

# Key messages

## Why do these services matter?

Community equipment and adaptations are an important part of an integrated community care service. They support people with a wide range of care needs to live in their own homes and can enhance the quality of people's lives. They can also reduce demands on other health and social care services by:

- preventing unnecessary admissions to hospital
- speeding up discharge arrangements from hospital
- reducing or eliminating the need for home care services and support from carers.

They include:

- equipment such as bathing, feeding and walking aids
- minor adaptations to a person's home, such as external grab-rails and temporary ramps
- major adaptations, such as widening doors for wheelchair access, lowering worktops in kitchens, or purpose built extensions.

We estimate that council social work services spent approximately £30 million on community equipment and minor adaptations in 2001/02.<sup>1</sup> It has not been possible to estimate total national expenditure on these services because of gaps in councils' housing services information and NHS information. Nevertheless, it is clear that expenditure on these services is significant.

Nationally, the demand for these services is likely to grow:

- About a third of households and almost a quarter of adults in Scotland have a long-term illness or disability. One in three adults with disabilities has equipment or adaptations to their home.
- The need for equipment and adaptations rises with age. From 2002 to 2027 the number of people aged over 65 in Scotland is due to rise by 46%, from 812,000 to almost 1.2 million.

## Who is responsible for services?

Responsibility for these services is split between councils' social work and housing functions and NHS bodies. These organisations need to work closely together to ensure that users receive a joined-up service.

Responsibility for community equipment and minor adaptations varies across the country, although in the main:

- equipment is provided by social work and the NHS – both primary care and acute services
- minor adaptations are usually the responsibility of social work.

Responsibility for major adaptations to council properties usually rests with council housing services. Applications for help towards the funding of owner-occupied and private sector major adaptations can be dealt with by a number of council services including housing,<sup>2</sup> social work and grants sections.

Now is an opportunity to clarify national guidance and bring it into line with changes in the way services are being jointly developed.

## The study

Audit Scotland has reviewed the management of community equipment and adaptations on behalf of the Auditor General and the Accounts Commission. We collected management, activity and financial data from NHS bodies and council social work and housing services;<sup>3</sup> and conducted interviews with service providers to identify areas of good practice.

Given the importance of these services to people's lives we carried out:

- a Scotland-wide survey of around 1,000 members of the general public, of whom 15% had used these services
- five in-depth focus groups with users and carers.

The main findings and recommendations from our review are outlined in this summary report which accompanies the main report, *Adapting to the future*.

We carried out our fieldwork during a period of change when organisations were putting in place systems for improving joint working between councils and NHS bodies. Therefore, community equipment and adaptation services may have progressed and developed since the time of our audit. Our study was also undertaken before the recent reorganisation of the health service when NHS trusts were still in existence. Our recommendations for the health service are aimed at the new NHS boards.

1 It was not possible to estimate the amount spent on major adaptations.

2 Voluntary organisations and Registered Social Landlords (RSLs) also provide equipment and adaptations but are not within the remit of this study.

3 28 social work services and 29 housing services in councils; 11 primary care and 7 acute NHS trusts, 1 integrated trust and 1 island board.

## Main findings

### 1 Community equipment and adaptation services can enhance a person's quality of life ...

*"Life wouldn't be very nice [without these services] would it?"*

- Users are positive about the difference that equipment and adaptations make to their lives. With appropriate equipment and adaptations they can do things that many people take for granted from, for example, being able to access their garden through to being able to take regular baths.
- People speak highly of the individual staff with whom they have contact.

**... but information about services is difficult to access and some people have to wait a long time for equipment and adaptations.**

- It is not always easy to find out key information about things such as what is available; who to approach for help; whether you meet the eligibility criteria and, if you do, whether you will need to pay; and how long you might have to wait.
- Users' awareness of these services and how to access them often comes from informal channels. The majority of councils (24) publish information about their service but less than half publish anything jointly with their health partners.
- Users reported long waiting times for equipment and adaptations, despite the difference that these services can make to people's lives and their potential to prevent more costly interventions such as

hospital admissions. But it is difficult to compare performance across the country because of differences in the way that waiting times are measured.

- There are differences across Scotland in what equipment and adaptations are available, meaning that depending on where you live you could have more limited access to equipment. There are also differences across the country as to whether or not you pay for these council services.

### 2 Community equipment and adaptation services are fragmented – the split in responsibility for equipment and adaptations to meet a social care or nursing need is unhelpful for users and providers alike ...

*"Aye, the [occupational therapists] are pretty good, it's the system you're fighting all the time."*

- There is a lack of clarity and consistency around definitions of equipment, and what constitutes a minor or major adaptation. This results in confusion among both users and providers about who is responsible for what.
- The national guidance about roles and responsibilities for equipment and adaptations is confusing for providers and is out of date. It gets in the way of better joint working between councils and NHS bodies by reinforcing distinctions between social care and nursing needs, and housing and social work provision. Differences in the interpretation of the guidance at a local level has led to variations across Scotland in the extent to which councils and NHS bodies issue each other's equipment.

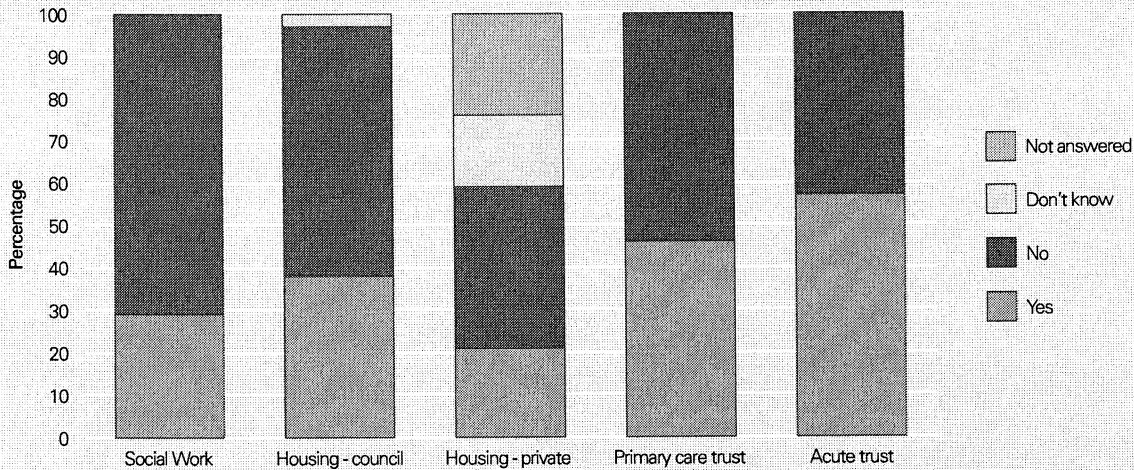
- Progress is being made in developing joint approaches, but more work is needed to agree formal policies which are understood and implemented by all staff. We found that NHS and council staff are not always fully aware of the way their partnership arrangements are meant to work and what their respective responsibilities are.
- Information systems within councils, and between councils and the NHS, are rarely compatible. This limits the ability to provide a joined-up service, and leads to inefficiencies in service delivery.

### 3 The lack of good performance information on the cost, management and quality of services is limiting the evaluation and development of community equipment and adaptations services ...

- Councils and NHS bodies had difficulty in providing comprehensive expenditure and activity information for equipment and adaptations. This information is essential to assess whether funding is adequate to meet need.
- There are big differences in activity, with some councils showing a growth in activity and other similar sized councils showing a decrease. But this may be due to poor management information.
- There is an over reliance, particularly in NHS budgets, on additional money received through the year. This makes it hard to take a strategic approach to the development of the service.

## Exhibit 1

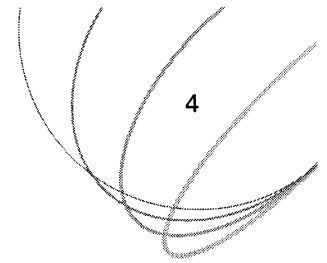
Do councils and NHS trusts provide written instructions on how to use community equipment and adaptations?



Base: Social Work, 28; Housing, 29; PCTs, 13; and Acute, 7.

Source: Audit Scotland

- Only around two-fifths of social work and housing services and a third of NHS bodies in our study carry out customer satisfaction surveys – this means that users in many areas do not have a say in how the service could be improved.
- We found that many providers do not systematically monitor their local service and limited use is made of local targets. This, plus a lack of common definitions, restricts local agencies' ability to improve services by benchmarking with others.
- **4 A lack of formal operational policies and procedures in many places exposes users and providers to risks ...**
- Only a third of councils and a half of NHS bodies in our study have written procedures in place to recall faulty equipment. This could have serious consequences for users and providers.
- Most social work and NHS providers demonstrate how to use equipment and adaptations, as do housing services for their own tenants but not for people living in private accommodation. Most service providers do not, however, provide written instructions on how to use their equipment and adaptations (Exhibit 1).
- Because of the lack of clarity about who has provided equipment and adaptations, some users do not know who to approach when repairs or routine maintenance work is required. Most service providers do not provide written instructions about who is responsible for maintaining equipment and adaptations. Repair and maintenance issues are of significant concern to users, particularly with regard to responsibilities, cost and waiting times.
- Less than half of community equipment and adaptations partnerships have agreed emergency procedures in place; for example, what to do when repairs are required to equipment which someone cannot manage without.
- Few councils or NHS bodies have written recycling policies that cover issues such as infection control and assessment of the suitability of equipment for recycling.



# Key recommendations

Implementation of the following key recommendations should lead to people receiving faster and better targeted services that meet their needs.

## ***The Scottish Executive should:***

- Update national guidance on roles and responsibilities in relation to community equipment and adaptations to reflect new ways of working promoted by the Joint Future Agenda; local government reorganisation; and developments in technology.

## ***Local councils and NHS bodies should:***

- Ensure that community equipment and adaptations are developed as part of their overall community care strategy.
- Clarify partnership arrangements for the assessment and provision of community equipment and adaptations ensuring that all relevant partners are involved; and formalise these arrangements in agreed policies and procedures.
- Ensure all relevant staff across the respective partner organisations are aware of the agreed policies and procedures.
- Work towards joint information systems that provide good management information on the community equipment and adaptation services within their partnership area.

- Agree and implement formal operational policies and procedures which cover:
  - recall of faulty equipment
  - maintenance and repair arrangements
  - recycling, including infection control procedures
  - emergency arrangements.
- Jointly publish comprehensive information on community equipment and adaptations covering:
  - what help is available
  - who to contact
  - eligibility criteria
  - who needs to pay and how much
  - what service people can expect, using information such as local targets for response times.

This should be published in different formats and in other languages as relevant to local communities.

- Monitor the performance of equipment and adaptation services by collecting and using robust management information on:
  - cost
  - activity (including waiting times)
  - quality of services (including users' views).
- Jointly review budgets for community equipment and adaptations and Housing Improvement Grants to ensure that they are set at a realistic level to meet need.