

**Ad Hoc Scrutiny Review into the
Integrated Community Equipment
Service and the Adaptations Service**

Date: May 2003

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Contents

- 1. Contacts**
- 2. Background**
- 3. The Context of the Review**
- 4. Terms of Reference**
- 5. Methodology**
- 6. Evidence**
- 7. The Review Findings**
- 8. Conclusions and Recommendations**
- 9. Action Plan**
- 10. Appendices**

1. Contacts

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2. Background

Reasons for the Review of the ICES and Adaptations Services

2.1 The provision of equipment and adaptations to enable older and disabled people to achieve independent living is a central part of community care.

2.2 Improving people's quality of life and independence so that they can live at home whenever possible is also one of the Government's top priorities for health and social care.

2.3 The Integrated Community Equipment Service (ICES) and the Adaptations Services are complementary but separate. Both services are operated jointly between the Council and the NHS.

2.4 The review into these services was commissioned in response to concerns about the effectiveness of the services, which were raised by constituents to their Elected Members.

2.5 The review was required to establish:

- how successful the current way of working is;
- how resources are pooled and made best use of;
- the speed of delivery of the service;
- the assessment process in determining need;
- user input into the entire process;
- the demand and capacity to deliver; and

- whether Government performance targets are being met.

3. Context of the Review

The Legal Context

3.1 There are a number of statutory powers and duties of local authorities and the NHS in relation to the provision of the equipment and adaptations services. An outline of the legislative context is provided at Appendix 1.

The NHS Context

3.2 As part of its ten-year programme to modernise and reform the NHS, the government has stated its commitment to improve health and reduce inequalities.

3.3 National Service Frameworks (NSFs) have been established to improve services through setting national standards to drive up quality and tackle existing variations in care. NSFs have already been published for mental health, coronary heart disease, older people's services and diabetes. The NSF standards for older people are shown at Appendix 2. The NSF for Older People includes the requirement that Health and Social Services join up their community equipment services by April 2004.

The Local Context

3.4 The Integrated Community Equipment Services (ICES) Sub Group has drafted an action plan to integrate and improve their community equipment services by April 2004. The ICES sub group was established by the Older People's Local Implementation Teams (LIT's) prior to the establishment of the Partnership Boards. It now reports to the Older People's, Children's and Physical Disabilities & Sensory Impairments Partnership Boards and the LIT.

3.5 The adaptations service organised a 'Stakeholders Day' in June 2002 to explore issues around the future development of the adaptations service with a particular focus on improving service delivery to customers. Following this event, a working group of officers has been looking at the closer implementation of services and are examining initiatives to speed up the adaptations process.

3.6 Demands for both services continue to increase.

4. Terms of Reference

4.1 The Ad Hoc Scrutiny Panel will undertake an in depth investigation into the Adaptations Service and the Integrated Community Equipment Service examining how needs are assessed and how they are met.

4.2 The Ad Hoc will take as its focus the assessment process and delivery mechanism setting this within the context of a pathway of care model with the experience of the user at the centre of these processes.

4.3 The Ad Hoc Scrutiny Panel will explore in relation to assessment and delivery the following key issues:

- How the services are organised across Kirklees to respond to needs?
- How Equipment and Adaptations is defined?
- How integrated is service provision across NHS and Council services?
- How integrated is the assessment processes? Is it holistic taking into account the wider environment? Does it emphasise prevention?
- What procedures/guidance/criteria exist to assist providers respond efficiently?
- What information/sign posting is available to users and carers on the services? How is this information communicated?
- What are the resource implications, human and financial for providing a quality service and responding to demand?
- What other barriers exist to providing an effective and efficient service?
- How easy is it for clients to access the service? What choices do they have?
- How appropriate is the service to client needs i.e. ethnically sensitive, meets the needs of school children, the young person, people who need communication aids, the disabled?
- How are user outcomes measured and monitored? Do they contribute to shaping the service?

4.4 The Ad Hoc Scrutiny Panel will make recommendations on its findings to the Overview and Scrutiny Committee, Full Council, respective Primary Care Trust Boards and relevant joint planning structures in Kirklees. The Overview and Scrutiny Panel for Social Affairs and Health will monitor the implementation of the recommendations.

5. Methodology

5.1 The Panel Members were:

- Councillor Molly Walton (Chair)
- Councillor Khizar Iqbal
- Councillor Mike Bower
- Mr David Quarmby (Chair of the Disability Rights Network)
- Mr Garth Pratt (non executive Director, Huddersfield Central PCT)
- Ms Linda Wilkinson (North Kirklees Primary Care Trust).

5.2 Officer support was provided by Feisal Jassat (Health Policy Coordinator), John Heneghan (Overview and Scrutiny Officer), Mary Brooks (Secretary, Scrutiny Office) and Marilyn Hodgkinson (Administrative Assistant).

5.3 The Panel received evidence from professionals responsible for the management and delivery of the services and from users and carers.

5.4 The Scrutiny Panel held six meetings between January and March 2003. The Panel gathered evidence from a range of departments, agencies and individuals including the Neighbourhood Housing Service, Older Peoples Services (Social Services), Occupational Therapists, the Primary Care Trusts and users of the services and their carers. This evidence was supplemented by investigations into good practice, written reports from the services involved and documents and circulars from Government and various professional bodies.

5.5 At the outset, the Panel was very clear that the review should be conducted with the experience of users of the service and their carers as the central focus. One Panel meeting was devoted to receiving evidence from users and carers and considering the results of client consultation exercises undertaken by both services. This information was supplemented by a separate focus group made up of people who were speaking from their personal experiences of using the community equipment service, and by written representations from members of the public, in response to publicity in the local media.

6. The Evidence

6.1 The following is a summary of the evidence received at public meetings of the Ad Hoc Review Panel.

Overview of the Community Equipment Service

6.2 Nationally the performance and experiences of users of community equipment services across the UK has been variable. Government has issued the National Service Framework for older people, which sets standards and the framework for service delivery. For example:

- Equipment providers (Health & Social Services) are required to join up their services.
- People needing equipment should be able to get it more easily and faster.
- Assessment processes must be more streamlined (single assessment).
- Information should be readily available to assist the consumer to make the right choice.
- Staff teams should work to a standardised framework, communicate effectively and be better co-ordinated in responding to consumer needs.
- Equipment for children is included in the framework.
- Equipment is delivered in 7 days.
- Equipment is defined as - grab rails, walking frames for Children, nursing equipment (hoists, beds, special mattresses, care phones, communication aids for people who have speech impairment and so on). This does not include long term loans of wheelchairs.
 - Government funding is available for developments in community equipment services - this has been allocated to PCT's and Social Services.
 - Government requires an action plan that will demonstrate integration and processes for delivery by April 2004. The plan for an Integrated Community Equipment Service for Kirklees is available.
 - Criteria including information for assessors of Social Services Equipment is available.

Overview of the Adaptations Service

6.3 The Council has powers under the Chronically Sick and Disabled Persons Act 1970 to provide assistance to disabled individuals to adapt the property in which they are living.

6.4 The criteria state that:

- The person must be disabled
- The person must be a resident in the area of the Local Authority or in the care of the Local Authority.
- The adaptations must be at the person's main residence.

6.5 Demand for adaptations continues to increase, driven in part by demographic changes (an ageing population). There will be a shortfall of funding for 2003/04, which will result in the service being unable to meet anticipated demand. Actual expenditure for 2000/01 was £2,032m.

6.6 The Stakeholders event facilitated by the Adaptations Service in June 2001 highlighted the need for closer integration to provide a more customer focussed and responsive service.

6.7 Proposed changes in the legislation governing Disabled Facilities Grants anticipated in July 2003 offers the potential for greater local flexibility in the use of grants. Increased funding and greater flexibility offer opportunities for improvements in the delivery of major adaptations in the private sector in the future.

6.8 Adaptations in the private sector costing over £500 are funded by Disabled Facilities Grants.

6.9 Adaptations for Council housing stock costing over £500 are funded from the Capital Allocation provided by government through the Housing Investment Programme. Smaller adaptations under £500 and the costs of maintaining stair lifts are funded from revenue monies in the General Fund for the public sector.

6.10 For Council properties the work is undertaken by Building Services for work under £35,000. In private homes private contractors undertake the work.

6.11 The planning process for the Adaptations service has been informed by a Stakeholder Day held in November 2001. An Officer Working Group has been established to take forward proposals including:

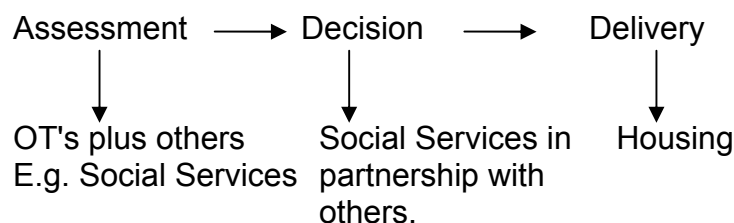
- Self-Assessment for minor adaptations.
- Lower level assessment facilitated by other staff freeing up Occupational Therapists to deal with more complex adaptations.
- Improved /joined up information technology systems to enable better tracking of adaptations.
- A "One Stop Shop" facility bringing staff from Housing, Social Services and Health together under one roof to deliver adaptations.

6.12 Adaptations are classified according to levels of expenditure:

- Less than £500, e.g., handrails, lever taps, small ramps - Housing and Health lead.
- Less than £8,000, e.g., stair lifts, showers, ramps - Social services make the recommendation.
- Between £8,000 and £15,000, e.g., a stair lift and bathroom adaptation, ground floor toilet, larger ramps, step lifts, through floor lifts - considered by a joint officer group.
- Over £15,000, e.g., a ground floor extension for bedroom and bathroom - considered by an officer/member group.

Occupational Therapists - Assessment for Adaptations

6.13 A 'tripartite' system:



6.14 Occupational Therapists assess for major adaptations. Social Services staff assess for equipment and minor adaptations. Referrals are mixed - 50% from Social Services, the remainder from GP's, district nurses or clients themselves.

6.15 Social Services have the legal responsibility for provision, while Occupational Therapists advise on how best the clients needs may be met - for example, a minor or major adaptation, a piece of equipment, or re-housing.

6.16 Occupational Therapists felt that the assessment process is holistic - the intent being to make the whole property suitable for the client.

6.17 South Kirklees has two separate service, one for adults and one for children and learning disabilities. In North Kirklees, the adult and children services are combined.

Criteria are available although there are strong views that these are not meeting peoples needs, are possibly constrained by issues of resource and need to consider implications of the Disability Discrimination Act.

6.18 The average response time is 12 weeks from receiving the referral to an assessment being carried out. Urgent cases (usually terminal illness cases) are seen within 5 days.

6.19 Occupational Therapists felt that, in part, the system is open to breakdown in communication, lack of co-ordination, and effective operation - "different parts of the process and different levels of responsibilities "

6.20 Concerns were raised regarding speed of delivery for adaptations - 2 years was cited as one example. This could be in part due to delays by contractors, but also process delays and barriers within the system.

6.21 There is a discrepancy in provision between private homeowners and Council tenants. Council tenants receive a less bureaucratic service in that work is undertaken by Building Services, whereas private homeowners need to go through the process of arranging for private contractors and competitive quotes. A six months difference between private and Council for the same adaptation was quoted as an example

Community Equipment Services

6.22 A multi-agency group is in place to develop an integrated community equipment service and has developed an action plan to meet the governments target of joined up service delivery by April 2004.

6.23 Service provision includes purchasing, delivery, collecting, cleaning, refurbishing and maintaining the equipment. The South Kirklees PCT's host the equipment store; stores arrangements are effective and efficient.

6.24 Assessment is undertaken by social services staff including community care officers working across all care groups. Community Occupational Therapists undertake assessments for specialist equipment and where there are complex needs. District nurses and physiotherapists also carry out assessments. Kirklees Information Point officers are being trained on assessment to respond speedily to people walking in with 'simple' equipment needs such as walking sticks. Developments in the assessment process include self-assessment, fast track assessment, provision of dedicated officers and on line service provision.

6.25 There are two budgets for equipment held at North and South Kirklees, one for health and one for Social Services. These are managed separately because of different Local Authority and NHS VAT regimes.

6.26 Equipment is provided free to people who meet the eligibility criteria. There is an option to purchase from stores for people who don't meet the criteria. To be eligible the individual must be in one of the priority categories

identified in the Councils Community Care Plan, namely: to protect life, to enable people to carry out basic functions, or to prevent breakdown.

6.27 The service is moving towards Single Assessment by 2004.

6.28 Community Equipment is defined as:

- Home nursing equipment
- Daily living equipment
- Sensory impairment equipment
- Short term loan equipment including short-term wheelchairs
- Communication aids
- Telecare equipment such as fall alarms, gas escape alarms, health state monitoring and wandering detectors.

Evidence from Users and Carers

6.29 The Parent Carer network raised various issues, summarised below:

- Means testing looks at income and does not take account of the outgoings of the family as a whole.
- No help with repairs is available.
- The service should be enhanced not reduced.
- Carer's needs must be assessed.
- Changing needs must be predicted and adequate provisions made for re-assessment as appropriate.
- There can be knock on effects of re-housing - the assessment should take account of social circumstances such as considering the impact of moving people away from the community they have grown up in where they may have an existing network of support.

6.30 The consultation exercise carried out by the Quality and Professional Development Team in September 2002 indicated very high levels of satisfaction with the community equipment service amongst users and carers (92%). However, where people were dissatisfied, some common themes emerged:

- Waiting times for equipment to be delivered, particularly in relation to specialist equipment, were felt to be too long. Children's specialist equipment is often made to measure and needs to be ordered which extends the waiting time.
- When users needs change quickly (for example, young children) needs should be quickly re-assessed.
- Some users felt there was an extensive wait for the assessment, which appeared to result from their request or paperwork being lost in the system.
- Some users didn't know who to contact to return their equipment and that may result in pieces of equipment being left in people's homes when it could be used by someone else who has a need for it.

- Users and carers felt that it would be useful if a leaflet was developed and provided at the assessment stage which clarifies the process, time-scales and includes relevant contact details.
- Users and carers suggested that some specialist equipment should be maintained in stock for trial purposes only, to help the users to decide whether it meets their needs without having to wait for delivery first.

6.31 Users felt that, in some instances, the feedback they receive is poor and that communication could be much improved. Honesty was required, backed up by clear communication, to avoid raising expectations unnecessarily. "The Services need to be accountable, open and transparent"

6.32 Users and carers felt strongly that people need to be involved in the assessment of their own needs - not to feel like the assessment is being 'done to them'. The focus group noted that it "feels like the decision is taken out of our hands"

6.33 Strong feelings were expressed that the whole process needs to be more 'person-centred' and should include consideration of people's social needs as well as their medical needs. The bathing criteria were often cited as an example of where people feel humiliated at a time when extra support should be provided.

6.34 There was a suggestion from users that other agencies such as voluntary or charitable sector service providers should be engaged to enable choice of provision.

6.34 "If you don't ask, you don't get" is a sentiment that was echoed by many users and carers, including in the focus group. It was felt that people who had a strong advocate (this could be an Occupational Therapist, a ward Councillor, a relative or carer) had a better chance of accessing or progressing through the system.

6.35 The focus group identified several other themes:

- Excessive waiting times can lead to a deterioration in people's conditions, for example, if walking aids are required to help with recovery from a hip operation.
- The person requiring the service needs to co-ordinate all the people involved which creates extra stress. Better communication is needed.
- Transition, for example from child to adult and moving from parents into independent living, is an issue.
- There should be better sign posting to the services.
- Users can have several assessments done by different people from various agencies.
- There shouldn't be an assumption that parents and carers can manage. Carer's assessments were required.
- Criteria should be publicly available and communicated honestly. There should be equality of access - the services should consider other languages and formats.

- "Communication is the key"
- A more co-ordinated approach is needed

7. The Review Findings

7.1 The community equipment service and the adaptations service help people to stay in their homes by mitigating the impact of disabling environments - assisting people to meet basic needs and facilitating independence. The Panel strongly approves of and supports the Council's policy to enable people to stay in their own homes, and believe that the community equipment and adaptations services are fundamental to this process. The review findings are placed within this context.

Strategic Issues & Joint Working

7.2 The emphasis on closer working between local authorities and the NHS to deliver a range of services including community equipment for older and disabled people is clear. A partnership approach should ensure that services are not duplicated and are delivered in the most efficient and cost effective way.

7.3 Partnership working informed by a holistic and 'person-centred' approach is fundamental to meeting overall needs. This requires a co-ordinated and strategic response from the NHS, Social Care providers, local authority and voluntary sector to provide an effective, efficient and relevant service. Evidence that this 'strategic' approach exists has been received, although the Panel accept that work is in progress to consolidate a more integrated and joined up service.

7.4 The Panel received evidence of the Government's agenda for jointly commissioned services, pooled budgets and integrated service delivery. The NHS Plan includes a target to integrate local community equipment services by April 2004. The National Service Framework for Older People makes clear that the NHS and councils should deploy the 1999 Health Act flexibilities to ensure an integrated approach to service provision.

7.5 The Panel was encouraged by the partnership arrangements that are in place at officer and elected member/non-executive director level to facilitate strategic planning. The Panel felt that the Health and Social Care Board¹ should take a proactive role in ensuring that peoples changing needs are

¹ The Health and Social Care Board is the main partnership body that commissions services and plans strategically to meet the health and social care needs of the people of Kirklees

planned for to reflect the needs of an ageing population; and that the Board should maintain the strategic overview of both the ICES and the Adaptations Service.

Recommendation

That the Health and Social Care Board develop a strategic overview and monitoring function in relation to both ICES and the Adaptations Service, which takes into account future needs monitoring.

7.6 In relation to pooled funding arrangements under Health Act 1999 flexibilities, different VAT regimes apply for Local Authorities and the NHS². Local Authorities can reclaim from Customs most of the VAT they incur in performing their functions. NHS bodies are treated as Government bodies for VAT purposes. This means that they are recompensed through their funding for any VAT that cannot be reclaimed; although they can reclaim from customs VAT incurred on certain contracted out services.

Recommendation

That the VAT implications of pooled funding arrangements (if established) are investigated to ensure pooled budgets established under Health Act 1999 flexibilities demonstrate best value.

7.7 The Panel received evidence on the work done to date and ongoing action plan for integrating community equipment services³. The clear strategy and comprehensive action plan is welcomed by the Panel. A working group of officers has been looking at the closer integration of services in relation to adaptations, which is also welcomed.

7.8 The Panel feels that the links between the provision of adaptations and equipment in relation to assessment and some aspects of provision need to be further explored to ensure a responsive equipment and adaptations service that is appropriately integrated

Recommendation

That the ICES and Adaptations Working Groups evaluate the potential for greater integration and develop complementary Action Plans.

7.9 There is a need to establish communications and information technology systems that enable professionals working in different disciplines to share client information. Although it is recognised that systems improvements are part of the integration action plan, the Panel wish to emphasise that a unified, person-centred IT system that includes safeguards for users confidentiality is an essential prerequisite to effective joint working and 'seamless' service delivery.

² Department of Health Guidance – VAT Arrangements for Joint NHS/Local Authority Initiatives including Disability Equipment Stores and Welfare – S31 Health Act 1999.

³ Action Plan for Integrating Community Equipment Services. 30 October, 2002.

Recommendation

That a common recording system between partner agencies be established to ensure the information required to meet the needs of applicants can be transferred or accessed on a need to know basis.

7.10 Putting the patient first, ensuring that services are 'person-centred', regardless of professional or organisational boundaries lies at the heart of the NHS and local authority modernisation agendas. Older and disabled people and their carers should receive person-centred care and services, which respect them as individuals and which are arranged around their needs. A clear suggestion from the focus group with users and carers commissioned by the Panel on 24 March 2003 echoed this sentiment:

"The service needs to be built around the person and not the other way round"

Access to Services

7.11 There are many ways to access the community equipment service and the adaptations service - through social services, the NHS, the voluntary sector and self-referral. It is essential, therefore, that access to the services is clearly and appropriately sign-posted.

7.12 The Panel heard evidence from some users that sign-posting to services can be inconsistent. For example, a carer received no information from the neighbourhood surgery about available support. The Panel emphasise that a range of other professionals including GP's, hospital teams, primary health care teams and other social workers need to be aware of how to access the system to enable effect sign-posting.

Recommendation

That access to the services is clearly and effectively sign-posted and that information is easily accessible. An initial review to highlight improvement areas may be useful in this regard.

7.13 For some users and carers there are alternatives to accessing the system at all - for example, equipment can be self-purchased or there may be alternative providers of services. It is essential that this is communicated to users in an effective and timely manner to enable choice.

Recommendation

Ensure that users are provided with clear information on the full range of alternative options including self-purchase or alternative providers at the earliest opportunity.

7.14 Some users or potential users feel overwhelmed by the complexity of the system and are unsure who to contact to access services. This is in part due to the large numbers of different professionals involved in some aspect of the

service provision. This can lead to confusion at an already stressful time for users and carers.

Recommendation

Develop joint agreements between agencies on integrated arrangements for receiving referrals.

7.15 The Panel felt strongly that access to services must be transparent, that choices must be effectively communicated at the earliest opportunity and that the pathway through the service must be easily understood. Communication was a key issue raised by users and carers and by professionals within the services – people feel better if they are told about things, are empowered to make their own decisions and know how long things are going to take.

7.16 Users and carers must be kept regularly informed of where they are in the 'tripartite' process so that they can assess for themselves what options they may wish to pursue. Service providers need to ensure that users and carers are made aware of the choices on offer, provide the necessary information in an appropriate manner that will assist users to make these choices; and communicate clearly relevant points of contact and entry into the system as required.

Recommendation

That the effectiveness and penetration of information about the services is regularly reviewed.

Assessment

7.17 The Panel welcomes the move towards a single assessment process by April 2004. However, the evidence in relation to current service provision suggests that some users are subject to multiple assessments by different agencies.

7.18 Better communication between the agencies involved is essential - assessment processes should be unified to avoid unnecessary duplication of effort, ensure more effective streamlining and help to reduce waiting times.

Recommendation

That a joint agency agreement be developed in writing between agencies on streamlining the number of professionals engaged in the assessment process consistent with best service to the end user.

7.19 Some users perceived the assessment process as being 'done to them' rather than engaging and involving them. With regard to equipment, for example, people need to be able to "see it, feel it and test it" - it is the user themselves who is the expert in his/her disability and how best to manage it.

Recommendation

Fully engage and involve users, carers and their families in the assessment process. A method statement to demonstrate how this will be achieved would be a useful starting point.

Recommendation

That clear criteria be developed for deciding who should carry out an assessment in each case - to be set down in a working document jointly endorsed by all partner organisations.

7.20 Users and carers have articulated concerns to the Panel in relation to the current eligibility criteria for both equipment and adaptations. The Panel recognises that demand for both services is increasing. However, they feel strongly that eligibility criteria should be needs led and not resource led and that the criteria must reflect a broad range of people, of all ages. This includes the needs of older and vulnerable people, people with sensory disabilities, learning disabilities and communication impairments, people from ethnic communities and children and young people.

7.21 On listening to the experiences of users and carers, the Panel concluded that the current criteria should be strengthened to reflect a more person-centred agenda. The Panel emphasised that it is councillors who set the criteria that the professionals undertaking the assessments have to work to. One example of where the Panel feel that eligibility criteria are not sufficiently person-centred and one which was articulated by many users and carers is the criteria around access to bathing.

7.22 Under the current criteria bathing equipment can only be provided if there is a permanent need to use the bath or shower to prevent breakdown of skin or if the disabled person is frequently incontinent. Rails only will be provided to enable a disabled person to strip wash or to use existing bathing equipment and/or adaptations. Equipment can also be provided to support a carer who assists a disabled person with bathing who meets the above criteria or who provides substantial care to a disabled person with complex needs or who is in the final stage of terminal illness.⁴

7.23 The following extracts are typical of feedback the Panel received from users and carers:

"I am writing with regard to the write up in the Examiner on the 21 Jan about Home Changes.... I receive Disability Living Allowance and High Rate Mobility due to having severe arthritis of the hip, knee and ankle on my left side. Due to this I cannot get into the bath, and am now suffering from having spots on my back as I have to manage by having a strip wash. I have applied twice to Social Services to have a shower fitted, but I was told because I am not blind or suffer from dermatitis or diabetes I cannot have one. I am sure

⁴ Community Care Services. Information for Assessors of Social Services Equipment (amended February 2001).

you will understand it would help with my personal hygiene if I could have a shower fitted. It would also make my life a lot easier".

"I am 77. For 10 years now I have had arthritis in both legs and other parts of my body. A few years ago I asked the Council for a shower instead of a bath. I cannot get into a bath. When my thighs and calves go less than 90 degrees I have no leg control.... I was put in touch with Social Services. They flatly refused a shower, subsequently I have struggled to Dewsbury baths for a sauna, where I can get a shower. I now find it hard to get to the baths".

7.24 The Panel feels strongly that eligibility criteria should take account of social needs, dignity and quality of life issues. The Panel would like to see users and carers involved in a review of the criteria and stress the importance of honest and open communication about how the criteria have been developed and for what reasons. The Panel noted that the Overview and Scrutiny Panel for Social Affairs and Health could have a role in any review of eligibility criteria and subsequent monitoring.

7.25 There was a strong feeling from users and carers that the system needs to be more responsive to 'anticipated need' - "planning ahead is needed rather than waiting for an issue which everyone knew would arise".

Recommendation

That the eligibility criteria for ICES and the Adaptations Service be reviewed to reflect a more person-centred agenda, taking into account Disability Discrimination Act requirements and that users and carers are an integral part of this review process.

7.26 The Panel welcomes the significant efforts made by both the Community Equipment Service and the Adaptations Service to consult with users and carers. However, users and carers felt that they needed an *ongoing* mechanism to ensure that user and carer opinions and experiences of the service are fed back and help to shape future service delivery. The focus group of users and carers commissioned by the Panel suggested that a 'User Forum' involving service users and carers would be good for ongoing monitoring.

Recommendation

Establish a client/user network to represent ICES and Adaptations Service users, carers and their families with feedback mechanisms to the Health and Social Care Board. This should be an integral part of the performance development framework for both services.

Delivery

7.27 Many agencies are involved in the provision of equipment and adaptations. This is necessary because of the wide range of item types that are provided, from significant building extensions to small and inexpensive items of equipment. Issues of co-ordination and communication between the

different agencies are therefore important. If joint working does not succeed delays and poor information for the individual can result.

7.28 In a 'tri-partite' process there is potential for delays to be compounded and users and carers must be kept regularly informed of where they are in the process. As previously highlighted, a unified, person-centred IT system that includes safeguards for users confidentiality is an essential prerequisite to effective joint working and 'seamless' service delivery.

Recommendation

That each user is allocated a key worker who has oversight of the process for them and is responsible for ensuring regular and effective communication with the user and their carer(s).

7.29 The Panel noted some witnesses perceptions that service provision was inequitable across the Kirklees area (i.e. a North Kirklees / South Kirklees divide). The Panel did not receive any evidence to support this perception.

Recommendation

That periodic monitoring of provision is undertaken to ensure equity of outcome.

7.30 There are concerns that the assessment to delivery process can be overly bureaucratic in responding speedily and easily to straightforward needs. The Panel received a letter from an 83-year-old resident from Golcar, which exemplifies this:

"When I needed a handle for help getting in and out of the bath and when showering, the NHS were going to send an Occupational Therapist (£20,000 per year) to assess my needs. Age Concern sent me a little man with a drill and a screwdriver. He did the job in 20 minutes, charged me £5. "

Recommendation

Ensure that straightforward needs are met speedily and easily.

7.28 The Panel recognises the increasing demands on both services and praises the professionalism and dedication of the staff involved. The Panel had some concerns on the effectiveness of follow-up, particularly in respect of the changing needs of children.

Recommendation

That an operational policy be developed to ensure adequate follow-up, support and reassessment.

8. Recommendations

- 1. That the Health and Social Care Board develop a strategic overview and monitoring function in relation to both ICES and the Adaptations Service, which takes into account future needs monitoring.**
- 2. That the VAT implications of pooled funding arrangements (if established) are investigated to ensure pooled budgets established under Health Act 1999 flexibilities demonstrate best value.**
- 3. That the ICES and Adaptations Working Groups evaluate the potential for greater integration and develop complementary Action Plans.**
- 4. That a common recording system between partner agencies be established to ensure the information required to meet the needs of applicants can be transferred or accessed on a need to know basis.**
- 5. That access to the services is clearly and effectively sign-posted and that information is easily accessible. An initial review to highlight improvement areas may be useful in this regard.**
- 6. Ensure that users are provided with clear information on the full range of alternative options including self-purchase or alternative providers at the earliest opportunity.**
- 7. Develop joint agreements between agencies on integrated arrangements for receiving referrals.**
- 8. That the effectiveness and penetration of information about the services is regularly reviewed.**
- 9. That a joint agency agreement be developed in writing between agencies on streamlining the number of professionals engaged in the assessment process consistent with best service to the end user.**
- 10. Fully engage and involve users, carers and their families in the assessment process. A method statement to demonstrate how this will be achieved would be a useful starting point.**
- 11. That clear criteria be developed for deciding who should carry out an assessment in each case - to be set down in a working document jointly endorsed by all partner organisations.**
- 12. That the eligibility criteria for ICES and the Adaptations Service be reviewed to reflect a more person-centred agenda, taking into account Disability Discrimination Act requirements and that users and carers are an integral part of this review process.**

- 13. Establish a client/user network to represent ICES and Adaptations Service users, carers and their families with feedback mechanisms to the Health and Social Care Board. This should be an integral part of the performance development framework for both services.**
- 14. That each user is allocated a key worker who has oversight of the process for them and is responsible for ensuring regular and effective communication with the user and their carer(s).**
- 15. That periodic monitoring of provision is undertaken to ensure equity of outcome.**
- 16. Ensure that straightforward needs are met speedily and easily.**
- 17. That an operational policy be developed to ensure adequate follow-up, support and reassessment.**

9. Action Plan

Recommendation	Responsibility	Agreed	Comments	Date
<p>R1. That the Health and Social Care Board develop a strategic overview and monitoring function in relation to both ICES and the Adaptations Service, which takes into account future needs monitoring.</p>	<p>HSCB via Joint Officer Groups (JOG) for both ICES and Adaptations service; other stakeholder groups include the Older people's Partnership board, Children's partnership board and Learning difficulties partnership board</p>			
<p>R2. That the VAT implications of pooled funding arrangements (if established) are investigated to ensure pooled budgets established under Health Act 1999 flexibilities demonstrate best value.</p>	<p>JOG (Jane Sharkey and Mark Norbury in the first instance)</p>			
<p>R3. That the ICES and Adaptations Working Groups evaluate the potential for greater integration and develop complementary Action Plans.</p>	<p>As Above</p>			
<p>R4. That a common recording system between partner agencies be established to ensure the information required to meet the needs of applicants can be transferred or accessed on a need to know basis.</p>	<p>As Above</p>			
<p>R5. That access to the services is clearly and effectively sign-posted and that information is easily accessible. An initial review to highlight improvement areas may be useful in this regard.</p>	<p>As Above</p>			
<p>R6. Ensure that users are provided with clear information on the full range of alternative options</p>	<p>As Above</p>			

Recommendation	Responsibility	Agreed	Comments	Date
including self-purchase or alternative providers at the earliest opportunity.				
R7. Develop joint agreements between agencies on integrated arrangements for receiving referrals.	As Above			
R8. That the effectiveness and penetration of information about the services is regularly reviewed.	As Above			
R9. That a joint agency agreement be developed in writing between agencies on streamlining the number of professionals engaged in the assessment process consistent with best service to the end user.	As Above			
R10. Fully engage and involve users, carers and their families in the assessment process. A method statement to demonstrate how this will be achieved would be a useful starting point.	As Above			
R11. That clear criteria be developed for deciding who should carry out an assessment in each case - to be set down in a working document jointly endorsed by all partner organisations.	As Above			
R12. That the eligibility criteria for ICES and the Adaptations Service be reviewed to reflect a more person-centred agenda, taking into account Disability Discrimination Act requirements and that users and carers are an integral part of this review process.	As Above			
R13. Establish a client/user network to represent ICES and Adaptations Service users, carers and their families with feedback mechanisms to the Health and Social Care Board. This should be an integral part of the performance development	As Above			

Recommendation	Responsibility	Agreed	Comments	Date
framework for both services.				
R14. That each user is allocated a key worker who has oversight of the process for them and is responsible for ensuring regular and effective communication with the user and their carer(s).	As Above			
R15. That periodic monitoring of provision is undertaken to ensure equity of outcome. R16. Ensure that straightforward needs are met speedily and easily.	As Above			
R17. That an operational policy be developed to ensure adequate follow-up, support and reassessment.	As Above			

10. Appendices

Appendix 1 - The Legal Context

10.1 This section sets out a brief summary of the powers and duties of local authorities and the NHS in relation to the provision of equipment and adaptations services. It is not intended to be a definitive statement of law, but to provide an outline of the legislative context in which these services are provided.

The Duty to Assess and Provide Services

10.2 The National Assistance Act 1948 (Part III) gave Local Authorities the power to provide a range services and provided a definition of disability (later amended by the Local Government Act 1972, Mental Health (Scotland) Act 1960 and Children Act 1989).

10.3 The Health Services and Public Health Act 1968 (Section 45) empowered Local Authorities to provide services "for promoting the welfare of old people". DHSS Circular 19/71 expanded this to include:

- meals and recreation in the home and elsewhere
- information about services to which elderly people might be eligible
- facilities or assistance for travelling to and from the home in order to access services
- assistance in finding suitable households for boarding elderly persons
- visiting and advisory services and social work support
- practical assistance in the home, including assistance in carrying out adaptations and provision of additional facilities to secure greater safety, comfort or convenience.
- contribution to the cost of employing sheltered housing wardens
- provision of warden services for private housing

10.4 The Chronically Sick and Disabled Persons Act (1970, Section 2) gave Local Authorities a duty to assist disabled people (as defined by Section 29 of the National Assistance Act 1948) with:

- practical assistance in the home
- provision (or assistance to obtain) radio, TV, library or other recreational services
- provision of lectures, games, outings, recreational or educational activities outside the home
- provision of services or assistance in obtaining travel to and from the home to participate in any of the activities mentioned
- assistance in arranging adaptations or provision of additional facilities to promote "*safety, comfort or convenience*"
- provision of meals in the home or elsewhere
- assistance in obtaining a phone and any special equipment necessary to use it

10.5 The Act formed the basis for the provision of a whole range of services including equipment, adaptations, home helps and meals on wheels.

10.6 With regard to adaptations, there is a duty both to assist with adapting existing facilities and, if necessary, to provide additional facilities.

10.7 The National Health Service Act 1977 gave Local Authorities the power to make provision for care of expectant mothers, nursing mothers and children under the age of five not attending primary school. It also gave a duty to provide home help to households where such help is required due to illness, expectant mother, age or disability, and the power to provide laundry facilities to homes qualifying for home help services.

10.8 The Health Services and Social Security Adjudication Act 1983 (section 17) is significant for giving Local Authorities the right to charge for domiciliary services provided under section 29 of the National Assistance Act (1948), The Health Services and Public Health Act 1968 (Section 45), and others including meals on wheels and welfare services for disabled or elderly people.

10.9 The Disabled Persons (Services, Consultation and Representation) Act (1986, Section 4) gives Local Authorities a duty to assess (when requested) a disabled person's needs for services under Section 1 of the Chronically Sick and Disabled Persons Act (1970). The duty also applies to children (only the 1948 National Assistance Act is restricted to adults).

10.10 The Children Act (1989, section 17) gives Social Services a general duty "*to safeguard and promote the welfare of children within their area who are in need*". It also obliges Local Authorities to

- keep a register of children with disabilities in order to quantify need;
- publish information regarding services and levels of need;
- operate a complaints procedure;
- minimise the effect of disability on disabled children; and
- to provide a range of other services including counselling, advice, laundry facilities, home help, assistance with holidays and cultural/recreational activities for children in need.

10.11 The NHS and Community Care Act (1990) Section 47 gives Local Authorities the duty to perform an assessment if it appears that a person has need of such services. It (and subsequent guidance and regulations) forms the backbone of most social services legislation today and introduced the concept of needs-led assessments and written care plans. All that is required to establish a duty to assess is the appearance of need. A request is not necessary, and the duty cannot be discharged by writing to the person to ask for a reply if they want an assessment. The Act obliges local authorities to assess for community care services, which are defined in section 46 as the services outlined in the following:

- National Assistance Act 1948, Part 3 (welfare and accommodation services)

- Health Services and Public Health Act 1968, Section 45 (Welfare of older people -- a wider definition than that of disability in the 1948 Act)
- National Health Service Act 1997 (Section 21 -- mothers and young children, after care)
- Mental Health Act 1983 (after care services following hospital discharge)

Carer's Assessments

10.12 The Carers (Recognition and Services) Act 1995 states that if a local authority carry out an assessment under section 47(1)(a) of the National Health Service and Community Care Act 1990 or Part III of the Children Act 1989 or section 2 of the Chronically Sick and Disabled Persons Act 1970 and "the carer" provides or intends to provide a substantial amount of care on a regular basis for the person being assessed, *"the carer may request the local authority, before they make their decision as to whether the needs of the [person being assessed] call for the provision of any services, to carry out an assessment of his ability to provide and to continue to provide care for the [person being assessed]; and if he makes such a request, the local authority shall carry out such an assessment and shall take into account the results of that assessment in making that decision."* Paid carers or volunteers working for a voluntary organisation are excluded.

Disability Discrimination

10.13 The Disability Discrimination Act (1995) obliges employers and service providers to make reasonable adjustments to facilitate equal treatment for disabled people.

Direct Payments

10.14 The Community Care (Direct Payments) Act 1996 stated that when a Local Authority has assessed and identified a need for services, it may make payments to the disabled person (not to relatives) to purchase their own care. Initially this was only available to those under the age of 65, but the age limit has now been removed. This can include payment for special equipment and meals.

Disabled Facilities Grants

10.15 The Housing Construction and Regeneration Act (1996) sets out the entitlement to apply for a Disabled Facilities Grant to fund works of adaptation or provision of additional facilities. The grants are administered by the local Housing Authority, though the Social Services Authority must be consulted in determining whether the adaptation is *"necessary and appropriate"*.

10.16 The Housing Authority is not obliged to comply with the recommendations of the Social Services Authority (though it is unusual for them not to do so). Applications can be made direct to the Housing Authority or through Social Services. In addition, the Housing Authority must be satisfied that the works are *reasonable and practical*. They must consider the age and condition of the building and its fitness for human habitation, but grants can still be approved if the building would remain unfit for habitation

after the completion of the works. Further considerations are detailed in DOE Circular 17/96, Annex 1.

10.17 Section 23(1) states that a grant should be approved to facilitate, for the disabled person,:

- access to the building
- safety in the home for the disabled person and other people living in the building
- access to the principal family room
- access to a bedroom
- access to a room with a wash hand basin
- access to a room with a toilet
- access to a room with a bath and/or shower
- access to a room for cooking
- the ability to control a usable heating system (or the provision of such if it does not exist)
- use of sockets, switches and other means of using power, light and heat
- access and movement of the disabled person to care for someone else normally resident in the property who needs such care (*i.e.* a disabled parent caring for a child)

10.18 The above are reasons for which a disabled person should qualify for a *mandatory* grant. Detailed guidance on the above can be found in DOE Circular 17/96, Annex 1.

10.19 Section 23(2) states that the Housing Authority may approve a grant for "*making the dwelling or building suitable for the accommodation, welfare or employment of the disabled occupant in any other respect*". This is known as a *discretionary* grant. There must be no blanket policy to refuse discretionary grants, and the Authority should have policies to set out the conditions for approval. It is possible for both a mandatory grant and a discretionary grant to be used if the cost of the works is in excess of the maximum amount of a mandatory grant.

10.20 Section 100 defines the disabled occupant as someone registrable under Section 29 of the National Assistance Act (1948) or the Children Act (1989), or one who has:

- substantial impairment of hearing, sight or speech
- mental disorder or impairment of any kind
- substantial physical disability through illness, injury, congenital impairment, or other causes.

10.21 Note that this definition includes sensory impairment that is not absolute. Section 19 states that the person applying for the disabled facilities grant must have the requisite interest in the property. The application can come from the owner (or landlord) or the tenant. In the case of an owner's application, Section 101 states that they should have the freehold or a leasehold of which at least 5 years remains. It also includes an assured shorthold tenancy with at least 5 years remaining. A tenant's application can

be made by any form of tenant, including those whose tenancy accompanies their job (a service tenancy) and local authority tenants.

10.22 The application should be made on the form set out in the Housing Renewal Grants (Prescribed Form and Particulars) Regulations (1996), so the authority must still accept an application even if it is not on their own form. The form must be accompanied by estimates from two different contractors of the cost of the works and the owners or tenants certification. The Housing Authority is not permitted to consider resource limitations except in the consideration that the works are *reasonable and practical*.

10.23 Section 30 states that the amount of the Disabled Facilities Grant is subject to a means test, which is detailed in the Housing Renewal Grants (Prescribed Form and Particulars) Regulations (1996), with guidance in DOE Circular 17/96, Annex J2. If the financial resources of the relevant person exceed the "applicable amount", the amount of the DFG is reduced. The relevant person is the disabled occupant for whose benefits the works will be carried out, and his or her spouse or partner. In the case of a person under 18, the parents' resources will be assessed. The total income and capital of the person will be considered, with the income taken as the average weekly income for the 52 weeks prior to the application. The first £5000 of capital is disregarded. Every £250 of capital in excess of this £5000 is regarded as equivalent to an income of £1 per week. There are several elements of both income and capital that are disregarded. The "applicable amount" is set out in a series of allowances and premiums reflecting the "relevant person's" weekly needs. If the financial resources are less than or equal to the applicable amount, the grant will reflect the full cost of the works. Otherwise, the amount of the grant is reduced, with the relevant person being expected to pay the difference. The amount paid by the relevant person should be an amount that they could obtain through an affordable loan.

10.24 The repairs and maintenance of the works (a stairlift, for example) would normally be the responsibility of the owner or landlord, particularly if the works can be considered as fixtures and fittings. Inclusion in the works of a maintenance contract should be considered.

Appendix 2 National Service Framework (Older People): Standards

Standard One: Rooting out age discrimination

NHS services will be provided, regardless of age, on the basis of clinical need alone. Social Care services will not use age in their eligibility criteria or policies, to restrict access to available services.

Standard Two: Person-centred care

NHS and social care services treat older people as individuals and enable them to make choices about their own care. This is achieved through the single assessment process, integrated commissioning arrangements and integrated provision of services, including community equipment and continence services.

Standard Three: Intermediate care

Older people will have access to a new range of intermediate care services at home or in designated care settings to promote their independence by providing enhanced services from the NHS and councils to prevent unnecessary hospital admission and effective rehabilitation services to enable early discharge from hospital and to prevent premature or unnecessary admission to long-term residential care.

Standard Four: General hospital care

Older people's care in hospital is delivered through appropriate specialist care and by hospital staff who have the right set of skills to meet their needs.

Standard Five: Stroke

The NHS will take action to prevent strokes, working in partnership with other agencies where appropriate.

People who are thought to have had a stroke have access to diagnostic services, are treated appropriately by a specialist stroke service, and subsequently, with their carers, participate in a multidisciplinary programme of secondary prevention and rehabilitation.

Standard Six: Falls

The NHS, working in partnership with councils, takes action to prevent falls and reduce resultant fractures or other injuries in their populations of older people.

Older people who have fallen receive effective treatment and rehabilitation and, with their carers, receive advice on prevention through a specialised falls service.

Standard Seven: Mental health in older people

Older people who have mental health problems have access to integrated mental health services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and for their carers.

Standard Eight: Promoting an active healthy life in older age

The health and well-being of older people is promoted through a co-ordinated programme of action led by the NHS with support from councils.

Source: Department of Health

Ad Hoc Scrutiny Review into the Integrated Community Equipment Service and the Adaptations Service

Response from the Partnership Board for Physical Disabilities & Sensory Impairments

Introduction

At the June meeting of the Partnership Board for Physical Disabilities & Sensory Impairments Cllr Molly Walton (Chair of the Scrutiny Panel) and John Heneghan (Corporate Development Unit) presented the report of the Scrutiny Review into the Council's Adaptations Service and the Community Equipment Service.

There was some discussion at the Board following this and we agreed to set up a separate meeting to go through it in detail. Unfortunately, with the pressures of other work and events taking place involving the Partnership Board it has proved impossible to set up a separate meeting within the timescales that the Scrutiny Committee had set.

This report, therefore, summarises the response of the Partnership Board for Physical Disabilities & Sensory Impairments, based on feedback from individual Board members, from discussions about the services that have taken place and from a detailed discussion at the July meeting of the Partnership Board.

The Board have also stated that they are happy to take a lead on this area, liaising with other Partnership Boards as necessary, recognising that they are well placed between older people's and children's services and have expressed an interest in this area in their Joint Strategy.

Comments on the Recommendations

Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments from the Partnership Board for Physical Disabilities & Sensory Impairments	Date
<p>R1. That the Health and Social Care Board develop a strategic overview and monitoring function in relation to both ICES and the Adaptations Service, which takes into account future needs monitoring.</p>	2	<p>HSCB via Joint Officer Groups (JOG) for both ICES and Adaptations service; other stakeholder groups include the Older people's Partnership board, Children's partnership board and Learning difficulties partnership board</p>		<p>The Partnership Board for Physical Disabilities & Sensory Impairments are happy to share the responsibility of maintaining a strategic overview of the both the equipment and the adaptations service.</p> <p>It is planned that the Integrated Community Equipment Service (ICES) Management Board will report into the HSCB.</p> <p>However, the Partnership Board have noted that Housing Services, who are responsible for the Adaptations Service, are not currently represented on the Health & Social Care Board.</p>	April, 2004
<p>R2. That the VAT implications of pooled funding arrangements are investigated to ensure pooled budgets established under Health Act 1999 flexibilities demonstrate best value.</p>	3	<p>JOG (Jane Sharkey and Mark Norbury in the first instance)</p>		<p>This is currently happening, via the ICES Group, however, decisions about who should host the pooled budget must not be based upon the most favourable VAT considerations, according to Government Guidance.</p> <p>It is interesting to note that nationally around 90% of areas are having a Social Services lead on hosting the pooled fund.</p> <p>In relation to both equipment and adaptations, detailed option appraisals will need to be undertaken to decide on the best option for hosting a pooled fund.</p>	Dec, 03

Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments from the Partnership Board for Physical Disabilities & Sensory Impairments	Date
<p>R3. That the ICES and Adaptations Working Groups evaluate the potential for greater integration and develop a jointly owned Action Plan.</p>	2	As above		<p>This is seen as a positive way forward by the Partnership Board. The ICES Group have published a jointly owned action plan for this aspect of the service.</p> <p>The two groups working on Integrating the Community Equipment Services (ICES) and on reviewing the Adaptations Service have shared members who are working closely together.</p> <p>In the short term, the ICES group are focusing on meeting the Govt set target of an integrated service by April, 2004, but in the medium term intend to widen their remit to link much more closely with the Adaptations Service. One outcome of this joint work may be that, in the future, we have a joint equipment and adaptations service if this is felt to deliver the best outcome for service users.</p> <p>The Office of the Deputy Prime Minister has recently published guidance on improving adaptations services and the Adaptations Review Group will be considering this as it reviews the service.</p> <p>In the medium term, social services is looking at options to co-locate staff from Housing and from Social Services to improve communication between teams.</p>	Ongoing

Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments from the Partnership Board for Physical Disabilities & Sensory Impairments	Date
R4. That a common recording system between partner agencies be established to ensure the information required to meet the needs of applicants can be transferred or accessed on a need to know basis.	3	As above		This is an aspiration of the Partnership Board. However it is recognised that there are practical problems with trying to integrate computerised referral and recording systems which work across different agencies. Work continues to address these problems, but it is fair to say that the practical implications of linking computerised information can make the task very difficult. The Board feel, however, that work that is underway to develop a Single Assessment Process across the NHS and Social Services will assist with this. This issue is also being addressed nationally in the work being carried out by the Dept of Health to develop an Electronic Patient Record.	Ongoing
R5. That access to the services is clearly and effectively sign-posted and that information is easily accessible. An initial review to highlight improvement areas may be useful in this regard.	3	As above		The ICES Group have begun to address this issue by producing a simple information leaflet that publicises the service and shows people how to access it. The ICES Management Board will continue to oversee and review this aspect of the service. The Adaptations Review Group will consider it in their review of the overall Adaptations Service.	April 04 (ICES)
R6. Ensure that users are provided with clear information on the full range of alternative options including self-purchase or alternative providers at the earliest opportunity.	3	As above		The ICES Group have included information about self purchase of equipment in their new leaflet. This is an issue for the Adaptations Group to consider during its review.	April, 04 (ICES)

Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments from the Partnership Board for Physical Disabilities & Sensory Impairments	Date
R7. Develop joint agreements between agencies on integrated arrangements for receiving referrals.	2	As above		<p>The Board see this as a positive way forward and work is underway to achieve this with both the equipment and the adaptations services alongside the work being undertaken to achieve a Single assessment Process (SAP).</p> <p>The Adaptations Review Group is undertaking a process mapping exercise to streamline and improve the adaptations service which will include a review of the referral stage. Ultimately it is felt that further integration would deliver a more accessible service for service users.</p>	
R8. That the effectiveness and penetration of information about the services is regularly reviewed.	2	As above		<p>As we have noted under R5 above, this would be a role for the ICES Management Board. The review process being established for ICES will ask users how they found out about the service. The effectiveness of information about the Adaptations service will be included in the Adaptations Review as it progresses.</p>	
R9. That a joint agency agreement be developed in writing between agencies on minimising the number of professionals engaged in the assessment process consistent with best service to the end user.	3	As above		<p>This is a key principle of the Single Assessment Process work that the Older People's Partnership Board is overseeing. The Partnership Board for Physical Disabilities & Sensory Impairments has included an objective to develop a SAP as part of its joint strategy, however, we have decided to await the outcome of work with Older People so that we can build on their experiences.</p> <p>The Adaptations process mapping work will highlight any problems in this area which will be addressed in the review.</p>	

Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments from the Partnership Board for Physical Disabilities & Sensory Impairments	Date
<p>R10. Fully engage and involve users, carers and their families in the assessment process. A method statement to demonstrate how this will be achieved would be a useful starting point.</p>	3	As above		<p>The involvement of users, carers and families is a key principle of community care assessments. The Kirklees Better Care Higher Standards booklet (a jointly published document by the Council and the NHS which outlines standards for the delivery of community care services) clearly states this principle and is available in all Social Services Information Points, in GP practices, clinics and hospitals. In-house procedures for delivering assessments outline the method for achieving this and the documentation which will accompany the Single Assessment Process will cover this. IN the interim self assessment for small items of equipment and for minor adaptations is being introduced. The Board is aiming for an assessment process which matches the complexity of need.</p>	
<p>R11. That clear criteria be developed for deciding who should carry out an assessment in each case - to be set down in a working document jointly endorsed by all partner organisations.</p>	3	As above		<p>Protocols being developed for the Single Assessment Process as it is implemented within Older People's Services and rolled out to other Partnership Boards will make sure this is developed.</p>	<p>SAP trial sites will be up and running by April, 04</p>

Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments from the Partnership Board for Physical Disabilities & Sensory Impairments	Date
<p>R12. That the eligibility criteria for ICES and the Adaptations Service be reviewed to reflect a more person-centred agenda, taking into account Disability Discrimination Act requirements and that users and carers are an integral part of this review process.</p>	3	As above		<p>The eligibility criteria for ICES are under review by the ICES sub-group and the Partnership Board endorses the Scrutiny Panel's view that these criteria should be person centred and acknowledge the implications of the DDA.</p> <p>The Adaptations Review Group will also be reviewing eligibility criteria as part of its overall review of the Adaptations Service.</p> <p>The Partnership Board for Physical Disabilities & Sensory Impairments is promoting the implementation of a person-centred focus to both assessment and service delivery and this is reflected in the final draft version of its Joint Strategy.</p> <p>The Board also notes that even a person-centred approach to eligibility criteria must take into account the resources available.</p>	

Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments from the Partnership Board for Physical Disabilities & Sensory Impairments	Date
<p>R13. Establish a client/user network to represent ICES and Adaptations Service users, carers and their families with feedback mechanisms to the Health and Social Care Board. This should be an integral part of the performance development framework for both services.</p>	3	As above		<p>The ICES group is establishing, in line with Govt Guidance, a Management Board for the service which will include a significant number of service users and carers.</p> <p>The Partnership Board for Physical Disabilities & Sensory Impairments has very close links with the Kirklees Disability Rights Network and the Kirklees Carers' Network and network representatives are members of the Partnership Board.</p> <p>The Board has a stated objective of supporting the development of the DRN and would like to avoid the setting up of separate networks that may well duplicate the work of DRN. It is felt by the Partnership Board that the DRN and the Carers' Network, alongside the ICES Management Board, will fulfil this role.</p> <p>The Older People's and the Children's Partnership Boards also have good links into the Kirklees Older people's Network and the Kirklees Parent Council.</p>	April, 04

Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments from the Partnership Board for Physical Disabilities & Sensory Impairments	Date
R14. That each user is allocated a key worker who has oversight of the process for them and is responsible for ensuring regular and effective communication with the user and their carer(s).	2	As above		<p>The concept of a key worker is one that the Board agrees with and should be included as an objective in the Adaptations Review work.</p> <p>The Adaptations Review Group have been looking at ways of ensuring service users have a contact in case of queries. The Board recognises that this individual must be the person best placed to keep the service user informed.</p>	
R15. That periodic monitoring of provision is undertaken to ensure equity of outcome.	3	As above		<p>For ICES, the Management Board would undertake this at a strategic level. The Govt Guidance asks for an effective quality monitoring system to be in place for ICES and the ICES Group is working on this. A similar system will be considered as part of the review of the Adaptations process. The Board recognises that feedback from service users following a major adaptation needs to be more detailed than a simple survey and this will be taken account of in the work that the review group carries out.</p>	
R16. Ensure that straightforward needs are met speedily and easily.	3	As above		<p>Work is underway to implement self assessment and screening for both small items of equipment and minor adaptations. This is an objective within the Board's Joint Strategy and it is hoped this will be implemented, via the Social Services Information Points.</p>	Aug, 03

Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments from the Partnership Board for Physical Disabilities & Sensory Impairments	Date
R17. That an operational policy be developed to ensure adequate follow-up, support and reassessment.	2	As above		Current procedures include regular reviews of people who receive care packages. Social Services is currently extending this to include simple equipment provision to make sure people are happy with the equipment they have received. Ensuring people are happy with their adaptation will be part of the Adaptations Review. Again, it is recognised that this needs to be more than a simple survey.	Sept, 03.