Agenda Item No: 9

# Urgent Decision taken by the Chief Executive: Integrated Community Equipment: Direct Award in Response to Provider Failure

| | |
|---|---|
| To: | Adults and Health Committee |
| Meeting Date: | 9 October 2025 |
| From: | Executive Director for Adults, Health and Commissioning |
| Electoral division(s): | All |
| Key decision: | No |
| Forward Plan ref: | n/a |


Executive Summary: This report provides the committee with an overview of the current Integrated Community Equipment Service (ICES) which is commissioned by Peterborough City Council on behalf of Peterborough City Council (PCC), Cambridgeshire County Council (CCC) and Cambridgeshire and Peterborough Integrated Care Board (ICB).

It sets out the sustainability challenges that were faced by the provider of the service in June/ July 2025 and updates the committee on the urgent decision taken by the Chief Executive to mitigate the impact of this.


Recommendation: It is recommended that the committee note the urgent decision taken by the Chief Executive to authorise:

a) Peterborough City Council (PCC) to exercise the right to terminate the contract between PCC and Nottingham Rehab Limited (NRS) for the provision of Integrated Community Equipment Services across Cambridgeshire and Peterborough.

b) PCC to directly award the Integrated Community Equipment Service to an alternative provider [Medequip Assistive Technology Limited] to ensure continuity of this statutory service at a maximum annual value of £8,758,947 and a total value of up to £35,035,788 over 4 years. This excludes any annual fee rate changes which will be agreed through the annual fee rate change business plan investment case approval.

c) a variation to the current Delegation and Partnering Agreement that operates between CCC and PCC and which underpins PCC's responsibilities as lead authority of this service. This reflected any variation to the contractual and financial position of any new

arrangements PCC must enter into as the lead authority once the contract with NRS was terminated.

d) a variation to the Section 75 Agreement held between Cambridgeshire County Council and the Integrated Care Board to reflect any variation to the contractual and financial position of any new arrangements.

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# 1. Creating a greener, fairer and more caring Cambridgeshire

1.1 Delivery of an Integrated Community Equipment Service aligns with the following ambitions for Cambridgeshire:

Ambition 3 - Inequalities are reduced
By providing people with community equipment and Technology Enabled Care (TEC) options they can increase or retain their level of independence. This means we can ensure people have access to a good range of social and leisure opportunities, including being able to enjoy time with family and friends. Consequently, people stay connected within their community, which helps them to proactively self-manage their mobility needs and enables them to remain safe and independent in their chosen home environment. Being able to do more independently also promotes social inclusion and can help people to maintain a healthier lifestyle or manage their health needs more proactively, enabling them to maintain the best possible quality of life for longer.

Ambition 4 - People enjoy healthy, safe and independent lives through timely support that is most suited to their needs.
Having access to community equipment and TEC that can support with day to day living tasks and sustain or improve independent mobility enables people to live safely and independently in their chosen home setting. It also helps them to maximise their quality of life and ensure they can achieve the best possible outcomes.

Ambition 5 - People are helped out of poverty and income inequality
For working aged people with a disability, access to appropriate community equipment and TEC can support them in accessing and maintaining employment, assisting them to improve their financial stability, increase their personal income and contribute positively to the economy.
Having access to community equipment and TEC solutions can also reduce someone's reliance on an unpaid carer, enabling their carer to undertake paid work or increase their working hours and earnings.

Ambition 7 - Children and young people have opportunities to thrive
Providing children and young people with community equipment and TEC gives them the opportunity to increase their independence and reduce their reliance on others. This can enable them to socialise with peers, maximise social opportunities and gain better access to education and training. This in turn increases their confidence and ability to be as independent as possible, improving their wellbeing and helping them to achieve the best possible outcomes.

# 2. Background

2.1 The Integrated Community Equipment Service (ICES) contract operates across Peterborough and Cambridgeshire. Peterborough City Council (PCC) are the lead contracting authority on behalf of PCC, Cambridgeshire County Council (CCC) and the Cambridgeshire and Peterborough Integrated Care Board (ICB). The service is funded via two pooled budgets which are governed by a Section 75 Agreement with funding levels for 2025/26 outlined below:

**Cambridgeshire Pooled Budget:**

| | |
|---|---|
| Integrated Care Board | £2,763,100 |
| Cambridgeshire County Council | £2,571,069 |
| Cambridgeshire Total | £5,334,169 |

**Peterborough Pooled Budget:**

| | |
|---|---|
| Integrated Care Board | £766,536 |
| Peterborough City Council | £412,750 |
| Peterborough Total | £1,179,286 |

2.2 The service was delivered through a 10-year contract (5+3+2 years) with Nottingham Rehab Limited (NRS) which commenced on 1st April 2022 with the provider having successfully won the contract for a third consecutive term. The first contract extension was due on 1St July 2027.

2.3 The service provides equipment to people of all ages which includes the purchasing, delivery, installation, collection, recycling, repair and maintenance of a large range of health and social care equipment. It is critical to helping people to remain as independent as possible in the community and in the home of their choice. The service also provides minor housing adaptations such as small ramps and handrails. It is a statutory all-age service, under The Care Act 2014, the NHS Act 2022, and The Chronically Sick and Disabled Persons Act 1970 covering provision for children.

2.4 The contract is an essential part of the health and social care system providing equipment to support hospital discharge, prevent admission to hospital and care homes, keep people safe and independent at home and school and supports end of life. The provision, and installation, of appropriate equipment to people at home can prevent, avoid and delay their need for more costly forms of health and social care support.

2.5 The scale of this service is substantial and was delivered from a single, dedicated warehouse. The contract had a catalogue of over 600 lines of equipment and annually provided over 100,000 items of equipment to people across our communities. There were up to 14 driver technicians on the road every day (Monday to Saturday) completing around 500 activities per day which includes deliveries, installations, collections and maintenance. At any one time, equipment is prescribed from the contract by around 1,000 practitioners working across the health and social care system. This includes Community Occupational and Physiotherapy Teams, Community Nursing Teams, Reablement and Hospital Discharge Teams to name a few.

2.6 NRS held Integrated Community Equipment Service (ICES) contracts with 41 Local Authorities which included 21 London Boroughs. However, their presence within the Eastern Region was light with regional and neighbouring authorities contracting with other providers and a small number delivering an in-house or arm's length offers. The national market for ICES is limited to 3 main providers including NRS, Medequip and Millbrook.

# 3. Main Issues

3.1 In June 2025, NRS advised all commissioning authorities that they faced serious financial challenges that required urgent resolution to enable them to continue to operate. They issued a number of requests to all 41 commissioning authorities which included inflationary increases, changes to payment terms and significant investment in equipment to ensure the service could continue to operate. They advised that without this support they could not continue to operate beyond the end of July 2025.

3.2 At a national level, Partners in Care and Health (PCH) provided facilitation and advisory support to Local Authorities and ICBs likely to be affected. PCH is a collaboration between the Local Government Association and Association of Directors of Adult Social Services. Over the several meetings that took place, it became clear that a majority of the 41 commissioning authorities could not comply with the requests made for a variety of reasons such as a material change to contracting arrangements leading to a breach of contract. Consequently, many commissioning authorities looked to alternative solutions placing NRS's ongoing sustainability at high risk.

3.3 With this in mind, Officers worked in partnership across PCC, CCC and the ICB to undertake detailed business continuity planning at pace with a focus on ensuring we could continue to deliver support to people residing within Cambridgeshire and Peterborough.

3.4 The absence of this service would have had a serious impact on people who require this support across Cambridgeshire and Peterborough City. This included:

- Delayed discharges from acute and community hospitals
- Increased unplanned admissions, where provision of equipment could have prevented that, including Technology Enabled Care
- Reduced service to formal carers who need access to moving and handling equipment - i.e. potential increase in double-up packages of care or carer breakdown
- Increased numbers of pressure ulcers that are prevented through provision of pressure area care equipment
- Reduced service for people accessing the end-of-life pathway
- Increased dependence of older and disabled people
- Reduced access to equipment for families with disabled children
- Reduced levels of maintenance of equipment to ensure powered, and lifting equipment is fit for purpose
- Delayed collection of equipment where this is no longer needed or someone passes away

3.5 Business continuity planning considered a number of options including insourcing, a direct award to an alternative provider and working with another Council's in house service to deliver. In reviewing these options we worked with specialist and in-house legal teams, Procurement, Finance and Emergency Planning representatives from across the partnership.

3.6 These options have been outlined in Section 4 of the report below. Based on the balance of benefits and risks and following market research, Officers believed the best option for Cambridgeshire and Peterborough to ensure continuity of service and management of

financial risk in the short to medium term would be to directly award the contract to an alternative provider. The following factors were considered in forming this recommendation:

- Compliance with the requests from the incumbent provider would have meant a substantial change in the terms of the contract that was awarded and therefore would have likely constituted a breach of procurement law and cause of a real risk of procurement challenge. In addition to this, there was no certainty that complying with the terms of the incumbent providers requests would have resulted in them being able to trade out of their compromised financial position in the short term.

- A large number of eastern region and neighbouring authorities were already operating with an alternative provider to deliver their ICES. This meant the capacity was available locally to transfer delivery of the service at pace and maintain an operation for those with the most urgent needs in the short term with business-as-usual commencing within months of transition.

- Whilst two authorities within the eastern region operate an in house or arm's length service delivery model for community equipment, discussions confirmed this model could not be mobilised at pace given the breadth and scale of the service operating across Cambridgeshire and Peterborough.

3.7.1 To enact this approach, applying required governance procedures PCC undertook the following:

- Issued NRS with a formal notification to terminate the contract with immediate effect under Clause 12.1.7 of the contract, on the grounds that an Insolvency Event has occurred, as defined within the contract terms. Legal advice confirmed the threshold for doing this has been met.

- Utilised the Council's powers under Section 41 and Schedule 5, Paragraph 13 of the Procurement Act 2023 to directly award the contract to an alternative provider. This action was justified on the grounds of extreme urgency arising from unforeseeable and unavoidable circumstances, where compliance with standard procurement procedures would risk disruption to a critical statutory service. A maximum contract term of 4 years was put in place to allow for sufficient time to stabilise the market and the supply chain, ensure continuity of service, and develop a longer-term commissioning strategy. Every effort was made to minimize the contract term through negotiation with the provider. This was the shortest term offered on the basis the organisation would need to fund the depreciation of capital investment to deliver the contract and attract a competitive vehicle and warehouse leasing arrangement.

3.8 The projected costs of undertaking the direct award and emergency transition of the service have been outlined within the table below:

| **Combined Cambridgeshire and Peterborough Pooled Budget** | | | |
|---|---|---|---|
| | **Budgeted funding levels for 2025/26** | **Proposed new funding levels for 2025/2026** | **Full Year Variation** |
| **Integrated Care Board** | £3,529,636 | £4,733,270 | £1,203,634 |

| | | | |
|---|---|---|---|
| **Cambridgeshire County Council** | £2,571,069 | £3,505,622 | £934,553 |
| **Peterborough City Council** | £412,750 | £520,055 | £107,305 |
| **Overall Total** | **£6,513,455** | **£8,758,947** | **£2,245,492** |

Table 1: Combined Cambridgeshire and Peterborough Pooled Budget for the whole service

| **Cambridgeshire Pooled Budget** | | | |
|---|---|---|---|
| | **Budgeted funding levels for 2025/26** | **Proposed new funding levels for 2025/2026** | **Full Year Variation** |
| **Integrated Care Board** | £2,763,100 | £3,767,453 | £,1,004,353 |
| **Cambridgeshire County Council** | £2,571,069 | £3,505,622 | £934,553 |
| **Cambridgeshire Total** | **£5,334,169** | **£7,273,075** | **£1,938,906** |

Table 2: Cambridgeshire Only Pooled Budget

3.9 The recommendation approved covered a maximum value of £35,035,788 over a 4-year period. Please note, the costs outlined above represent a worst-case scenario and may be reduced depending on the management and outcome of several variables including access to the existing warehouse and the speed at which TUPE implications for NRS staff are followed and concluded. In the initial phases of transfer, open book accounting will be undertaken to ensure transparency and best use of funding.

3.10 In year 1 of the contract, we expect the cost of the service to Cambridgeshire to rise by £1,938,906 under the current pooled budget arrangement to enable emergency transfer and delivery to take place. The in-year effect of this in 2025/26 is a maximum of £600k.

3.11 However, Officers are looking to put in place longer term contractual arrangements within the first 6-12 months of this approach going live and expect costs to reduce significantly within this period. The work to revise the costs started at the end of September 2025 following Medequip obtaining access to the warehouse thereby giving them the ability to assign real costs to their activities.

3.12 On commencement of the contract on 28th July 2025, the incoming provider mobilised their service to deliver a smaller catalogue of 65 items of equipment deemed by health and social care operational specialists to meet the most urgent and critical needs across the community. This included the maintenance, management and collection of existing equipment currently situated within the homes of people requiring this support. The provider was able to use vacant warehouse space held within the region plus a satellite site utilising vacant CCC property to enable the service to transfer within 24 hours. Work was also undertaken with the incoming provider to transfer all 3,300 health and social care prescribers to the new system to enable ordering of equipment. This approach has continued whilst work is undertaken to transition the remainder of the service until we reach a business-as-usual position. As we progress towards this point, the ongoing costs of the contract will be negotiated and agreed with the provider. As at the end of September 2025, the service has reached 30% of normal activity levels.

3.13 Throughout this process, PCC, CCC and the ICB have worked in close partnership to consider all options available. All partners were in agreement with the recommendations set out above. Following the urgency decision, contract termination and award of a contract to the incoming provider, the activities listed below have been undertaken:

- A communication and engagement plan was enacted on the 28th July 2025 working with communications teams across all three organisations to ensure clear messaging was issued to elected members and people who are in receipt of services. There were also clear lines of communication and messaging to operational teams and prescribers affected across health and social care, acute and community teams.

- Service delivery focused on ensuring:
    - A process is in place to satisfy urgent critical needs with an emphasis on hospital discharge, end of life and urgent schools' equipment prior to school holidays is implemented.
    - Any unfulfilled orders on the NRS system were extracted and prioritised for action by the alternative provider
    - There is a process in place for the collection of equipment that needs to be recycled for reuse
    - The ongoing maintenance of equipment remains up to date by sharing the maintenance schedule with the alternative provider
    - The ongoing access to non-stock special equipment that is already owned by commissioners
    - Staff have now transferred over to the new provider with almost all staff to have completed their training by the end of September 2025.
    - Transport vehicles and their contracts were transferred over to the new provider

3.14 In conclusion, the recommended approach of directly awarding the contract to an alternative provider ensured the continuation of critical community equipment services with minimal disruption. This approach addressed immediate urgency and mitigated risks associated with the sustainability issues experienced by the incumbent provider. It leveraged existing market capacity and expertise, ensuring swift mobilisation and service continuity. Although there is a risk of legal challenge, legal counsel confirmed that the situation meets the criteria for urgency exceptions under the Procurement Act 2023. This recommendation balanced the need for immediate action with the long-term goal of stable, efficient service delivery.

# 4. Alternative Options Considered

(a) Do nothing – This would have required PCC, CCC, the ICB and the 41 other commissioning authorities to comply with the terms NRS set and detailed in paragraph 3.1 of the report. These terms would require a variation of the contract which would likely constitute a breach of procurement law. Meetings with PCH and other authorities who commission NRS have indicated that this position is not unique to Cambridgeshire and Peterborough. There was therefore a strong likelihood that NRS would go into administration whether we complied with these terms or not.

(b) Tender the Service – ordinarily a service transfer would be facilitated through a compliant, open tender process to ensure maximum transparency and value for money through competition. However, this approach is lengthy and would not have allowed the

Council to respond to the urgency of the situation or ensure continuity of care to the people accessing the community equipment service. It was therefore necessary to invoke our powers under Section 41 of the Procurement Act 2023 to make an urgent direct award.

(c) Direct award to a Local Authority led in-house service or arm's length company – there is one in house service and one arm's length company delivering community equipment services within the region. Early discussions here indicated that the organisations would not have been able to mobilise delivery at the scale and pace required to respond to the urgency of the situation.

(d) Direct award to alternative provider – This was the recommended approach as it enabled a swift and efficient transfer from the current to the new provider ensuring continuity of service for the most urgent and critical needs in the immediate term and a transition to business-as-usual delivery within weeks. Market research indicated that an alternative provider was already working with many of our neighbouring authorities and therefore had readily available capacity to support delivery of ICES within the local area. Whilst this is not a compliant route and carries with it a risk of legal challenge, legal advice has confirmed the situation meets the threshold for enacting urgency exceptions under the Procurement Act 2023.

(e) Insource the Service – This option would see either PCC or CCC take on the operation and delivery of the ICES. Whilst this would have provided local system partners with maximum control of cost and delivery of the service, the infrastructure, additional capacity and specialist skills set required to deliver this would have been substantial and does not exist within the Council's or ICB. It would have therefore likely required a substantial investment and could not be mobilised at pace in response to the growing urgency of the situation we faced.

# 5. Conclusion and reasons for recommendations

5.1 The recommended approach of directly awarding the contract to an alternative provider ensured the continuation of critical community equipment services with minimal disruption. This approach addressed the immediate urgency and mitigated risks associated with sustainability of the incumbent provider. It leveraged existing market capacity and expertise, ensured a swift mobilisation and service continuity. Although there was a risk of legal challenge, legal counsel confirmed that the situation met the criteria for urgency exceptions under the Procurement Act 2023. This recommendation balanced the need for immediate action with the long-term goal of stable, efficient service delivery.

# 6. Significant Implications

## 6.1 Finance Implications

6.1.1 The initial projected costs of undertaking the direct award and emergency transition of the service have been outlined above in paragraph 3.8 to 3.11. An update projected costs are also outlined above in paragraph 3.11.

## 6.2 Legal Implications

6.2.1 Termination of the contract with NRS was considered under Clause 12.1.7 of the contract with NRS, which permits immediate termination in the event of a Liquidation Event. Termination rights will be exercised based on legal advice and any termination notice will be sent in accordance with the contract.

6.2.2 To maintain continuity of this statutory service, a new contract has been directly awarded to an alternative provider. This approach is legally supported under Section 41 and Schedule 5, Paragraph 13 of the Procurement Act 2023, which permits direct awards in cases of extreme urgency arising from unforeseeable events. The circumstances must be such that the Council cannot reasonably comply with the timeframes required for a competitive procurement process without risking significant harm to people who use the service.

6.2.3 Legal counsel has confirmed that the current situation meets the criteria for this exemption. PCC, as the lead authority, must also publish a transparency notice under Section 44 of the Procurement Act 2023 to ensure procedural compliance.

6.2.4 While there is a potential risk of legal challenge due to the non-competitive nature of the award, this risk is considered proportionate and outweighed by the Council's statutory duty to ensure uninterrupted service delivery and avoid the Council failing to meet its obligations under health and social care legislation.

## 6.3 Risk Implications

6.3.1 From a procurement perspective there was a risk that a direct award to an alternative provider may incur a legal challenge relating to the choice of provider and how this choice was made. However, in the current situation the Council considered all the major risks and reviewed the impact of these risks carefully when considering options. The greatest risk lay with people who require access to this service who are likely to suffer significant harm if the service were to cease. In this instance, the Council would fail to meet its statutory duty to provide services assessed as needed by people who access it.

6.3.2 In addition, there was a commercial risk in that waiting until a service is no longer available will create conditions where attempting to find an alternative would cost significantly more and there would be a lag in delivery of the new arrangements.

6.3.3 From a market perspective there is an oligopoly in evidence given that only 3 providers deliver these services nationally and the Council's current provider was likely to cease trading very soon. That left 2 providers nationally that are supplying numerous Local Authorities. The best value solution was likely to be achieved by those Local Authorities who acted quickly and could arrange a synergy of operation thereby creating stability, keeping costs as reasonable as possible and enabling a smooth transition for people who use the service.

6.3.4 Whilst procurement challenges should always be considered carefully, in this case, the need to act to preserve services overrides considerations of opening this up to the market which is diminished due to significant barriers to entry characterised by high costs and significant logistical and staffing challenges. The provider considered offered advantages of

location, staffing in that area and a logistical and stock holding network that could easily be mobilised to minimise any impact on people who use the service. In order to secure the provider's services the Council was required to consider carefully the terms on which the provider would be likely to agree to provide service, that included considering a medium-term contract duration.

## 6.4 Equality and Diversity Implications

6.4.1 An Equality Impact Assessment had been completed and approved (EQIA-07486). The Impact Assessment highlighted that whilst an emergency transfer of the service to another provider enabled the local system to sustain service delivery to all people requiring community equipment in the long term, some negative impacts were identified in the short term.

6.4.2 The impact assessment showed that reducing equipment provided to a critical list of 65 items in the immediate term to facilitate transition at pace would have a negative impact on people on the basis of age and disability. However, we expect the service to gradually ramp up over a period of 4 months to business-as-usual levels and so the negative impacts would be short-lived. The impact of this was reduced by ensuring that the critical list was focused on managing the greatest areas of risk including the ability to facilitate discharge from hospital and ensure people can die in their place of choice. People have also been provided with retail options where items required are widely available.

EQIA 07486 has been downloaded and appended to this report (Appendix 1).

## 6.5 Climate Change and Environment Implications

As existing vehicles were transferred over from the incumbent to the new provider, there was no opportunity to change the climate impact of the transport element of the service.

# 7. Source Documents

7.1 None

## APPENDIX 1: Equalities Impact Assessment

**Title**

EQIA-07486

**Your name**

Lisa Sparks

**Your job title**

Senior Commissioning Manager

**Your Directorate**

Adults, Health and Commissioning

**Your Service**

ASC Commissioning

**Your Team**

Accommodation Team

**Your email**

Lisa.Sparks@cambridgeshire.gov.uk

**Proposal being assessed**

New Community Equipment Service

**Business plan proposal number**

N/A

**What is the name and description of the policy being assessed?**

Delivery of a new Integrated Community Equipment Service (ICES) following the insolvency of the existing ICES provider Nottingham Rehabilitation Service (NRS).

Emergency direct award was made to award the delivery of the new service to Medequip.

The Integrated Community Equipment Service (ICES) contract operates across Peterborough and Cambridgeshire. Peterborough City Council (PCC) are the lead contracting authority on behalf of PCC, Cambridgeshire County Council (CCC) and the Cambridgeshire and Peterborough Integrated Care Board (ICB).

The contracted service provides equipment to people of all ages which includes the purchasing,

delivery, installation, collection, recycling, repair and maintenance of a large range of health and social care equipment. The service is critical to helping people to remain as independent as possible in the community and in the home of their choice. The service also provides minor housing adaptations such as small ramps and handrails. It is a statutory all-age service, under The Care Act 2014, the NHS Act 2022, and The Chronically Sick and Disabled Persons Act 1970 covering provision for children.

ICES objectives are:
To help social care and health to meet statutory requirements under the Care Act
To enable people to be able to live as independently as possible in their own homes for as long as possible
To support hospital discharge back to people's homes
To prevent unplanned admissions to hospitals
To delay the need for registered care placements and other more costly interventions
2.3

2.4 The contract is an essential part of the health and social care system providing equipment to support hospital discharge, prevent admission to hospital and care homes, keep people safe and independent at home and school and supports end of life. The provision, and installation, of appropriate equipment to people at home can prevent, avoid and delay their need for more costly forms of health and social care support.

**Head of service**

Shauna Torrance (she/her)

**Head of service email**

Shauna.Torrance@cambridgeshire.gov.uk

**Status**

Approved

**Reason for rejection** : n/a

**Comments**

Approved with some additions made to research methods

**What type of policy is this?**

Major change

**Is this EqIA supporting a committee paper/business case?**

Yes

**What research methods/evidence have you used to identify equality impacts of your strategy, policy, plan, project, contract, or major change to your service?**

Local data and monitoring information, specialist legal advice and engagement with providers as well as the wider commissioning network across 41 Councils.

**Is it foreseeable that people from any protected characteristic group(s) or people experiencing socio-economic inequalities will be impacted by the implementation of this proposal (including during the change management process)?**

Yes

**If no, provide an explanation as to why this proposal will not have an impact on each of the following characteristic/group of people**

**Age**

Neutral impact

**Disability**

Neutral impact

**Gender reassignment**

Neutral impact

**Marriage/Civil partnership**

Neutral impact

**Pregnancy and maternity**

Neutral impact

**Race**

Neutral impact

**Religion/Belief**

Neutral impact

**Sex**

Neutral impact

**Sexual orientation**

Neutral impact

**Care experience**

Neutral impact

**Other identified groups**

Neutral impact

**You identified positive/negative impacts – please explain each one and supporting evidence**: NA

**Identified Impact Protected Characteristic or non-legislative factor**

The overall impact will be neutral.

The new service, once past the transition phase and at full capacity, will be able to provide the residents of Cambridgeshire and Peterborough with the prescribed equipment that will continue to be able to meet their needs for hospital discharge, end of life care and independent living.

Residents will continue to;
Have prescribed equipment delivered to and set up within their homes
Have items of equipment serviced and repaired as required
Have items of equipment collected for recycling and reuse
Benefit from signposting to self help options so they can purchase equipment that will assist them in their daily living needs
Have access to specialist prescribed equipment required to support children and young people in education and respite settings
Receive minor housing adaptations (e.g. ramps and grab rails) to support independent living

**Action to mitigate or enhance**: N/a

**Name of officer responsible for action**

**Completion date**

**Did you engage with an EqIA super-user when developing your EqIA?**

**Attachments**

None