

Adult Social Care Policies and Procedures

OCCUPATIONAL THERAPY including ADAPTATIONS and EQUIPMENT

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POLICY VERSION CONTROL

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| POLICY NAME | Occupational Therapy, including Adaptations and Equipment | | |
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CONTENTS

| | |
|--|-----------|
| 1. POLICY STATEMENT | 4 |
| 2. KEY DEFINITIONS AND PRINCIPLES | 5 |
| 2.1 Assessment of Need | |
| 2.2 Proportionate | |
| 2.3 Fluctuating Need | |
| 2.4 Occupational Therapy | |
| 2.5 Aids and Adaptations | |
| 2.6 Principles of Good Practice | |
| 2.7 Implications of the Care Act for Occupational Therapists | |
| 3. PROCEDURES | 9 |
| 3.1 Information and Advice | |
| 3.2 Initial Enquiries | |
| 3.3 Community OT Screening and Information Gathering: Inappropriate or Incorrect referrals | |
| 3.4 Community OT Screening and Information Gathering: Referrals that should be actioned at the screening stage by the Duty OT | |
| 3.5 Fast Track process for bathing/level access shower facilities | |
| 3.6 SCSO Assessment for low-level equipment and/or minor adaptations | |
| 3.7 If a Qualified OT assessment may be required but the person also has low-level equipment needs. | |
| 3.8 If a Qualified OT Assessment is required and low-level equipment has been previously provided but is no longer appropriate (i.e. needs have changed) | |
| 3.9 Using the Prioritisation Tool | |
| 3.10 Qualified OT Assessments for Equipment and Major Adaptations | |
| 3.11 Completing the Assessment | |
| 3.12 Outcomes and Recommendations | |
| 4. FLOW CHARTS/DIAGRAMS OR EXAMPLES | 16 |
| 5. RELATED DOCUMENTS | 16 |
| 6. EQUALITY IMPACT ASSESSMENT | 16 |

1. POLICY STATEMENT

Occupational Therapy plays a critical role in ensuring that care and support actively promotes people's wellbeing and independence and does not simply wait to respond when people reach a crisis point.

This focus on promoting independence and reducing, delaying or preventing need is also at the heart of the Care Act.

The county council **must** provide or arrange for services, facilities or resources which would prevent, delay or reduce people's needs for care and support, or the needs for support of carers. This includes the provision of aids, adaptations and equipment – often known collectively as "community equipment" – to people living at home. Adaptations help people to maintain and improve their independence or regain their skills and confidence. They can prevent and delay deterioration of a condition and should be part of a proactive response that intervenes before people reach crisis point.

[The Care Act statutory guidance](#) lists "minor" adaptations as one of the interventions that can be used to help people regain their skills and reduce their needs. A minor adaptation is one costing £1,000 or less.

Minor adaptations are one of many council services that have similar aims: to keep people healthy and as independent as possible. You may also wish to view the county council's [Reablement PPG](#).

Section 9 of the Care Act 2014 introduces a duty on the county council to assess adults who appear to have needs for care and support, either in their own right or because they are caring for another adult. Assessments can be carried out by a range of professionals, including Occupational Therapists.

The county council **must** undertake an assessment for any adult with an appearance of need for care and support, regardless of their financial situation and regardless of whether or not the council thinks the individual has eligible needs. The county council employs Occupational Therapists with relevant training and experience to undertake an [Assessment of Needs](#) and make recommendations for equipment and minor adaptations in order to meet its statutory duties.

This policy should be read in conjunction with the [Assessment of Needs PPG](#).

Eligibility for community equipment and minor adaptations will be determined by the county council's [Eligibility Criteria PPG](#). The national eligibility guidance is issued under paragraph 13 of the Care Act. The detail of the new criteria is contained in The Care and Support (Eligibility Criteria) Regulations 2014. The regulations relate to the allocation of social care support, including equipment and minor adaptations.

Please note that the Care Act allows the county council to consider its own financial resources in making decisions about how best to meet people's needs:

In determining how to meet needs, the local authority may also take into reasonable consideration its own finances and budgetary position, and must comply with its related public

law duties. This includes the importance of ensuring that the funding available to the local authority is sufficient to meet the needs of the entire local population. The local authority may reasonably consider how to balance that requirement with the duty to meet the eligible needs of an individual in determining how an individual's needs should be met (but not whether those needs are met). The authority may take decisions on a case-by-case basis which weigh up the total costs of different potential options for meeting needs, and include the cost as a relevant factor in deciding between suitable alternative options for meeting needs. This does not mean choosing the cheapest option; but the one which delivers the outcomes desired for the best value.

Paragraph 10.27 of the Care Act Statutory Guidance

"Best value" in this context includes the implementation of single-handed care where it is identified through risk assessment by a qualified Occupational Therapist that this can be carried out safely and effectively.

Therefore to fulfil its duty under Sections 2, 8, 9 and 13 of the Care Act 2014 the county council will, working with its statutory, voluntary and private sector partners, comply with the national threshold relating to care and support in a manner that is relevant, coherent, timely and sufficient.

The county council will make all reasonable adjustments to ensure that all disabled people have equal access to participate in the eligibility decision in line with the Equality Act 2010.

The geography and population of Lancashire is diverse and our Adult Social Care Policies and practice will aim to deliver services and supports that are representative of the communities in which we work.

The county council will follow the Care Act and other relevant legislation, policies and guidance to ensure our practice is of high quality and legally compliant. Where our customers or those we come into contact with wish to challenge or raise concerns in regard to our decisions, regarding eligibility the council's complaints procedures will be made available and accessible.

2. KEY DEFINITIONS AND PRINCIPLES

2.1 Assessment of Need

An [Assessment of Need](#) is one of the key interactions between the county council and an individual. The process must be person-centred throughout, involving the person and supporting them to have choice and control. It starts from when the county council begins to collect information about the person and will be an integral part of the person's involvement in the care and support system. An assessment **must** seek to establish the total extent of needs before the county council considers the person's eligibility for care and support and what types of care and support can help to meet those needs. [A carer can also have an assessment.](#)

2.2 Proportionate

Proportionate means that the Assessment of Need is only as intrusive as it needs to be to establish an accurate picture of the needs of the individual or their carer, regardless of whatever method of assessment is used. This means:

- Listening to and understanding the initial presenting problem;
- Not taking this at 'face value';
- Ensuring any underlying needs are also explored and understood.

2.3 Fluctuating Needs

The condition(s) of an individual at the time of their assessment may not be entirely indicative of their needs more generally. The county council must consider whether the individual's current level of need is likely to fluctuate and what their on-going needs for care and support are likely to be. This is the case both for short-term fluctuations, which may be over the course of the day, and longer term changes in the level of the person's needs. In establishing the on-going level of need the county council must consider the person's care and support history over a suitable period of time, including both the frequency and degree of fluctuation. The county council may also take into account what fluctuations in need can be reasonably expected based on experience of others with a similar condition.

2.4 Occupational Therapy (OT)

Occupational Therapy (OT) enables people to participate in the activities of everyday life. Often referred to as OT, it is a healthcare profession that focuses on developing, recovering, or maintaining the daily living and working skills of people with physical, mental, or cognitive impairments.

Occupational Therapy is a science and degree-based health and social care profession, regulated by the [Health and Care Professions Council](#).

Occupational Therapists work with adults and children of all ages with a wide range of conditions – most commonly those who have difficulties due to a mental health illness, physical or learning disabilities. It takes a "whole-person approach" to both mental and physical health and wellbeing and enables people to achieve their full potential.

2.5 Aids and Adaptations

Occupational Therapists help people to choose and use special equipment like wheelchairs and aids for mobility, eating, dressing or any other activity. They also help to adapt people's homes and workplaces to accommodate their individual needs.

Even simple household aids and gadgets can mean the difference between living independently and needing someone to look after the person. There is a wide range of household equipment that can help people live more independently including:

- wheeled trolleys for moving items that are too heavy to carry
- perch seats for the kitchen and bathroom

Home adaptations can give people extra confidence when they are negotiating steps or stairs, or when they get in or out of the bath. They can also make the person's home safer for them so they are less likely to fall. Home adaptations include:

- grab rails attached to baths, stairs or beds
- raised toilet seats or a toilet frame including fixed or moveable armrests
- bed raisers and hoists in the bedroom
- a second banister that runs the full length of the stairs
- stair lifts

2.6 Principles of Good Practice

Occupational Therapy practice must be guided by wellbeing and prevention principles:

- OTs will need to consider the prevention of *potential* need as well as the reduction of *present* need.
- OTs must be aware of and be ready to provide or direct people to suitable and accessible information and advice.
- The county council must always assess for need and not for want and consider the wellbeing principles behind the Care Act.
- OTs must consider the current and/or possible future needs of any carers and how they may be prevented, reduced or delayed. The Customer Access Service can arrange for a carer's assessment to be carried out by the relevant provider.

2.7 Implications of the Care Act for Occupational Therapists

For Occupational Therapists the Care Act presents an opportunity to re-establish many of the central tenets of the profession: the wholeness of the individual, being led by the person's goals; the use of the person's strengths to achieve their goals; and the importance of occupation to wellbeing.

OTs will need to purposefully and actively consider the totality of the person's wellbeing. Find out what is important to the person. What are their priorities? What do they want to be able to achieve?

An assessment of the person's needs must consider how their needs impact upon all aspects of their wellbeing. OTs will need to consider whether the outcome of the proposed intervention has addressed all aspects of wellbeing and has helped the individual achieve the outcomes that matter most to them.

OTs should think creatively and flexibly and work with other services to ensure that any interventions, activities or services that are recommended are affordable and cost-effective, especially when an individual is self-funding or has a personal budget. The identified needs of the individual may be better met by themselves or their community, without recourse to social care funds. OTs may require a greater awareness of what services are available locally (sometimes known as "community assets") which can help and support people (e.g. services run by local voluntary and charitable organisations or by Home Improvement Agencies).

Remember, the law allows the county council to take into "reasonable consideration its own finances and budgetary position". The county council may take decisions on a case-by-case basis which "weigh up the total costs of different potential options for meeting needs, and include the cost as a relevant factor in deciding between suitable alternative options for meeting needs."

This will include the implementation of single-handed care where it is identified through risk assessment by a qualified occupational therapist that this can be carried out safely and effectively

However, the initial assessment of the individual and the identification of their immediate needs and goals should not be influenced by any possible budgetary constraints.

OT practice will be helped by using an asset-based approach. This recognises and builds upon the strengths, values and resources already of the person themselves and their wider social and physical environment and community. By using the capabilities already available to the individual, an asset-based approach empowers them to make changes and improvements to meet their own needs and reach their own goals.

2.8 Home Improvement Agencies (HIAs)

The main purpose of [Home Improvement Agencies \(HIAs\)](#) is to help people continue to live as independently as possible.

HIAs help elderly, disabled and other vulnerable people make adaptations to the homes they own. HIAs are supported by government and local authorities, and are not-for-profit organisations. A Home Improvement Agency will give information, advice and support to older homeowners who need repairs or improvements to their homes, or the assistance of a handyperson for decorating or gardening. The HIA will assess an elderly home owner's needs and advise on practical, financial and legal matters related to adapting the home, repairing or insulating it.

3. PROCEDURES

3.1 Information and Advice

Anyone who contacts the county council with a potential need for Occupational Therapy or adaptations should always be given Information and Advice about available support.

If someone is not eligible for support but still has needs within their home environment, it is worth contacting a [Home Improvement Agency \(HIA\)](#) to see what support is available.

Information and advice on privately available support and help from charities and other community-based groups should also be given at this stage.

Connecting people at an early stage with other agencies or support available in their local community makes prevention more effective and can reduce or delay people's needs. HIAs, for example, may be able to support people with Handy Person services, advice on housing, benefits and debt and lists of reliable local builders, and can support people to arrange adaptation work.

3.2 Initial Enquiries

Enquiries that come via the county council's Customer Access Service (CAS) are screened and triaged for any potential need for Occupational Therapy (using a series of questions on the person's mobility, functional transfers, ease of access etc.) and once an Occupational Therapy need has been identified CAS will send the case to the relevant OT Referral Tray (i.e., North/Central/East) via [LAS](#) for initial screening and further information gathering.

The Duty OT regularly checks the team work tray. The Duty OT provides a vital role in screening referrals and ensuring only appropriate and correct referrals are accepted.

The Duty OT must be based in an office in order to complete their duty day.

All staff must consider the role of lower-level interventions at all times.

3.3 Community OT Screening and Information Gathering: Inappropriate or Incorrect referrals

Inappropriate or incorrect referrals should be dealt with at the screening stage by the Duty OT.

Inappropriate referrals may lead to more information gathering. Referrals from district nurses, for ramping for ambulant individuals or for mobility scooter access may potentially be closed at the screening stage if they are not appropriate. The referrer should be informed and signposted to relevant services (e.g. referrals for

mobility/mobility aids/wheelchairs only should be signposted to GP for physio/Specialist Mobility and Rehabilitation Centre referral).

All requests from social care staff for OT input should be made on [LAS](#) via an action plan or linked to an existing referral. Referrals submitted in any other way will be returned to the referrer with a request to complete a formal Action Plan or Contact Link to an Existing Referral.

When there is **insufficient information on the referral to make a decision**, it should be returned to the referrer with a request for a correctly formatted referral via [LAS](#).

3.4 Community OT Screening and Information Gathering: Referrals that should be actioned at the screening stage by the Duty OT

Under certain conditions, some referrals can be actioned by the Duty OT at the screening stage, these include:

Equipment for hospital discharge (out of area hospitals only).

Ramping for ambulant persons or for mobility scooters: The county council does not ordinarily provide ramping for ambulant persons (a person would not be eligible for ramping just to house their scooter for security purposes, for example). However, it is still important to screen the referral and take into account the person's individual circumstances.

Replacements for broken equipment should be ordered by the Duty OT via prescription or a repair/replacement should be organised via [TCES](#) where possible. If a new assessment is required it should be prioritised accordingly or reassigned to a Social Care Support Officer (SCSO) (see 3.6 below).

Unable to complete functional transfers: Telephone screening should be completed to ascertain if equipment can be provided immediately via a prescription and then the referral should be screened and prioritised accordingly.

(East only) Section 75 and Health referrals are to be screened as per Section 75 agreement and action plan completed for relevant integrated therapy team.

3.5 Fast Track process for bathing/level access shower facilities

Following a request for help with bathing the Duty OT will ask an SCSO to conduct an initial assessment.

An initial low-level equipment assessment can identify whether the person's bathing needs can be met with low-level equipment and/or minor adaptations. If the person's needs cannot be met this way then consideration should be given to fast-tracking the referral via the Duty OT to the relevant district council for provision of a level access shower. See Fast-Track Guidance [[LINK](#)] for more information.

If a service user has declined low-level equipment despite the initial assessment by the SCSO having identified that it would meet their needs, then a face-to-face OT assessment should not be offered because the county council has fulfilled its statutory obligations under the Care Act.

3.6 SCSO Assessment for low-level equipment and/or minor adaptations

All staff **must first consider** whether low-level equipment can meet needs. Alternative interventions – such as half-steps, rails, or a platform to facilitate a walking frame – **must always be considered** in the first instance before allocating a referral for assessment. Information and advice can also be given at this stage.

If the Duty OT identifies that a person's needs may be met with low-level equipment and/or a minor adaptation, the Duty OT will allocate the case to the SCSO Allocation Tray via [LAS](#).

The Care Act's statutory guidance (paragraph 10.27) states that the county council may take "into reasonable consideration its own finances and budgetary position" and "may take decisions on a case-by-case basis which weigh up the total costs of different potential options for meeting needs, and include the cost as a relevant factor in deciding between suitable alternative options for meeting needs".

If it is determined following assessment by an SCSO that low-level equipment and/or a minor adaptation meets the person's needs then the county council will have fulfilled its legal obligations.

The county council will not provide a Qualified Occupational Therapy assessment or an assessment for a major adaptation if the SCSO has determined that minor adaptations or low-level equipment can meet the person's needs.

However, the SCSO may also identify other potential needs that may require a Qualified OT assessment in addition to the provision of low-level equipment and/or minor adaptations. Professional and clinical judgement and an awareness of the person's fluctuating needs are highly relevant in these circumstances.

3.7 If a Qualified OT assessment may be required but the person also has low-level equipment needs.

In these cases, the need for low-level equipment and/or minor adaptations can be assessed and actioned by an SCSO via the SCSO Allocation Tray on [LAS](#). Action will not be taken until a response has been received from the assessing SCSO.

If the SCSO determines that there are no further OT needs and a Qualified OT Assessment is not required, the case can be closed.

However, if – following feedback from the SCSO – it is determined that a Qualified OT Assessment is still required, then the Duty OT must complete the Prioritisation Tool (see paragraph 3.9 and Section 4 below) and add the case to the relevant OT Allocation Tray.

Staff must document the associated Risk Rating in the comments box on LAS as follows:

Date of referral (e.g. 31/12/2019)
Risk Rating (e.g. H14)
Reason for Assessment (e.g. M&H)

Staff must also document the Risk Rating in the case notes.

3.8 If a Qualified OT Assessment is required and low-level equipment has been previously provided but is no longer appropriate (i.e. needs have changed)

In these cases, staff must complete the Prioritisation Tool (see paragraph 3.9 and Section 4 below) and add the case to the relevant OT Allocation Tray.

Staff must document the associated Risk Rating in the comments box on LAS as follows:

Date of referral (e.g. 31/12/2019)
Risk Rating (e.g. H14)
Reason for Assessment (e.g. M&H)

Staff must also document the Risk Rating in the case notes.

3.9 Using the Prioritisation Tool

Priorities are determined using the Prioritisation Tool (see Section 4) which identifies needs based on changes to the person's functional ability and the impact of their condition on the person or their carer. The tool allows staff to prioritise the most urgent cases and get help to the most vulnerable as soon as possible. Generally speaking, lower priority needs will have already been met earlier in the process and only higher priority cases will have reached this stage.

3.10 Qualified OT Assessments for Equipment and Major Adaptations

Once a case has been prioritised and allocated appropriately a Qualified OT Assessment will be conducted. Specialist equipment will only be provided following completion of an appropriate and proportionate Qualified OT Assessment.

Staff should be aware that low-level equipment and/or minor adaptations could still be appropriate, even at this stage. If, following the Qualified OT Assessment, a need for low-level equipment is identified as appropriate, the assessing OT can provide the low-level equipment.

Assessments must be carried out in a manner that has regard to the person's wishes, preferences and outcomes, the complexity of a person's needs and any potential

fluctuation of those needs. An assessment **must** go as far as necessary to establish a complete picture of the person's needs.

If a person has substantial difficulty in understanding or communicating their needs the person can agree for relatives or their carer to be contacted or involved on their behalf, or there may be a need for a referral to an [independent advocate](#). An advocate may also be appropriate if the [person lacks mental capacity](#).

The Care Act says that the focus of assessment should be:

- The person's needs.
- The impact of those needs on the person's wellbeing.
- What is available to meet their needs – including their own strengths and capability and their informal network.
- The outcome the person needs and wants to achieve.

Value for money

When deciding how to meet needs the county council is entitled to take into account the council's finances and budgetary position, including the importance of ensuring that the funding available to the county council is sufficient to meet the needs of the entire local population. In relation to the provision of community equipment this means ensuring decisions demonstrate value for money.

The Care Act statutory guidance defines "value for money" as the optimal use of resources to achieve intended outcomes and is clear that it must reference the quality of service delivered and the outcomes achieved for people's wellbeing and should not be solely based on achieving the lowest cost.

Therefore all recommendations for specialist equipment and/or major adaptations should take into account the solution which offers the best value for money. Decisions around recommendations should be made on a case-by-case basis and weigh up the total costs of different potential options for meeting needs, and include the cost as a relevant factor in deciding between suitable alternative options for meeting needs. This does not mean choosing the cheapest option but the one which delivers the desired outcomes for the best value.

This will include the implementation of single-handed care where it is identified through risk assessment by a qualified Occupational Therapist that this can be carried out safely and effectively.

3.11 Completing the Assessment

A Qualified OT Assessment is an opportunity to put OT principles into practice.

When conducting the assessment, OTs should apply their professional expertise to identify the specific type of intervention(s) that is most likely to address the person's need. Equipment or adaptations should not be provided routinely or reflexively.

For example, Occupational Therapists can teach people the best physical techniques for improving their mobility and functionality around the home without recourse to equipment. Occupational Therapists can also use their judgement to identify the progression of the person's condition and the person's potential and suitability for other services, like rehabilitation or reablement. Or they could identify equipment or adaptations that are likely to help prevent, delay or reduce the person's needs or future needs.

The full range of skills used by Occupational Therapists can be deployed to identify and manage risk appropriately. OTs can therefore play a big role in helping to manage the cost of the person's package of care and support, or in avoiding the need for ongoing formal care and support, where appropriate. This will include the implementation of single-handed care where it is identified through risk assessment by a qualified Occupational Therapist that this can be carried out safely and effectively

3.12 Outcomes and Recommendations

Following a Qualified OT Assessment the following outcomes may be recommended:

Retail equipment: Low-level equipment is issued via a prescription and can be collected from or delivered by a local, approved provider. Once this equipment has been provided it becomes the property of the person using it and, therefore, when no longer needed, should be disposed of by that person. Grab rail provision and fitting is also included in retail equipment. Other examples include: Commodes, chair-raisers, bed levers, shower chairs, perching stools, and trolleys.

Equipment on Loan: This is currently provided by [Medequip](#) who will deliver and fit items as requested by the person assessing the individual. This type of equipment tends to be larger, bulkier items or items that require regular maintenance ([Medequip](#) will carry out the maintenance and repair of the equipment they provide. Examples include: Hoists and slings, profiling beds, electric bath-lifts, bed management systems, and specialist seating.

Specialist equipment: Ordering equipment which is not held in stock at [Medequip](#) or on the retailer catalogue requires manager approval. A Qualified OT Assessment should be carried out and **stock equipment should always be the first consideration.**

Where stock equipment cannot meet the needs of the person the equipment being recommended must be trialled with the person to ensure that it is suitable. Following the trial, a special equipment clinical reasoning form [LINK] must be completed and sent to the OT specials mailbox. 'Specials' requests are considered for funding on a weekly basis by an OT manager. If funding is approved an order should then be placed on [Medequip](#) via the special equipment tab. If funding is declined then the person should be advised and alternative funding streams should be explored (e.g. charitable funding or self-purchase).

Minor adaptations (under £1,000): Lancashire County Council will fund minor adaptations up to a cost of £1,000. For adaptations costing more than £1,000, a

request can be made to the minor adaptations mailbox for consideration for funding by an OT manager. Ordinarily, however, adaptations that exceed £1,000 will be forwarded to the relevant City, District or Borough council for a Disabled Facilities Grant (DFG) to fund the works. Examples of minor adaptations include external rails and step adaptations, additional banister rails, and semi-permanent ramping.

Major adaptations: (over £1000.00): When the cost of an adaptation exceeds £1,000 a request will be made to the local City, District or Borough council for a Disabled Facilities Grant to fund the works. A financial means test may be carried out by the council to determine eligibility for the grant. When assessing for major adaptations the Occupational Therapist must identify the most appropriate adaptation to meet the person's long-term needs, taking into account well-being principles.

Different policies between city and borough councils regarding DFG funding should not affect the outcome of the assessment and recommendations by the Occupational Therapist. This ensures that a fair and equitable service is offered across the county.

It is the responsibility of the assessing Occupational Therapist to determine that an adaptation is necessary and appropriate. It is for the local city or borough council who are issuing the grant to decide whether the adaptation is reasonable and practicable. In some cases rehousing may be recommended as the most appropriate option.

The Occupational Therapist may also make recommendations based on preventative principles to enable people to remain in their own homes – for example by reducing the risk of falls or reducing the need for care.

Examples of major adaptations: Stair-lifts, level access showers, ramps, ceiling track hoists, through-floor lifts.

Other referrals may be also be appropriate and OTs and SCSOs should be aware of other services or referral pathways that can help people to stay healthy for longer and living at home, for example:

If a Carer's Assessment required: Contact the Customer Access Centre

If a Physio is required: Signpost the person to their GP

If you have identified that Telecare can meet some or all of the person's eligible needs, make a referral using the [dedicated Intranet page](#).

4. FLOW CHARTS/DIAGRAMS OR EXAMPLES

[Insert Prioritisation Tool]

5. RELATED DOCUMENTS

| | |
|---|---|
| POLICY, PROCEDURE AND GUIDANCE (PPG) DOCUMENTS | Adult Policies, Procedures and Guidance (PPG) Intranet site |
| LEGISLATION AND REGULATIONS | <ul style="list-style-type: none"> • The Care Act 2014 and the related Care and Support Statutory Guidance • The Disability Discrimination Act 1995 • Housing Grants, Construction and Regeneration Act 1996 |

6. EQUALITY IMPACT ASSESSMENT

The Equality Act 2010 requires the county council to have "due regard" to the needs of groups with protected characteristics when carrying out all its functions, as a service provider and an employer. The protected characteristics are: age, disability, gender identity/gender reassignment, gender, race/ethnicity/nationality, religion or belief, pregnancy or maternity, sexual orientation and marriage or civil partnership status.

The main aims of the Public Sector Equality Duty are:

- To eliminate discrimination, harassment or victimisation of a person because of protected characteristics;
- To advance equality of opportunity between groups who share protected characteristics and those who do not share them. This includes encouraging participation in public life of those with protected characteristics and taking steps to ensure that disabled people in particular can participate in activities/processes;
- Fostering good relations between groups who share protected characteristics and those who do not share them/community cohesion.

It is anticipated that the guidance on Occupational Therapy in this document will support the county council in meeting the above aims when applied in a person-centred, objective and fair way which includes, where appropriate, ensuring that relevant factors relating to a person's protected characteristics are included as part of the process.

More information can be found on the Equality and Cohesion intranet site on

<http://lccintranet2/corporate/web/?siteid=5580&pageid=30516>