CECOPS

Improving outcomes, improving lives…

CECOPS Support Guidance

for Local Authorities (England)

2015

Practical guidance for complying with the parts of *The Care Act* 2014 which relate to Disability Equipment.

(incorporating the *Care and Support Statutory Guidance*)

Care Act 2014

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As someone who has been disabled for almost all of my life, and a user of a wide range of disability equipment, I am delighted to welcome the *Care Act* and the associated *Care and Support Statutory Guidance*, and in particular the frequent references to the role of disability equipment in supporting and providing care.

It is encouraging to see the positive themes included in the Care Act, such as wellbeing, prevention, integration, assessments and safeguarding. It is also good to see the person-centred focus. All of these areas, and their associated aims, are directly relevant to and supported by the provision of disability equipment (e.g. community equipment, adaptations, short-term wheelchairs, communication aids, environmental controls, telecare and telehealth). We believe that none of the aims in relation to these areas can be fully realised without well commissioned and provided disability equipment services, supported by appropriate and timely assessments. This is exactly where the work of CECOPS and our Code of Practice for Disability Equipment, Wheelchair and Seating Services can help local authorities.

A disabled person often uses a range of disability equipment, e.g. wheelchair, speech-board, telecare, hoist, handrails, ramps and many other items. Yet these items are often provided by different departments or statutory bodies, which can cause delays and stress for service users, as well as unnecessary cost, time and effort for the staff and organisations providing the equipment. Integration, person-centred care and holistic assessments are essential to improve user experience and outcomes, and simultaneously create efficiencies by streamlining services. Getting these services right goes a long way in supporting local authorities in meeting their strategic aims. I welcome the fact that these areas are covered in the Act, and that the work of CECOPS can help local authorities meet these aims.

CECOPS CIC is the independent standards body in the UK for disability equipment commissioning and provision, and offers a registration and accreditation scheme. The CECOPS Code of Practice for Disability Equipment, Wheelchair and Seating Services acts as a Quality Framework for Procurement and Provision of Services. The Code covers Commissioning & Governance, Service Provision and Clinical and Professional Responsibilities. CECOPS also offers support and tools including Approved Training, and our self-evaluation and continuous improvement software tool, iCOPS®. We also offer a Code and tools for commissioning and providing Technology Enabled Care Services (TECS).

The work of CECOPS and the Code is widely supported by organisations such as Health and Safety Executive, Association of Directors of Adults Social Services and Care Quality Commission, amongst others. Many local authorities, NHS, third and private sector organisations are already working with the CECOPS Framework.

This document has been put together to support local authorities, by highlighting some of their specific responsibilities and obligations, as set out in the *Care and Support Statutory Guidance*, with regards to disability equipment; and by setting out how these responsibilities and obligations can be met by following specific CECOPS Code Standards.

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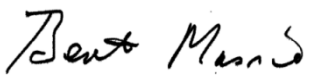
We feel working with CECOPS is a simple and cost effective way for local authorities to ensure they meet their responsibilities and obligations with regards to the Care Act, to be able to demonstrate this and to ensure all quality, safety and performance related issues are sufficiently addressed, where disability equipment is concerned. We hope you find this document useful.



Sir Bert Massie CBE
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Relevant extracts from *Care and Support Statutory Guidance* (Issued under the Care Act, Crown Copyright 2014, Department of Health). **Followed by CECOPS response and Supporting Information, including relevant Code Standards.**	**Supplementary information** (Taken from *Care and Support Statutory Guidance*)
1. Promoting wellbeing 1.1. The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life. 1.2. Local authorities **must** promote wellbeing when carrying out any of their care and support functions in respect of a person. 1.18. Although not mentioned specifically in the way that "wellbeing" is defined, the concept of "**independent living**" is a core part of the wellbeing principle. 1.19. The wellbeing principle is intended to cover the key components of independent living, as expressed in the UN Convention on the Rights of People with Disabilities (in particular, Article 19 of the Convention). 1.20. Wellbeing cannot be achieved simply through crisis management; it must include a focus on delaying and preventing care and support needs, and supporting people to live as independently as possible for as long as possible.	**Definition of wellbeing** 1.5. "Wellbeing" is a broad concept, and it is described as relating to the following areas in particular: • personal dignity (including treatment of the individual with respect); • physical and mental health and emotional wellbeing; • protection from abuse and neglect; • control by the individual over day-to-day life (including over care and support provided and the way it is provided); • participation in work, education, training or recreation; • social and economic wellbeing; • domestic, family and personal; • suitability of living accommodation; • the individual's contribution to society.

CECOPS Response:

It is interesting that the Statutory Guidance quoted above (1.18) makes specific reference to "independent living" as a core part of wellbeing. Clearly, for some people independent living is only possible when supported by disability equipment. The principle of wellbeing underpins the aims and work of CECOPS, and our Code. The definition of wellbeing as set out in the *Care and Support Statutory Guidance* (1.5, above right) highlights the many aspects of people's lives where disability equipment can support them

For this to be effective, however, people need to be assessed appropriately and equipped with the right products and services in a timely way.

It is noted that 1.19 of the Guidance (see above) appears to encompass the requirements of the *UN Convention on the Rights of Disabled People* - Article 19*. This is a welcome development, as alignment with this part of the UN Convention has unfortunately not been universally achieved in the UK to date. Article 19 requires signatories to '*promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity*'. This part of the UN Convention is included within the CECOPS Code, as an appendix, and the CECOPS Code is a tool to support organisations to comply with the Convention.

We agree entirely that wellbeing cannot be achieved simply through crisis management and that it must include a focus on delaying and preventing care and support needs, to help people to live as independently as possible for as long as possible. Indeed, this principle is a fundamental part of CECOPS' work and our Code has a focus throughout

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on prevention and early intervention.

To support and achieve the aims of wellbeing, where equipment is concerned, we believe practical steps are required including, for example, understanding needs (including unmet needs), having well commissioned services with funding which matches activity, having the right workforce with the right skillset, having timely, holistic and anticipatory assessments and having appropriate information and reporting mechanisms in place for managing performance. Clearly these issues impact right across an organisation and addressing them will require following other sections of the Care Act including, for example, prevention, assessments, review of needs, safeguarding, integration and partnerships, and continuity of care. All of these areas are incorporated in CECOPS' Code of Practice.

***This Convention is known as The Rights of Persons with Disabilities in other parts of the United Nations. The Office for Disability Issues chose to retitle it for use in the UK.**

Recommended CECOPS Code Standards

Wellbeing underpins the entire Care Act, and impacts across all areas; it is recommended that all 47 Code Standards are followed (see Appendix 1).

2. Preventing, reducing or delaying needs

This chapter provides guidance on section 2 of the Care Act 2014.

2.5. "Prevention" is often broken down into three general approaches – **primary, secondary** and **tertiary prevention**.

Reduce: secondary prevention/early intervention

2.8. Early intervention could also include a fall prevention clinic, adaptions to housing to improve accessibility or provide greater assistance, handyman services, short term provision of wheelchairs or telecare services.

Delay: tertiary prevention

2.9. These are interventions aimed at minimising the effect of disability or deterioration for people with established or complex health conditions, (including progressive conditions, such as dementia), supporting people to regain skills and manage or reduce need where possible.

Tertiary prevention could include, for example the rehabilitation of people who are severely sight impaired (see also chapter 22 sight registers). Local authorities must provide or arrange services, resources or facilities that maximise independence for those already with such needs, for example, interventions such as rehabilitation/reablement services, e.g. community equipment services and adaptations and the use of joint case-management for people with complex needs.

2.34. Local authorities must ensure the integration of care and support provision, including prevention with health and health-related services, which include housing (see chapter 15). This responsibility includes in particular a focus on integrating with partners to prevent, reduce or delay needs for care and support.

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CECOPS Response:

Preventing, reducing and delaying needs through the effective provision of disability equipment and related services is a key principle in our Code of Practice and is focussed on in all our work.

Prevention and early intervention have for a long time been heralded as laudable aims and strategies, with regards to the provision of disability equipment, but services are generally commissioned and geared more towards reactive provision, as opposed to proactive. The reason often given for this approach is that it is difficult to evidence what has been prevented; it is far easier to identify how an episode of care was dealt with. A change in focus and a leap of faith are required.

It is encouraging to see prevention so strongly emphasized in the Care Act and the supporting guidance. As part of primary prevention, we believe improved information and advice about services is vital.

To achieve effective prevention, more attention needs to be given to assessments. For example, ensuring the pathway into the service is suitable, referrals are appropriately screened and triaged, staff are provided with upskilling to carry out more holistic assessments, thus ensuring wider equipment needs are met in a timely and coordinated way.

Assessments also need to be anticipatory, particularly for people with rapidly progressive diseases (e.g. Motor Neurone Disease and Progressive Multiple Sclerosis). There needs to be a focus also on reassessing needs – an area often neglected. Partnerships and established links between the various agencies providing different types of assistive technology related services need to be put in place.

The above issues are comprehensively included in the CECOPS Code of Practice for Disability Equipment, Wheelchair and Seating Services.

Recommended CECOPS Code Standards:

1,2,3,4,5,6,7,8,24,25,26,31,32,33,34,40,41,42,45,47

3. Information and advice

This chapter provides guidance on section 4 of the Care Act 2014.

3.1. Information and advice is fundamental to enabling people, carers and families to take control of, and make well-informed choices about, their care and support and how they fund it. Not only does information and advice help to promote people's wellbeing by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people's need for care and support.

3.2. Local authorities **must**: "establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers".

3.24. …Depending on local circumstances, the service should also include, but not be limited to, information and advice on:
…• availability and quality of health services;
• availability of services that may help people remain independent for longer such as home improvement agencies, handyman or maintenance services;

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• availability of intermediate care entitlements such as aids and adaptations; •eligibility and applying for disability benefits and other types of benefits;…	

CECOPS Response:

Providing the right information and advice in a timely way and making it easily accessible and communicated appropriately is a common theme in all aspects of the CECOPS Code of Practice. To do so is a simple step, and goes a long way in supporting people in their care needs and in exercising their choice and control. It fits with promotion of wellbeing and preventing, reducing and delaying needs.

Sometimes people wait for a considerable period of time for services before having their needs met, owing in part to the lack of suitable and available information and advice.

It is good practice to make service users and carers aware of the level of service to expect, both to avoid misunderstanding or disappointment, and so that they are aware of what is available to help them.

Information about services provided and entitlement could be in the form of a charter, or a visual representation of the care pathway, in accordance with the service model.

Information should clearly set out what needs will and will not be met (eligibility), and the types of equipment that will typically be provided. Some people wait a considerable time for equipment, only to be told they do not meet the criteria or they have accessed the wrong service or organisation. Their condition may even have deteriorated while waiting for a service.

Other information which should be provided to service users includes, for example:

- payment arrangements e.g. direct payments and personal budgets
- ownership arrangements, where personal budgets are issued for equipment, for example
- responsibilities and obligations e.g. where equipment is loaned into a care home or other care setting
- assessments e.g. how to get referred, self-assessments and reassessments
- health and safety, and legal issues
- contact details
- emergency cover and breakdown arrangements
- decontamination and disposal.

It is also important to offer a signposting service, in cases where the needs of the user will not be met through the local authority. For example someone may require a short term wheelchair while on holiday, or wish to purchase small aids to daily living.

Information sharing amongst professional staff and different agencies is important, so that they can provide services in a seamless, person-centred and timely way. To do this effectively, it is important to have integrated and accessible IT systems and formal information sharing agreements in place.

It is essential for stakeholders and partners to share information in a timely way. This may include health, housing, social care, education and the third sector.

The above issues are comprehensively covered in the CECOPS Code of Practice for Disability Equipment, Wheelchair and Seating Services.

Recommended CECOPS Code Standards:
1,2,3,4,5,6(6.8),7, 15(15.14),17,20,21(21.1)22(22.3),23,24,25,26(26.5),30(30.3),34,39,41,45,46

4. Market shaping and commissioning of adult care and support

This chapter provides guidance on section 5 of the Care Act 2014.

4.6. Market shaping means the local authority collaborating closely with other relevant partners, including people with care and support needs, carers and families, to facilitate the whole market in its area for care, support and related services.

4.8. Commissioning is the local authority's cyclical activity to assess the needs of its local population for care and support services, determining what element of this needs to be arranged by the authority, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes.

4.13. Local authorities will need to understand the outcomes which matter most to people in their area, and demonstrate that these outcomes are at the heart of their local strategies and approaches.

Promoting quality

4.21. Local authorities must facilitate markets that offer a diverse range of high-quality and appropriate services. In doing so, they must have regard to ensuring the continuous improvement of those services and encouraging a workforce which effectively underpins the market.

4.23. Local authorities should also consider other relevant national standards including those that are aspirational, for example, any developed by the National Institute of Health and Care Excellence (NICE).

4.29. Local authorities should consider, in particular, how to encourage training and development for the care and support workforce, including for the management of care services…

Co-production with stakeholders

4.50. Local authorities should pursue the principle that market shaping and commissioning should be shared endeavours, with commissioners working alongside people with care and support needs, carers, family members, care providers, representatives of care workers, relevant voluntary, user and other support organisations and the public to find shared and agreed solutions.

4.71. Local authorities should have in place robust methods to collect, analyse and extrapolate this information about care and support needs, including as appropriate information about specific conditions (for example, neurological conditions such as Stroke, Parkinson's, Motor Neurone

Disease), and multiple and complex needs. This should sit alongside information about providers' intentions to deliver support over an appropriate timescale – likely to be at least 5 years into the future, with alignment to other strategic timeframes. Data collection should include information on the quality of services provided in order to support local authority duties to foster continuous improvement. This could be achieved, for example, by collecting and acting on feedback from people who receive care, their families and carers alongside information on the specific nature of the services people receive (e.g. regularity and length of homecare visits). This will allow for an assessment of correlation between customer experience and service provision. 4.92. Local authorities should consider with partners, the enabling activities, functions and processes that may facilitate effective integrated services. These will include consideration of: joint commissioning strategies, joint funding, pooled budgets, lead commissioning, collaborative commissioning, working with potential service providers to consider innovative ways of arranging and delivering services, and making connections to public health improvement. 4.93. Local authorities should consider best practice on commissioning services, for example the NAO guidance, to ensure they deliver quality services with value for money. 4.97. A local authority's own commissioning should be delivered through a professional and effective procurement, tendering and contract management, monitoring, evaluation and decommissioning process that must be focussed on providing appropriate high quality services to individuals to support their wellbeing and supporting the strategies for market shaping and commissioning, including all the themes set out in this guidance. 4.103. Contracts should incentivise value for money, sustainability, innovation and continuous improvement in quality and actively reward improvement and added social value. 4.105. All services delivered should adhere to national quality standards, with procedures in place to assure quality, safeguarding, consider complaints and commendations, and continuing value for money, referencing the CQC standards for quality and CQC quality ratings.	

CECOPS Response:

We welcome the inclusion of market shaping and the recommended approach as set out in the Care and Support Statutory Guidance. Involvement of users and carers, and collaboration with stakeholders, are themes covered in our Code of Practice.

We do not believe it is possible to properly assess the needs of the population and shape the market accordingly without having involvement of stakeholders, including users and carers, in the planning and designing of services phase. Co-production is essential.

Some example roles and responsibilities of service users as recommended in our Code include:

- input into the planning and development of relevant policies and strategies
- interpreting policy into service delivery
- reviews of assessment facilities and new equipment
- review of outcomes from questionnaires and surveys, etc.
- analysing and reviewing compliments and complaints
- advising on local and national disability policies and/or legislation.

Adopting this approach will assist local authorities in better understanding the outcomes which matter most to people in their area, and demonstrate that these outcomes are at the heart of their local strategies and approaches.

With regards to collecting and analysing information about specific conditions e.g. Motor Neurone Disease, a simple way this could be collected is via the IT system within the community equipment (or wheelchair) service. It would require a simple dropdown, from which the clinician could select the condition at the point of ordering. Although this would not be entirely robust information, it would be useful for comparison purposes.

We like the emphasis in the Care Act and the Care and Support Statutory Guidance on promoting quality, working with standards, having regard to ensuring continuous improvement of services and having a well trained workforce. This is exactly in keeping with the work and aims of CECOPS and our Code of Practice.

We recommend adopting our Code, which acts as a quality framework for procurement and provision of services; it also sets out the only national and service specific standards for disability equipment services. The iCOPS® self-evaluation and continuous improvement tool enables the level of service and performance to be assessed, in line with CQC's quality ratings i.e. Poor, Requires Improvement, Good and Outstanding. CECOPS also offers Approved Training, to ensure the workforce is suitably trained on their responsibilities – this includes commissioners and managers, service providers and clinical staff, including retailers.

Within the CECOPS Code for Disability Equipment, Wheelchair and Seating Services, we have a Part specifically looking at Commissioning and Governance arrangements. In here there are Standards to support local authorities to facilitate effective integrated services, including joint commissioning strategies, joint funding, pooled budgets, lead commissioning and collaborative commissioning.

These Standards set out a template to help local authorities deliver professional and effective procurement, tendering and contract management, monitoring, evaluation and decommissioning processes that ensure high quality, safe, effective and value for money services. It also includes methods for monitoring and managing contracts and performance in a timely manner.

Recommended CECOPS Code Standards:

1,2,3,4,5,6,7,8,12,16,45

6. Assessment and eligibility

This chapter provides guidance on:
• Sections 9 to 13 of the Care Act 2014;
• The Care and Support (Assessment) Regulations 2014;
• The Care and Support (Eligibility Criteria) Regulations 2014.

Assessment

6.1. The assessment and eligibility process is one of the most important elements of the care and support system. The assessment is one of the key interactions between a local authority and an individual, whether an adult

needing care or a carer. The process must be person-centred throughout, involving the person and supporting them to have choice and control.

6.5. The aim of the assessment is to identify what needs the person may have and what outcomes they are looking to achieve to maintain or improve their wellbeing. The outcome of the assessment is to provide a full picture of the individual's needs so that a local authority can provide an appropriate response at the right time to meet the level of the person's needs. This might range from offering guidance and information to arranging for services to meet those needs.

6.7. To provide a comprehensive assessment, the assessor must be appropriately trained. Registered social workers and occupational therapists can provide important support and may be involved in complex assessments which indicate a wide range of needs, risks and strengths that may require a coordinated response from a variety of statutory and community services.

Needs assessment

6.13. Local authorities must undertake an assessment for any adult with an appearance of need for care and support, regardless of whether or not the local authority thinks the individual has eligible needs or of their financial situation.

6.14. …where an adult expresses a need regarding their physical condition and mobility, the local authority must establish the impact of this on the adult's desired outcomes; and must also consider whether their need(s) have further consequences on their wider wellbeing such as on their personal health or the suitability of their living accommodation.

Carer's assessment

6.16. Where an individual provides or intends to provide care for another adult and it appears that the carer may have any level of needs for support, local authorities must carry out a carer's assessment…

6.18. Carers' assessments must seek to establish not only the carer's needs for support, but also the sustainability of the caring role itself, which includes both the practical and emotional support the carer provides to the adult…

Supporting the person's involvement in the assessment

6.30. Putting the person at the heart of the assessment process is crucial to understanding the person's needs, outcomes and wellbeing, and delivering better care and support. The local authority must involve the person being assessed in the process as they are best placed to judge their own wellbeing…

Supported self-assessment

6.44. A supported self-assessment is an assessment carried out jointly by the adult with care and support needs or carer and the local authority. It places the individual in control of the assessment process to a point where they themselves complete their assessment form…

Integrated assessments
6.77. Where more than one agency is assessing a person, they should all work closely together to prevent that person having to undergo a number of assessments at different times, which can be distressing and confusing.

6.78. Where a person has both health and care and support needs, local authorities and the NHS should work together effectively to deliver a high quality, coordinated assessment…

Training
6.86. Local authorities **must** ensure that assessors are appropriately trained and competent whenever they carry out an assessment. This means ensuring that assessors undergo regular, up-to-date training on an ongoing basis. The training must be appropriate to the assessment, both the format of assessment and the condition(s) and circumstances of the person being assessed. They must also have the skills and knowledge to carry out an assessment of needs that relate to a specific condition or circumstances requiring expert insight…

6.87. When assessing particularly complex or multiple needs, an assessor may require the support of an expert to carry out the assessment, to ensure that the person's needs are fully captured…

Eligibility
6.100. The national eligibility criteria set a minimum threshold for adult care and support needs and carer support needs which local authorities must meet. All local authorities must comply with this national threshold….

CECOPS Response:

The importance of effective assessments is stressed throughout our Code of Practice, and covered comprehensively in *Part 3, Clinical and Professional Responsibilities*.

Poor assessment processes can have a profound negative effect on a service user's care experience and consequently satisfaction, and can even result in poor clinical outcomes.

Problems with assessments range from delays from the original referral until the actual assessment takes place; unclear pathways into the service, meaning some people reach crisis point before the referral actually takes place; multiple assessments, particularly for people with complex conditions, resulting in a disjointed service with equipment arriving at different times, provided by different services and organisations.

In some cases there are no fast-tracking processes or anticipatory assessments in place for people with rapidly progressing diseases, for example.

To ensure this section on assessment and eligibility can be met, it is likely some staff will need to be upskilled so that more holistic assessments can take place. It is unhelpful that in some areas restrictions are in place which only allow clinical staff to assess for certain pieces of equipment. For example, in some cases occupational therapists can assess for and order beds and hoists, but are not able to assess for and order low to medium risk pressure mattresses. This results in duplication and can delay hospital discharges, for example.

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To support the aims of the Care Act with regards to assessments, clinical staff should be able to assess for a much wider range of equipment and be able to draw on specialisms (e.g. postural support) when required. The CECOPS Code of Practice very much encourages this approach to assessments.

We welcome the emphasis on the carer's assessment as without it there can be unintended health and safety risks to the carer and the service user. The assessment must consider the risks and consequences to the carer of not providing the equipment.

In the spirit of 'choice and control', offering self-assessments is important. Where self-assessment is offered, it is important to note that this is not a 'cop-out' in terms of responsibilities. A self-assessment is in addition to, but cannot replace or displace the local authority's care and support assessment. If anything, there need to be more rigorous procedures in place, in view of the following:

- the service user may require several pieces of equipment, some of which may be complex, and these may need to be delivered simultaneously
- equipment may require ongoing maintenance
- equipment may require replacement every so often, according to manufacturers' guidance
- the service user may not be able to collect, install or dispose of equipment due to their disability or illness.

We welcome the fact that local authorities must ensure that assessors are appropriately trained and competent whenever they carry out an assessment, and specific requirements in this respect are set out in our Code.

Eligibility criteria should be very clear and easy to interpret and understand, allowing decisions to be made relatively easily. It should be flexible enough to allow for changes and developments in equipment design and advances in technology, and also for innovative solutions to meet particular needs. Special circumstances should also be accommodated to allow for people with rapidly progressing conditions and short life expectancy, for example.

Eligibility criteria should also have scope to allow for joint working and funding with relevant stakeholders to ensure holistic needs can be met.

The above issues are comprehensively covered in the CECOPS Code of Practice for Disability Equipment, Wheelchair and Seating Services.

Recommended CECOPS Code Standards:

1,2,3(3.12),7,24,25,26,27,31,32,33,34,39,40,42,45,46

12. Direct payments

CECOPS Response:

The CECOPS Code includes a specific Code Standard for Alternative Funding Options for Equipment, and this includes Direct Payments.

Alternative funding options are offered to enable service users to purchase equipment themselves. These payment options may come under a range of names including, for example, a direct payment, a personal budget, a personal health budget, an integrated budget or an individual budget. These options are offered generally with the view to providing the service user with more choice, flexibility and control over their own care.

One of the potential advantages with alternative funding options is that individuals may choose to buy their equipment from a different supplier or provider to the one the statutory organisation uses, where they can put the money towards equipment they feel is more suited to meet their needs.

Generally speaking, equipment obtained using an alternative funding option will belong to the service user, unless there is some form of partnership agreement in place between the awarding organisation and the service user (or someone acting on their behalf). The service user will generally be responsible for its care and maintenance – although discretionary rules can apply relating to ownership and maintenance to reflect the best interest of the service user. Also, in some instances additional sums of money may be added to the initial payment to cover a warranty, as well as ongoing maintenance, etc.

Where any of the alternative funding options are given to the service user to acquire their own equipment, it is most important that the necessary safeguards are in place to allow this to happen safely.

The above issues are comprehensively covered in the CECOPS Code of Practice for Disability Equipment, Wheelchair and Seating Services.

Recommended CECOPS Code Standards:

3,7(7.8,7.10,8(8.14),13,17(17.5)24(24.13)32(32.8)35,37(37.1)41,45

13. Review of care and support plans 13.4. The review will help to identify if the person's needs have changed and can in such circumstances lead to a reassessment… 13.16. Local authorities should have regard to ensuring the planned review is proportionate to the circumstances, the value of the personal budget and any risks identified.	This chapter provides guidance on section 27 of the Care Act 2014.

CECOPS Response:

The CECOPS Code covers all aspects of reviewing care, where equipment is concerned.

Whilst we welcome the emphasis on assessments as outlined elsewhere, we would also highlight the importance of re-assessments to establish whether or not the equipment is still meeting the care needs of the service user and/or their carer. Where reviews do not take place this can present a significant risk to service users and their carers.

Reviewing equipment needs also supports other aspects of the Care Act around wellbeing, prevention and safeguarding.

In addition, without a physical check on the equipment, and possibly a replacement, after a certain period of time as recommended by the manufacturers, service users could potentially be put at risk by using unsafe equipment. This also exposes the local authority to litigation.

There is no better person for informing as to whether or not their needs are being met than the service user, or their carer, as they are using and living with the equipment every day.

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Reassessments and review of equipment needs are comprehensively covered in the CECOPS Code of Practice for Disability Equipment, Wheelchair and Seating Services.

Recommended CECOPS Code Standards:
1,6,12,13,23,31,32,45 – see also Appendices 1 & 5 of the Code

14. Safeguarding

14.11. The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult;
- and address what has caused the abuse or neglect.

14.12. In order to achieve these aims, it is necessary to:

- ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities;
- create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect;
- support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners;
- enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect; and
- clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector, should be responded to.

<u>What are abuse and neglect?</u>

Examples from 14.17:

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Organisational abuse – including neglect and poor care practice within an

institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation. **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. <u>Carers and safeguarding</u> 14.36. Assessment of both the carer and the adult they care for must include consideration of both their wellbeing. <u>Information sharing</u> Record-keeping 14.150. Good record keeping is a vital component of professional practice. Whenever a complaint or allegation of abuse is made, all agencies should keep clear and accurate records and each agency should identify procedures for incorporating, on receipt of a complaint or allegation, all relevant records into a file to record all action taken. When abuse or neglect is raised managers need to look for past incidents, concerns, risks and patterns. <u>Rigorous recruitment practices relevant to safeguarding</u> 14.203. There are three levels of a Disclosure and Barring Service (DBS) check. Each contains different information and the eligibility for each check is set out in law.	

CECOPS Response:

Disability equipment is an area not often associated with safeguarding. However, the definition of abuse and harm is wide-ranging, and inadequate equipment provision could clearly amount to neglect, which makes it a safeguarding issue. For example, not providing someone with suitable equipment in a timely way, or issuing them with unsafe equipment, is potentially failing to prevent harm. Allowing someone to endure unnecessary pain owing to the lack of or unsuitable equipment could be considered a form of neglect or abuse.

The introduction of the 'Transforming Community Equipment Services' (TCES) initiative, implemented in some parts of England, raises potential safeguarding issues. The potential areas of concern include, for example, little information about what equipment the service user ended up with; unqualified and untrained staff advising on equipment; risk of abuse through inflated top-up charges, and through people entering vulnerable people's homes without having the appropriate Disclosure and Barring Service (DBS) checks in place.

We note that in section 18, *Delegation of local authority functions***,** point 18.4 states '*Local Authorities retain ultimate responsibility for how its functions are carried out. Delegation does not absolve the local authority of its legal responsibilities. When a local authority delegates any of its functions, it retains ultimate responsibility for how the function is carried out.*' This obviously applies with regards to the TCES initiative and, of course, all other means

of provision.

The legal and regulatory duties, obligations and parameters for the provision of disability equipment services are extensive, ranging from various UN Conventions, e.g. Rights of Disabled People; criminal, health and safety, medical device and consumer protection laws, standards and regulations. These are in place to protect the service user, staff and organisations alike, and many of these pieces of legislation have relevance to safeguarding. CECOPS' Code clearly sets these out, how they apply to services and where potential breaches might be.

It is important to note that although there are separate clinical, technical and provider responsibilities, there is a requirement for each of these to cooperate on areas where risk factors may overlap, e.g. clinical or technical staff informing a provider about faulty equipment and the need for a replacement. It is also important to ensure the views of the service user and carer are taken account of, as what is deemed low risk to one service user or carer may indeed be a high risk to another. Again, these areas of cooperation are covered within the Code.

Carrying out regular risk assessments is one of the main ways our Code suggests to avoid or minimise the likelihood of incidents occurring, when providing equipment, and to support good safeguarding principles.

Safeguarding is everyone's responsibility including commissioners, providers and clinical and professional staff. The CECOPS Code ensures everyone is clear about their responsibilities and that the right formal agreements are in place, including where other agencies are involved. This is supported by having the right governance arrangements in place, backed by appropriate and timely information flows and record keeping.

Our Code ensures the right legal arrangements are considered including health and safety and medical device management. We also emphasise the importance of every individual being competent, having the right skills, training and experience.

We also strongly emphasise the importance of risk management, information sharing and providing users and carers with details of how to contact services with concerns or urgent requests e.g. breakdowns and out-of-hour cover.

All of these issues are relevant to safeguarding.

Recommended CECOPS Code Standards:

Safeguarding is a wide-ranging area and has relevance right across service commissioning and provision. The principle of safeguarding needs to be imbedded in an organisation's structures and processes. It is recommended therefore that all 47 Code Standards are followed (see Appendix 1).

15. Integration, cooperation and partnerships

This chapter provides guidance on:
Sections 3, 6, 7, 22, 23, 74 and Schedule 3 of the Care Act 2014;
The Care and Support (Provision of Health Services) Regulations 2014;
The Care and Support (Discharge of Hospital Patients) Regulations 2014.

15.1. For people to receive high quality health and care and support, local organisations need to work in a more joined-up way, to eliminate the disjointed care that is a source of frustration to people and staff, and which often results in poor care, with a negative impact on health and wellbeing. The vision is for integrated care and support that is person-centred, tailored to the needs and preferences of those needing care and support, carers and families.

15.2. Sections 3, 6 and 7 of the Act require that:

- local authorities must carry out their care and support responsibilities

with the aim of promoting greater integration with NHS and other health-related services;
- local authorities and their relevant partners must cooperate generally in performing their functions related to care and support; and, supplementary to this,
- in specific individual cases, local authorities and their partners must cooperate in performing their respective functions relating to care and support and carers wherever they can.

15.5. The local authority is not solely responsible for promoting integration with the NHS, and this responsibility reflects similar duties placed on NHS England and clinical commissioning groups (CCGs) to promote integration with care and support.

Integration with health and health-related services

15.7. A local authority must promote integration between care and support provision, health and health related services, with the aim of joining up services. To ensure greater integration of services, a local authority should consider the different mechanisms through which it can promote integration, for example;

(b) **Commissioning** – building on joint strategic needs assessments, joint commissioning can ensure better outcomes for populations in an area. A local authority may wish to have housing represented at the Health and Wellbeing Board/Clinical Commissioning Groups (CCGs) making a visible and effective link between preventative spend (including housing related) and preventing acute/crisis interventions…

(c) **Assessment and information and advice** – this may include integrating an assessment with information and advice about housing options on where to live, and adaptations to the home, care and related finance to help develop a care plan (if necessary), and understand housing choices reflecting the person's strengths and capabilities to help achieve their desired outcomes...

(d) **Delivery or provision of care and support** – that is integrated with an assessment of the home, including general upkeep or scope for aids and adaptations, community equipment of other modifications could reduce the risk to health, help maintain independence or support reablement or recovery. For example, some specialist housing associations and home improvement agencies may offer a support service which could form part of a jointly agreed support plan. A housing assessment should form part of any assessment process, in terms of suitability, access, safety, repair, heating and lighting (e.g. efficiency).

15.12. At the strategic level, there are many examples of how local authorities can integrate services including:
- the use of "pooled budgets", which bring together funding from different organisations to invest jointly in delivering agreed, shared outcomes. For example, the Better Care Fund, which provides local authorities and CCGs with a shared fund to invest in agreed local

priorities which support health and care and support, will be a key opportunity to promote integration in provision to ensure access to, and availability of, a range of preventative care and support services in the community,

- the development of joint commissioning arrangements to achieve health and wellbeing outcomes across traditional service boundaries of housing, health, care and support.

- Integrated management or provision of services. This could, for example, include jointly funding home adaptations to ensure people with changing care needs are able to maximize their independence and live well at home for longer.

Who must co-operate?
15.21. The local authority must co-operate with each of its relevant partners, and the partners must also co-operate with the local authority, in relation to relevant functions. The Act specifies the "relevant partners" who have a reciprocal responsibility to co-operate.

Working with the NHS
Supporting discharge of hospital patients with care and support

Housing to support prevention of needs
15.61. A local authority must provide or arrange for the provision of services that contribute towards preventing, reducing or delaying the needs for care and support (see chapter 2). Housing and housing related support can be a way to prevent needs for care and support, or to delay deterioration over time. Getting housing right and helping people to choose the right housing options for them can help to prevent falls, prevent hospital admissions and readmissions, reduce the need for care and support, improve wellbeing, and help maintain independence at home.

15.62. Housing and housing services can play a significant part in prevention, for example, from a design/physical perspective, accessibility, having adequate heating and lighting, identifying and removing hazards or by identifying a person who needs to be on the housing register. In addition, housing related support, i.e. services that help people develop their capacity to live in the community, live independently in accommodation, or sustain their capacity to do so, such as help with welfare benefits, developing budgeting skills, help with developing social networks or taking up education, training and employment opportunities can prevent, reduce or delay the needs for care and support. Community equipment, along with telecare, aids and adaptations can support reablement, promote independence contributing to preventing the needs for care and support.

CECOPS Response:

One of the fundamental principles behind CECOPS' Code is the need for integration, cooperation and partnerships, as without this, there will always be inefficiency and poor user experiences.

One of the main problems with provision of disability equipment, including adaptations, is that it is the responsibility of many different agencies and services. We are delighted therefore to see integration, cooperation and partnerships included in the Care Act and supporting guidance. It is good also that integration is to be achieved at all levels i.e. commissioning, service provision and clinical and professional staff.

The application of our Code spans across a range of disability equipment and assistive technology-related services at commissioner and provider level, and across all sectors, in an attempt to support seamless care pathways, and paving the way for true integration, breaking down the artificial and long-standing silos between services and organisations.

As previously stated, some people with complex needs require a wide range of disability equipment. For example, this may include adaptations to the home (e.g. rails and access to the property), bed, hoist, mattress, commode, walking aids, prosthetics, communication devices and telecare. Some of this will come from the NHS and other from local authorities. It may involve 6 or 7 assessments from different professionals. This will entail different commissioning arrangements, different funding sources and different IT systems, together with different performance management information and indicators. Sadly, this practice it still quite often in existence. The s.75 pooled funding arrangements attempted to address some of these issues and we hope the inclusion of integration, cooperation and partnerships in the Care Act will build on this and take it to a new level. We hope also the Better Care Fund will help to address some of these issues.

Accessible and communicated information regarding any integration and partnership arrangements is important for service users and/or their carers, especially as they often need to access the full range of equipment services and it can make it difficult for them to navigate their way through the system.

Commissioning arrangements should include plans for multi-agency and joined-up working to ensure the totality of users' needs are met as seamlessly and effortlessly as possible. Unfortunately, to date, not many health and wellbeing boards include disability equipment within their joint strategic needs assessments. Disability equipment should be considered formally alongside care and support strategies e.g. reablement.

For there to be any real 'integration' and closer and established links with other strategic assistive technology-related partners, including a joint approach to assessments and data sharing, there needs to be formal agreement at a commissioning, organisational and provider level.

The above issues are comprehensively included in the CECOPS Code of Practice for Disability Equipment, Wheelchair and Seating Services.

Recommended CECOPS Code Standards:

2,3,4,5,6,7,8,24,25,26,31,32,39,40,42,45,46,47

16. Transition to adult care and support

This chapter provides guidance on:
Sections 58 to 66 of the Care Act;
The Care and Support (Children's Carers) Regulations 2014.

16.2. The years in which a young person is approaching adulthood should be full of opportunity. Some of the life outcomes that matter for young people approaching adulthood and their families, may include (but are not limited to):

- Paid employment;
- Good health;

• Completing exams or moving to further education; • Independent living (choice and control over one's life and good housing options); • Social inclusion (friends, relationships and community). 16.3. The wellbeing of each young person or carer must be taken into account so that assessment and planning is based around the individual needs, wishes, and outcomes which matter to that person (see chapter 1 on the wellbeing principle). Historically, there has sometimes been a lack of effective planning for people using children's services who are approaching adulthood… 16.8. Local authorities must carry out a transition assessment of anyone in the three groups when there is significant benefit to the young person or carer in doing so, and if they are likely to have needs for care or support after turning 18. The provisions in the Care Act relating to transition to adult care and support are not only for those who are already receiving children's services, but for anyone who is likely to have needs for adult care and support after turning 18.	

CECOPS Response:

A smooth transition into adult care and support is often difficult to achieve where disability equipment is concerned, as sometimes children's equipment and the associated funding are not included in the s.75 pooled funding arrangements. We hope the Better Care Fund will help to address some of these issues.

Some areas still operate a completely separate equipment service for children, with no information systems or formal arrangements in place for ensuring the needs of the child continue to be met going into adulthood.

Recommendations for how to address this issue are contained within the CECOPS Code of Practice for Disability Equipment, Wheelchair and Seating Services.

Recommended CECOPS Code Standards:

2,3,6,7,24,25,26,31,32,37,41,42,45

18. Delegation of local authority functions 18.1. Part 1 of the Care Act sets out local authorities' functions and responsibilities for care and support. Sometimes external organisations might be better placed than the local authority itself to carry out some of its care and support functions. For instance, an outside organisation might specialise in carrying out assessments or care and support planning for certain disability groups, where the local authority does not have the in-house expertise. External organisations might also be able to provide additional capacity to carry out care and support functions. 18.4. Local Authorities retain ultimate responsibility for how its functions are carried out. Delegation does not absolve the local authority of its legal	This chapter provides guidance on section 79 of the Care Act 2014

responsibilities. When a local authority delegates any of its functions, it retains ultimate responsibility for how the function is carried out. The Care Act is clear that anything done (or not done) by the third party in carrying out the function, is to be treated as if it has been done (or not done) by the local authority itself. This is a core principle of allowing delegation of care and support functions. Importance of contracts 18.7. The success of a policy by a local authority to delegate its functions to a third party will be determined to a large extent, by the strength and quality of the contracts that the local authorities make with the delegated third party… 18.11. Local authorities should put in place monitoring arrangements so that they can assure themselves that functions that have been delegated, are being carried out in an appropriate manner… 18.12. Since care and support functions are public functions, they must be carried out in a way that is compatible with all of the local authority's legal obligations. For example, the local authority would be liable for any breach by the delegated party, of its legal obligations under the Human Rights Act or the Data Protection Act. Local authorities should therefore draw up its contracts so as to ensure that third parties carry out functions in a way that is compatible with all of their legal obligations.	

CECOPS Response:

Many disability equipment services are outsourced and/or have third party arrangements in place with retailers to support the Transforming Community Equipment Services (TCES) Retail Model. Other services are provided in-house or by NHS partners.

Regardless of how services are provided, as stated within the Care Act and associated guidance, it ultimately remains the responsibility of the local authority to ensure that what they are expecting the external provider to do has been clearly stipulated, mutually agreed upon and formally contracted, including a service specification, for example.

The CECOPS Code of Practice for Disability Equipment, Wheelchair and Seating Services sufficiently covers all aspects of commissioning, contracting and performance management to allow local authorities to delegate functions safely and effectively.

This is supported by setting out provider responsibilities with regards to information and performance management. The legal requirements and a guide to suitable contract management indicators are contained in the appendices of the Code.

The iCOPS® self-evaluation and continuous improvement tool is also useful for managing contracts safely and effectively, and for reporting against each outcome as set out within the CECOPS Code of Practice.

Recommended CECOPS Code Standards:

1,2,3,4,5,6,8,10,12,16,23,43,44,45,46,47

20. Continuity of care

This section provides guidance on:
Sections 37-38 of the Care Act 2014;
The Care and Support (Continuity of Care) Regulations 2014.

20.1. People with care and support needs may decide to move home just like anyone else, such as to be closer to family or to pursue education or employment opportunities, or because they want to live in another area. Where they do decide to move to a new area and as a result their ordinary residence status changes (see chapter 19 on ordinary residence), it is important to ensure that care and support is in place during the move, so the person's wellbeing is maintained.

Equipment and adaptations

20.36. Many people with care and support needs will also have equipment installed and adaptations made to their home. Where the first authority has provided equipment, it should move with the person to the second authority where this is the person's preference and it is still required and doing so is the most cost-effective solution. This should apply whatever the original cost of the item. In deciding whether the equipment should move with the person, the local authorities should discuss this with the individual and consider whether they still want it and whether it is suitable for their new home. Consideration will also have to be given to the contract for maintenance of the equipment and whether the equipment is due to be replaced.

20.37. As adaptations are fitted based on the person's accommodation, it may be more practicable for the second authority to organise the installation of any adaptations. For example, walls need to be checked for the correct fixing of rails.

20.38. Where the person has a piece of equipment on long-term loan from the NHS, the second local authority should discuss with the relevant NHS body. The parties are jointly responsible for ensuring that the person has adequate equipment when they move (see chapter 15 on cooperation and integration).

CECOPS Response:

Maintaining continuity of care, where equipment is concerned, depends partly on information systems and information governance, and partly on what formal agreements are in place.

Cross-border issues can be very problematic when providing equipment, especially where there are no clear guidelines about geographical areas of responsibility. Problems arising from this issue impact upon other areas of care, such as:

- hospital discharges
- residential and nursing homes
- respite care.

Then there are issues of assessing the home in the area where the service user is moving to. Is this the responsibility of the clinical and professional staff belonging to the first or second authority? If the latter, they may not accept the

equipment from another area if there is no history with it, or if it is a piece of equipment they do not ordinarily provide or support.

Furthermore, there are practical issues relating to transportation i.e. is the first or second authority responsible for this?

A significant number of people are provided both NHS and local authority equipment. Where there are formal partnerships in place there should be a blanket agreement which accords with the ambitions of the Care Act guidance, otherwise it is inevitable that there will be cases where certain pieces of equipment will be transferred, and others will not.

The CECOPS Code of Practice addresses many of these issues, enabling the local authority to provide continuity of care, as seamlessly as possible. This is done by having suitable formal arrangements in place which ensure service users who require equipment and who are affected by geographical boundaries have their equipment needs met in a safe, coordinated and timely manner.

Recommended CECOPS Code Standards:

2,3,6,12,14,23,24,26,31,39,40,45,46

CECOPS Conclusion

The new responsibilities and obligations for local authorities with regards to disability equipment, as set out in the Care Act, and supporting guidance, can be met by following all Parts of the CECOPS Code of Practice for Disability Equipment, Wheelchair and Seating Services.

To ensure this happens effectively, it is recommended that local authorities seek to become accredited with CECOPS. This would require an assessment from the CECOPS assessment team DNV GL Healthcare, world leaders in quality and risk management.

This process can be supported by using the self-evaluation and continuous improvement tool, iCOPS®. Note there are iCOPS® products available for commissioning and providing a range of assistive technology services e.g. disability equipment, wheelchairs, technology enabled care services (TECS).

CECOPS also runs Approved Training. This could be arranged to support local authorities work through their disability equipment related responsibilities and obligations, and to support the design of their services to align with the Care Act and supporting guidance.

For any queries relating to this document, obtaining copies of our Code of Practice for Disability Equipment, Wheelchair and Seating Services, to find out how working with CECOPS and our support tools may help you, or would like training, please contact us at:

T: 01494 863398
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W: www.cecops.org.uk

Appendix 1

Code of Practice for Disability Equipment, Wheelchair and Seating Services (2015)

A Quality Framework for Procurement and Provision of Services

Part 1: Commissioning and Governance

Code Standard 1 – Service Requirements and Specifications
Code Standard 2 – Partnerships and Joint Working Arrangements
Code Standard 3 – Funding Arrangements
Code Standard 4 – Contractual Arrangements
Code Standard 5 – Legal, Regulatory and Welfare Obligations
Code Standard 6 – Governance and Risk Management
Code Standard 7 – Eligibility Criteria
Code Standard 8 – Contract and Performance Management

Part 2: Service Provision

Code Standard 9 – Operational Management
Code Standard 10 – Quality Management Systems
Code Standard 11 – Training and Qualifications
Code Standard 12 – Information Technology and Information Management
Code Standard 13 – Health and Safety Management
Code Standard 14 – Transportation
Code Standard 15 – Decontamination
Code Standard 16 – Performance Management
Code Standard 17 – Emergency and Out-of-hours Cover
Code Standard 18 – Stock Management
Code Standard 19 – Recycling
Code Standard 20 – Assembling, Fitting and Demonstrating Equipment
Code Standard 21 – Minor Adaptations
Code Standard 22 – Manual Handling
Code Standard 23 – Medical Device Management

Part 3: Clinical and Professional Responsibilities

Code Standard 24 – Assessing the Service User's Equipment Needs
Code Standard 25 – Managing Multiple Assessments

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Code Standard 26 – Assessing the Home and Environment
Code Standard 27 – Training in Equipment Provision and Use
Code Standard 28 – Transportation of Equipment
Code Standard 29 – Selecting and Purchasing Equipment
Code Standard 30 – Demonstrating and Trialling Complex, Specialist and Children's Equipment
Code Standard 31 – Equipment-related Risk Assessments
Code Standard 32 – Reviewing Equipment and Equipment Needs
Code Standard 33 – Trusted Assessor
Code Standard 34 – Self-assessment for Equipment
Code Standard 35 – Managing Equipment Budgets

Part 4: Peripheral Issues and Specialist Areas

Code Standard 36 – Equipment in Special Schools
Code Standard 37 – Complex, Specialist and Children's Equipment
Code Standard 38 – Continuing Healthcare Equipment
Code Standard 39 – Equipment in Care Homes
Code Standard 40 – Hospital Discharge Arrangements
Code Standard 41 – Alternative Funding Options for Equipment
Code Standard 42 – Establishing Links between Assistive Technology-related Services
Code Standard 43 – Third-party Contractors
Code Standard 44 – Outsourced Service Providers
Code Standard 45 – Involvement of Service Users and Carers
Code Standard 46 – Cross-border Protocol
Code Standard 47 – Disabled Facilities Grants (DFGs) and Major Adaptations

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