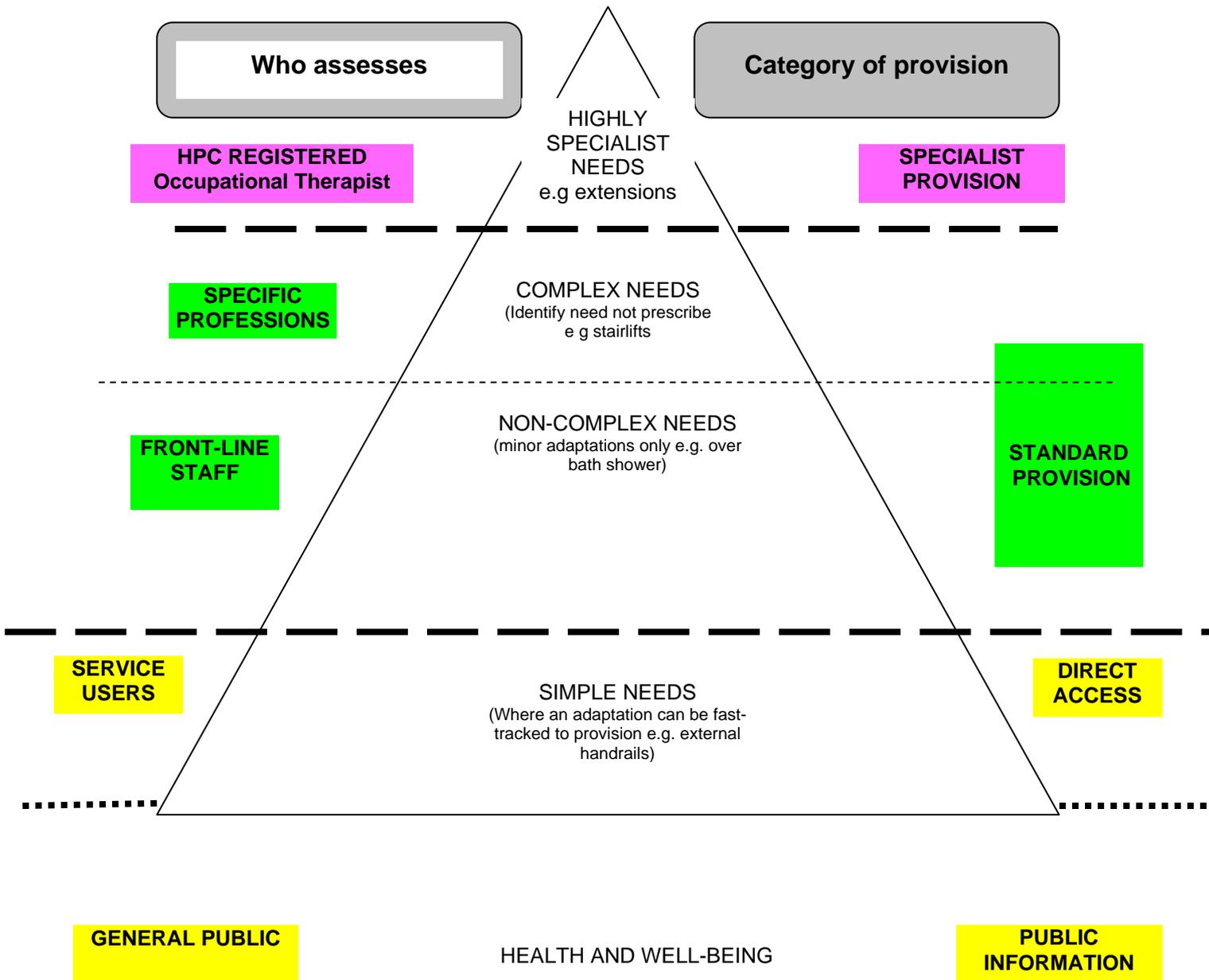
There is therefore a requirement to ensure that staff in all of the agencies involved in the major adaptation service, fully understand the implications for their working practices, including joint working. Training modules should cover the aims of the joint working arrangements to provide this context for all training. In addition a range of topic specific modules should be in place to support staff that require to update their skills in particular areas of provision.

Checklist 10: Training

General Principles	<p>There are some general principles that need to be considered to ensure all staff have received the appropriate training to provide a comprehensive major adaptation service:</p> <ul style="list-style-type: none">• Is there adequate training for all staff in disability awareness, disability equality and the influence of the social model on the provision of the service?• Is staff training (whenever possible) carried out with the involvement of service users, carers and representatives?• Is there provision for joint training at all levels?• Are there dedicated staff to administer and manage this?• Is there funding for training?
	<p>A range of training modules and opportunities should be devised and delivered via a year round programme including a core 'standard provision module' and other topic specific modules e.g. MSC module in Building & Design for HPC registered OT's. All relevant services/partners require to ensure that their staff</p>

<p>Training programme</p>	<p>access the core ‘Standard provision’ training module as a minimum, and any additional training modules, relevant to their service needs.</p> <ul style="list-style-type: none"> ● Is there an annual training programme in place? ● Does this provide a range of learning opportunities? E.g. shadowing...
<p>Training modules</p>	<p>The training modules should strongly emphasise good assessment practice and encourage assessors to consider their reason for provision, contraindications, recording of decision making, and a note of alternatives considered and discussed with the service user. The training should be developed around an agreed competency framework.</p> <ul style="list-style-type: none"> ● Is there a range of appropriate training modules in place? ● Is training evaluated to evidence levels of competency and confidence in staff assessing for adaptations? ● Is there an agreed competency framework and if so, how is this applied?
<p>Trainers</p>	<p>Effective delivery of training is often reliant on the use of practitioner trainers from across professional and agency services. Where possible these trainers should be paired with colleagues from other professions/service settings/ agencies to mix the experience and enhance the joint working ethos. It is expected that services/partners will ensure that their service areas all contribute to the provision of appropriate staff to act as trainers and support the delivery of the training programme.</p> <ul style="list-style-type: none"> ● Is there a pool of mixed profession practitioner trainers? ● How are trainers supported and evaluated in their own competency? ● Is there a need to access training externally?
<p>Service users and carer involvement</p>	<p>To make the training as effective as possible service user and carers experiences should be reflected in the training mediums e.g. use of digital stories, case studies etc. Service users and carers’ views should also influence the development of training modules.</p> <ul style="list-style-type: none"> ● How are you reflecting service user’s views in your training? ● Are service users/carers involved in the delivery of training programmes where appropriate?

Provision of Major Adaptations



Good Practice Examples

Introduction

In order to assist local authorities to consider options for the future when reviewing their services the following examples of good practice were noted during the scoping exercise. They have been listed under the headings used within the Good Practice Guide for the Provision of Major Adaptations to demonstrate their value. For further information, networking opportunities and specific service details in relation to the good practice examples please contact Isla Bisset in the Scottish Government isla.bisset@scotland.gsi.gov.uk. You can view a range of good practice examples relating to equipment and adaptations at <http://www.scotland.gov.uk/Topics/Health/care/EandA/GoodPracticeContents>.

Service Model

It is essential that there is a strategic overview for adaptations across all tenure and that the service is linked to mainstream community care provision to maximise whole system working and rebalance care. This is in line with the key actions in the guidance on assessment, that equipment and adaptations should be incorporated into mainstream community care services. In order to achieve this, local authorities should identify an existing named senior officer with accountability for delivering the strategic responsibility for the provision of major adaptations across tenure. The scoping study has highlighted that where services work well agencies have already reviewed their systems and processes across tenure from referral to provision to create adaptation pathways that integrate appropriate functions across the whole system. This ensures a clear pathway of care and an integrated model of service delivery.

Occupational Therapy Posts within Housing

In several local authorities there are OT posts placed within the housing sector. These posts are used in a variety of ways and cover:

- Allocation
- Major Adaptation Provision
- Modernisation programmes
- New Build Design

Specialist knowledge and skills attributed to a Housing OT gives the individual a unique overview of both the design aspect of major adaptation provision but also an appreciation of the technical specification required to meet the various and complex functional abilities of service users. Knowledge of Building Standards, Planning and designing accommodation for users with particular needs ensures that the eventual outcome is appropriate for the service users and ensures 'Best Value' from a landlord perspective.

Using occupational therapists in the pre-allocation assessment of properties has also proven to be a major factor in ensuring the best use of and appropriate allocation of void housing stock. Knowledge of the medical condition, its limitations for the service user and then utilising the OT's specialist knowledge in adaptation and design makes the OT the obvious professional to take the lead in this.

The majority of these posts have good link with OT's based in the NHS and SW and will also provide minor adaptations, equipment and information on resources. This can mean that service users are receiving a direct service without further referral and assessment, avoiding duplication.

One Stop Shop

In one local authority they have developed a one stop shop approach to the provision of major adaptations for private homeowners via Care and Repair with an OT based in the Care and Repair service. There are no local authority homes in this area and the plan is to extend this service to all RSL's. In addition this local authority have aligned a shift in resources with other developing agendas e.g. releasing OT staff time in front-line assessment services to redirect it to the rehabilitation and enablement agenda.

In the same local authority NHS OT's are trained to assess the need for major adaptations and local authority OT's undertake rehabilitation and enablement. The scoping exercise identified the benefits of this approach and a need for further evidence of competence based training programmes in this area to support this change of practice.

The long term plan in this local authority is to move to a model where all assessors can identify a need for major adaptations but that specialist OT's located within the major adaptations service will prescribe the adaptation solution required, including the design and implementation of provision based on assessed need. The local authority feels the advantage of this way forward is that the service has identified that they need less people with specialist skills to assess for the provision of major adaptations as long as specialist OT staff sit within the major adaptation agency alongside on site specialist technical support and procurement services. They have established that one OT working in this way can process up to 200 major adaptations per annum.

Direct Access

In relation to direct access, protocols exist in the majority of local authorities for equipment and minor adaptations. Only one local authority allows service users to directly access a major adaptation; level access showers, providing the following criteria are met;

- a) The person requiring the adaptation does not have any other more complex needs which may require a full expert assessment.
- b) There are no other accessibility issues to consider to ensure the property is suitable for long term occupation.

A referral form has also been developed to implement provision and this includes a check that the person is in receipt of high rate DLA and over 65. This development

has removed several stages from the process for the service user and ensures timeous provision of an adaptation. Concerns surrounding pressure on budgets which prevent LAs from considering this option should be addressed by ensuring projected demographic need and the value of providing timeous adaptations is factored into corporate budget setting processes.

Removal of Major Adaptations

Although legislation allows removal of an adaptation when a house changes hands, most local authorities have agreed that where possible, adaptations should be retained and attempts should be made to re-allocate (or sell) the house to someone who needs that type of adaptation. One local authority actively works with private landlords who have installed adaptations via Housing Scotland Act 2006 to reallocate properties when they become available. Authorising a scheme of assistance grant for removal of an adaptation is always a last resort.

Partnership Arrangements

Duty of care, legislation and operational arrangements that underpin the current assessment and provision of adaptations mean that a wide variety of agencies may be involved and processes can be time consuming, fragmented and complicated by tenure. Partners often include SW, housing providers, building control, in-house or external architectural services, Care and Repair and legal services. Where there was lack of co-ordination amongst services and agencies it was obvious that there was also no cohesion for service users in the process.

It was also clear that there was a specific lack of equity and continuity between RSL's and ongoing issues with communication between local authorities and RSL's. To address this there is an urgent need for all partnerships to promote inter-agency ownership, collaboration, cohesion and accountability across the system.

Integrated Working

Examples of positive outcomes include setting up an adaptations agency or utilising existing Care and Repair services to deliver a one stop shop approach. In this type of model SW staff are involved in the assessment for adaptations and the provision is delivered via a one stop shop adaptations agency. All grant applications/drawings/ estimates/procurement and clerk of work duties are carried out by the adaptations agency. All partners operate an integrated performance management system. In other local authorities the use of a service level agreement between SW, NHS and housing providers achieved similar results.

Governance

A Major Adaptation Service requires to clearly identify lines of accountability and responsibility for the management and governance of the service. This is essential for all stakeholders and will assist in communication with service users and their carers, as well as internally across the relevant agencies from frontline staff, to senior strategic managers.

In one local authority they have integrated service delivery for the provision of all adaptation services for private homeowners via Care and Repair with an OT based in the Care and Repair service. There are no local authority homes in this area and the plan is to extend this service to all RSL's. This will ensure an integrated approach to performance management.

In other local authorities that have partnership arrangements in place between SW, Housing and Care and Repair, integrated systems of performance delivery are evident but not as streamlined as in the one stop shop approach where Care and Repair will coordinate major adaptations regardless of tenure. Linking RSLs into a performance management system so that major adaptations can be tracked from assessment to provision would resolve this.

Access and Information

It is important that service users and carer's are aware how to access the services they require. The initial contact or referral may come from a variety of sources to a variety of services. The aim should be to deal effectively and quickly with enquiries or referrals wherever they initially impact.

Access to major adaptation services should be simple. The website should give examples of typical enquiries and how they are addressed Personal testimonies/ Case studies can be useful Eligibility should be clearly defined.

A guide is being developed to assist with the provision of information for equipment and adaptations. This will be available soon via the following hyper-link, <http://www.scotland.gov.uk/Topics/Health/care/EandA/UsefulPublications>.

Assessment and Provision

Good assessment practice is fundamental to the provision of an effective adaptation service. This should be in the context of promoting independence, and should balance risk with the need to maximise functional potential and avoid over-prescription. An adaptation can compliment a range of needs and interventions including rehabilitation and the management of conditions, and should be viewed as integral to the delivery of wider service objectives.

In one local authority the provision of specialist Occupational Therapy (OT) input is at the stage of adaptation design not assessment and the OT is based in the adaptation agency not NHS or SW services to process referrals already approved by a wide range of assessors for provision. This model enables one OT to process up to 200 major adaptations per annum and releases valuable OT time in the mainstream community care teams releasing capacity for complex care management, rehabilitation and enablement.

From analysis of the data it is clear that local authorities could identify the small number of people who require their adaptations to be fast tracked. It does not make professional or business sense that in the current systems people are often subjected to convoluted processes to get a service that will ultimately enable them to remain in their own home and reduce the level of care provided

In some areas to assist with the assessment process a portfolio of adaptations has been produced that lets service users visualise the proposals. There has also been the development of computer aided design systems that would extend the scope of this by designing the adaptation with the client. Both these measures empower the service user and are in place in a small number of local authorities.

Service Delivery

A modern major adaptation service is effectively planned and delivered through a number of partners. It is essential that the service user experiences a seamless service. An important service delivery objective would therefore be to minimise the number of contacts the service user has. This can best be achieved by having systems and protocols in place which take into account legislation and statutory guidance.

A number of local authorities have a whole system approach to adaptations across private, private rented and local authority tenure. A small number have evidence of formal partnership arrangements and joint budget setting between Housing and SW. One local authority is commencing a pilot to include RSLs in this arrangement.

Some local authorities also had links to the wider national rehabilitation and enablement agenda with Social Work Occupational Therapists widening their role to include more rehabilitation and enablement and NHS therapists assessing for and identifying need for major adaptations.

In several local authorities Care & Repair plays a pivotal role in co-ordinating adaptations across tenure.

When budget setting was linked to robust assessment of need then waiting lists and waiting times were lower.

The following example from the provision of equipment could equally be applied to non complex adaptation provision:

Joint Protocol for Service Provision – EquipU

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

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

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

Communication

A communication strategy is a vital device in making sure that all stakeholders within the agencies are effectively involved in the major adaptation service. A range of mechanisms should be considered that recognise the needs of individual service areas and professions as well as provision of joint forums for the sharing of expertise and the development of relationships that effectively support joint working.

Many local authorities had trained staff who specialised in sensory impairment and all authorities trained staff in disability awareness, equality and diversity.

Several local authorities had carried out equality impact assessments as part of service redesign.

The degree and level of integrated service development and delivery is directly linked to the strategic infrastructure in place in a local authority. In local authorities where partners had formal forums in place to drive the strategic development of major adaptations across service/agency and tenure and these aspirations were delivered in strategic plans e.g. Local Housing Strategy there was better evidence of integrated service delivery.

Service User and Carer Involvement

People who require major adaptations on the grounds of disability should be placed at the centre of service provision and service outcomes should be user focused. Performance management systems should evidence and reflect this shift.

Talking Points – A personal outcomes approach

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

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

In some areas to assist with the assessment process a portfolio of adaptations has been produced that lets service users visualise the proposals. There has also been the development of computer aided design systems that would extend the scope of this by designing the adaptation with the client. Both these measures empower the service user and are in place in a small number of local authorities.

Performance

A Performance framework should be developed which outlines the key areas which require to be measured and monitored, to evaluate if the service is effective in its stated objectives

In one local authority waiting lists have been completely eradicated for provision across tender because the assessment of unmet need is linked to the budget setting cycle. This is an example of trend reports being actively analysed to support future funding and alert to pressures

In another local authority focus groups were held with service users linked to the service improvement agenda for adaptations. This resulted in processes being radically changed to deliver faster services.

Training

Training should aim to build on essential skills and knowledge but more importantly focus on facilitating learning and development for the individual.

One local authority has developed an MSc Building and Design module which it now delivers to other authorities.

The principles used to develop and deliver joint training for EquipU staff could be equally applied to develop a training package for the assessment and provision of major adaptations.

Leadership is also key to ensuring the redesign of major adaptation services to:

- Place service user outcomes at the centre of service provision
- Integrate the care Pathway
- Improve joint working

GLOSSARY OF TERMS

Specialist Adaptation Service – this describes a formal network of key staff and services working across local authority, NHS, voluntary and private sectors assessing for and providing adaptations. The function of the Specialist Adaptation Service is to help support people of all ages and needs, across all tenure, to maintain their independence and health and well-being, living within the community.

Front-line assessing staff – this describes any staff who are likely to identify adaptation needs as part of their generic or specialist role within service pathways, and who are deemed appropriate by their own services, and trained and supported to assess for 'standard provision'(see below) without referral to a specific profession. An example of this could be a physiotherapist providing external rails

Direct access – this terminology is used to describe service users' ability to access an adaptation to address simple needs without the need for an assessment from a service practitioner. Arrangements should allow a service user to identify in straightforward process which type of adaptation would best suit their needs. This terminology should replace similar terms such as 'self-assessment' and 'self-selection'

Service Standards – This term describes defined objectives which can be obtained by operating to set standards. Once standards are set, observing actual practice and measuring performance against agreed criteria can create a continuous improvement loop. Improvement in Efficiency leads to improved productivity and will constantly decrease costs.

Service standards should be agreed and published across tenure between partner agencies. These should include the following:

- Arrangements and criteria for the provision of service
- Timescale for the provision of service and access to clear information on timescales, waiting lists and other sources of help
- Arrangements for the monitoring of service outcomes
- Complaints procedure

Prescription – this terminology is used to describe matching assessment of need with specifications for design and building work as well as bespoke technical solutions for individual service users who require highly complex specialist adaptations that can only be recommended by an HPC registered occupational therapists. e.g. Through Floor Lifts/Extensions/Ceiling tracking hoists- (This list is not exhaustive)

Exceptions Policy – this terminology is used to describe a written policy that should be in place to promote 'an innovative response and an intention to resolve' highly complex situations, wherever possible, that fall outwith standard responses in an agreed care pathway.

Notional Award - this terminology is used to describe financial assistance that can be awarded via grant when a service user indicates that they wish to pay towards a different and more expensive option to meet their needs. The award can be approved to the level of funding previously identified in the needs assessment as long as the service users proposed and preferred solution has been assessed to ensure it will meet their long term needs.

Standard provision – ‘The model being promoted describes the bulk of minor adaptation provision as ‘Standard’:

- *Standard provision* covers both ‘non-complex’ and more ‘complex’ needs;
- ‘non-complex’ needs should be able to be met by a wide range of staff working across the front line of services including occupational therapists, physiotherapists, nurses, rehab, sensory impairment, social workers, and other relevant allied health professions....
- Where front line staff are unable to effectively assess the needs of a service user due to the complexity, they will refer on to an appropriate professional/service to assess the ‘complex’ needs e.g. referral to a community OT where an assessment of complex needs is required;
- Services locally should agree if they require any exceptions to the type of adaptation that any trained staff should be able to assess for, and this should be defined within Protocol arrangements. Services should strive to minimise exceptions.

This approach is not dependent on the type of adaptation but is about defining the levels of need to ensure the correct practitioner provides the assessment.

Specialist provision - Specialist provision should apply to the smaller percentage of service provision that supports the needs of service users with ‘highly complex’, multi-dimensional, specialist needs often requiring technically specialist, high cost, bespoke solutions that can only be recommended by HPC registered Occupational Therapists e.g. extensions.

Appendix 1 illustrates the above categories of provision.