



CHILDREN'S COMMUNITY EQUIPMENT

Report On Work Undertaken In The South West

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1. INTRODUCTION

In February 2010 the Ill and Disabled Child Team at the Department of Health (DH) invited proposals for funding from each Strategic Health Authority and linked Government Office. Successful proposals would develop innovative activities and test processes to achieve transformation in children's community equipment. The South West Strategic Health Authority and the then Government Office for the South West submitted an application that was successful and was delivered through the Children & Families Programme of the South West Development Centre (SWDC).

2. BACKGROUND TO THE PROJECT

There are long-standing and well-documented issues around the commissioning and supply of community equipment. This was recognised in "Aiming High for Disabled Children" (HM Treasury 2007), where the importance of timely, good quality equipment in maintaining a child's independence and supporting their development was cited.

A range of issues relating to governance, pathways, sourcing strategies, and management of purchased equipment, as well as choice, were highlighted in the CSED Report "Models and Options for Children's Equipment and Related Services" (CSED, DH 2009). The report highlighted that the retail model, developed for adults' equipment, is not suitable for children's equipment, due both to the different needs that children have and also the more segmented nature of the market.

The DH call for proposals was in response to both these documents, and sought to generate solutions to long-standing issues. Due to national government changes, the start of the project was delayed until November 2010. This resulted in the project being undertaken within six months, at a time of considerable local instability in all public sector organisations.

3. AIMS AND PLANNED IMPACT

The aims of the work were to:

- Scope existing arrangements in the south west for assessment, procurement, supply, maintenance and recycling of community equipment
- Undertake a data-gathering exercise across the south west to identify current levels of need, spend and ability to forecast demand
- Identify a group of Primary Care Trusts (PCTs) and their associated Children's Trust partners to work with in order to:
 - Develop a list of core and specialist equipment that would enable co-ordinated procurement across a wider geographical area
 - Understand from children, young people, their parents and carers what they need and expect from equipment services

- Understand from suppliers what is needed to work more responsively with purchasers of equipment
- Develop integrated care pathways that support children as their needs are identified and change over time
- Contribute to and enhance the work that was already underway through the South West Strategic Health Authority's Wheelchair Services Review
- Share the learning and recommendations both within the south west and nationally via the Ill and Disabled Child team at DH

The original project scope (February 2010) also included elements relating to recommendations for “slot-in” modules in Children and Young People's Plans, supporting performance reporting for National Indicators, and communication aids: learning from Bercow Pathfinders. Policy changes and organisational turbulence meant that these elements were either no longer appropriate or were not feasible in the new context – and so they were removed. A project plan forms Appendix 1.

The anticipated impact of the project was that there would be improved and integrated procurement of community equipment for children with disabilities

4. APPROACH

The approach was planned as one that built without duplication on what was already in existence, supported local colleagues to test out ideas that would inform the rest of the south west, and hear directly from children, young people and families about their experience and needs.

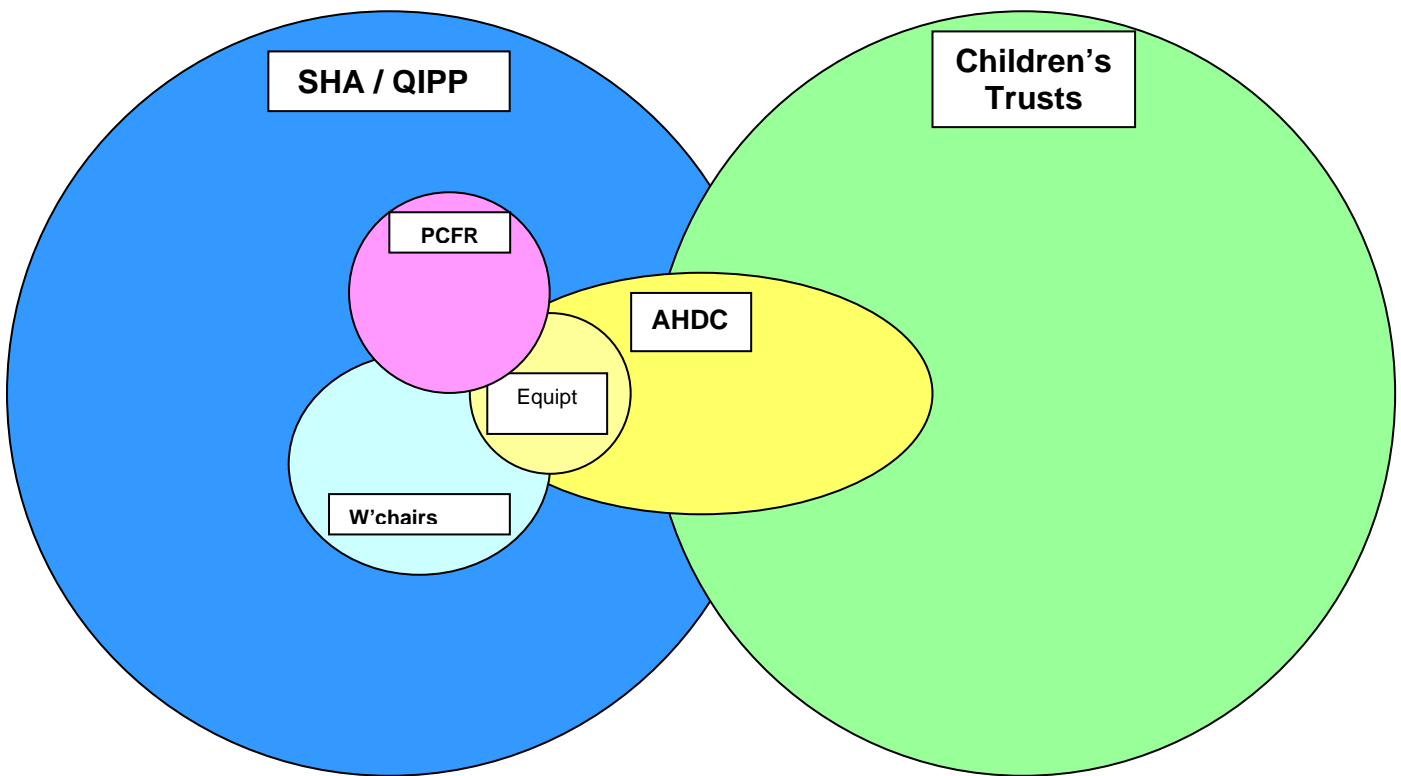
The project was ambitious and multi-faceted and, in the event, had to be trimmed to meet both a reduced timescale and the pressures of local organisations that were not in a position to offer the level of input that they had hoped. More of the work was delivered externally than had originally been planned but some unforeseen synergies arose as a result e.g. the work on a Transition Pathway in Torbay dovetailed into existing support being offered through the Transition Support Programme.

During the latter half of 2010-11, there was a wide range of related work taking place and wherever possible, transferrable learning has been incorporated into this report. Specific examples include

- South West Strategic Health Authority Wheelchair Review
- Aiming High for Disabled Children events to celebrate progress over the previous three years
- A series of “Square Table Events” led by ACT and Children's Hospices UK, to seek views from parents and carers of children with life-limiting / threatening illnesses and to contribute to the Palliative Care Funding Review (PCFR)

The diagram below illustrates how some of these structural and policy expectations overlap, explaining the approach taken by the project.

Diagram of Policy Inter-dependencies



The elements of the project will be considered individually throughout the rest of this report and comprise:

- Understanding what is already in place, through surveys with PCTs and Local Authorities
- Hearing the views and needs of children, young people and families
- Understanding the issues around refurbishment and recycling, together with the views of local suppliers
- Developing a Transition Pathway for young disabled people as they become adult
- Contributing to and learning from the SHA Wheelchair Services Review
- Aligning with other known projects in the south west

5. UNDERSTANDING WHAT IS ALREADY IN PLACE

5.1 Methodology

Two surveys were undertaken: one for PCTs in the fortnight over Christmas 2010 and one for Local Authorities (LAs) in early January 2011. Phrasing the surveys enabled some of the design flaws in the PCT version to be corrected for the LA version. Copies of the survey questions form Appendices 2 and 3.

5.2 Results

Seven out of 14 PCTs responded and 11 out of 16 LAs. There were two (very different) responses from one LA and a further response from that same area, but from an NHS provider – that response was discounted. This response rate, whilst superficially disappointing, compares very favourably with the 4% national response rate experienced by CSED during their work in 2008.

The PCT responses came from Children’s Commissioners and the LA ones from a range of staff: Integrated Disability Services, SEN, Social Care and one “other”.

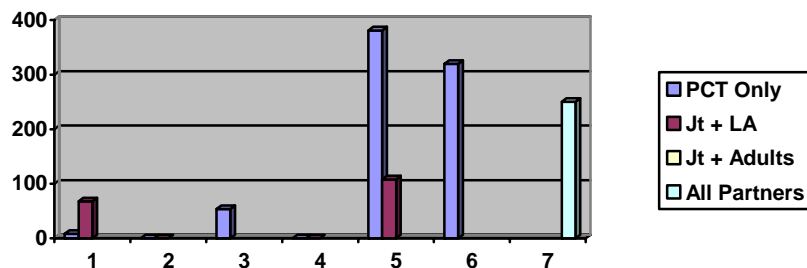
In response to the question “**Do you have access to a Community Equipment Store?**” the responses were:

PCT	Yes – single PCT	= 5 (71%)	No = 2 (29%)
LA	Yes – single LA	= 7 (78%)	No = 1 (11%)
	Yes – More than 1 LA	= 1 (11%)	

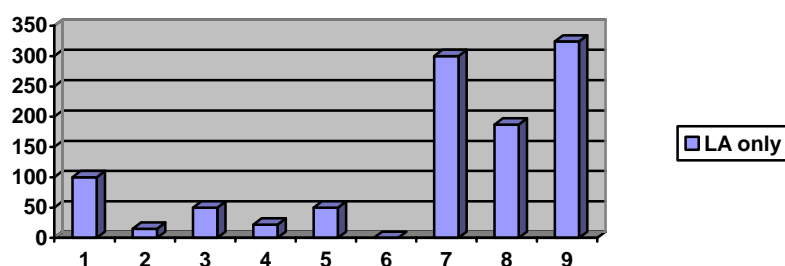
Respondents were asked to provide **estimated annual spend** on equipment, excluding wheelchairs, where this was known. Many of the figures are not precise and, where the response is £0, an assumption should be made that the information was not readily available, rather than that no money is spent.

PCT respondents identified shared arrangements, whereas LA respondents responded from a single agency perspective. The two charts below illustrate the responses.

Estimated Annual Reported PCT Spend (£'000)



Estimated Annual Reported LA Spend (£'000)



Joint commissioning arrangements were reported as follows:

TYPES OF JT COMMISSIONING	PCT RESPONSES (n=7)	LA RESPONSES (n=9)
Joint with (adult) NHS	3 (43%)	4 (44%)
Joint with (adult) social care	2 (29%)	3 (33%)
Aligned budget	2 (29%)	1 (11%)
Pooled budget	0	2 (23%)
Other (not specified)	-	1 (11%)

NB Responses = more than 100% due to rounding / multiple answers

In response to the question relating to a **clear care pathway** for children, the responses were:

PCT(n=7): **Yes = 2** **Some elements = 7**
LA (n=9): **Yes = 8** **Some elements = 1**

The evidence from regional colleagues who worked from 2007 – 2011 in support of the implementation of Aiming High for Disabled Children, however, would suggest that these responses might be optimistic.

The survey asked for examples of **local projects** that could contribute to the overall findings of this piece of work and examples included:

- Multi-agency group looking at equipment, therapy and adaptations
- Work to integrate Continuing Care equipment into larger pooled community equipment services
- Procurement, maintenance and re-conditioning of ventilators via a tertiary centre, reducing rental costs and increasing responsiveness to needs as children and young people change and grow

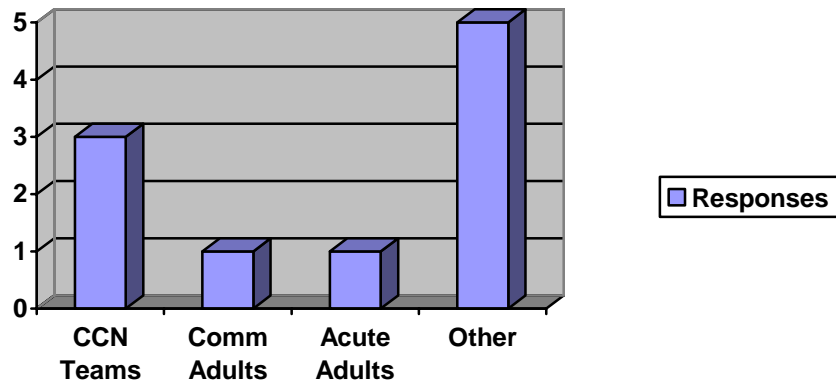
When asked whether there would be interest in developing a **core catalogue**, 6 of the PCTs and 6 of the LAs said “yes”.

Two additional questions for the PCTs were requested by a Children’s Commissioner, as she felt there was a poorly

identified issue relating to the provision of **medical and surgical consumables** for children.

In response, all PCTs identified that no consumables were provided by the local equipment store and the chart below indicates the ad hoc and tentative nature of provision.

Who funds consumables?



The largest number of responses: “other” masks a myriad of local arrangements that take place, including “favours”, “borrowing from the surgery” and “begging at the hospital”.

5.3 Conclusions and Recommendations

These results do not represent a full set of data and the finance information, in particular, appears not to be well understood or easily accessed. There is significant variation in reported spend, and those areas where PCT spend is high, tend also to have high LA spend. The converse is not consistently the case. It is not clear whether the level of expenditure is related to level of need, or to historical patterns of provision.

It is not possible, from this dataset, to draw any robust conclusions other than:

- Community equipment is an area of universal concern
- All respondents wish to improve the quality and efficiency of their service
- All respondents are keen to streamline processes and to share learning
- Many areas indicated an interest in a core catalogue, but were not aware of the national catalogue developed by DH
- Considerable further work needs to be done to understand the scale of need, the associated costs and likely growth trajectories
- There is a slightly unrelated, but very significant issue, about the provision of consumables for children nursed at home

6. HEARING THE VIEWS AND NEEDS OF CHILDREN, YOUNG PEOPLE AND FAMILIES

6.1 Methodology

This took place in a variety of ways:

- The South West Strategic Health Authority's Wheelchair Review incorporated the findings of a Whizz-Kidz questionnaire to young wheelchair users
- NHS Devon and Devon County Council undertook a joint review in 2008 of equipment commissioning, which included stakeholder consultation
- The Children's Society hosted a structured discussion with a group of young people, gaining their views about both the provision and the recycling of equipment. SWDC certificated the contribution of the young people who attended, as evidence for a variety of accredited Youth Awards
- A similar discussion was held with a local Parent's Forum

A more detailed consultation / workshop that was scheduled within a planned Aiming High for Disabled Children celebration event was not able to take place. As a result, the intended parent-led Communications Strategy and Charter were not able to be developed.

6.2 Findings

All of these approaches generated considerable congruence of views. Although young people were specifically offered a separate discussion, their views were echoed by the adults consulted. The issues are synthesised and summarised in the table below.

Key Issues Identified By Young People, Parents And Carers
<ul style="list-style-type: none">• The need for a simple system of assessment and supply• The assessment needs to follow through to appropriate provision – examples were heard about equipment not being used because:<ul style="list-style-type: none">○ The assessment was poor and the equipment was not suitable○ The equipment was functionally suitable but not able to be used in the child's environment○ There had been poor or inaccurate explanation of use○ The delay between assessment and provision meant the child had grown, and the equipment was no longer suitable• More support needed to help with decision-making about the most suitable equipment to support assessed functional deficits. This includes:<ul style="list-style-type: none">○ Objective information about available equipment○ The opportunity to try equipment before committing to it○ Opportunities for Market Places / Libraries for and between parents• Young people want a more direct say in the decisions that are being made on their behalf• Design and aesthetics matter – particularly in relation to housing adaptations• A tension between safety & support, and being a child• Families are interested in individual budgets if they improve choice and flexibility of provision – but are anxious about additional burdens• Families do not want to be involved in inter-agency debates about funding or thresholds• More information about how equipment provision is managed across transition

6.3 Conclusions and Recommendations

The views of the young people and parents / carers consulted give a message that has been consistent for many years. In order to move on from repetition of long-standing and well-understood barriers, progress needs to be made towards:

- Ensuring that provision is child-centred and that their views and feelings are considered
- Providing choice
- Considering ways to enable current funding arrangements to stimulate the development of creative solutions
- Managing the supply of equipment into adulthood

7. RECYCLING, REFURBISHMENT AND THE VIEWS OF SUPPLIERS

7.1 Methodology

There is a considerable body of work that has been undertaken in relation to equipment for adults including, most notably, the DH “Putting People First” programme. This included the development of the Transforming Community Equipment Services (TCES) project and production of support materials in 2010.

The South West Strategic Health Authority Wheelchair Review and the Devon Review referred to in 6.1 above also took into account the issues around recycling of equipment - those findings have been incorporated below.

The CSED (DH, 2009) work included in-depth discussion with manufacturers to understand what would improve the supply experience – those findings also appear below.

Detailed discussions with the leads for both the TCES project and the South West Strategic Health Authority Wheelchair Review were held, as well as a literature review of the materials that underpinned all that work.

To supplement the adult-based findings and to capture a child focus, two further elements were undertaken:

- Interrogation from a local supplier of a) the annual costs of children’s equipment disaggregated from that of adults’ and b) the number of times key items were recycled between 2005 and 2010
- A discussion with a local manufacturer about the feasibility of recycling / refurbishment and the options that different contracting models offer for improved user experience and market stimulation

7.2 Findings

The literature indicates that there is no cost-benefit in recycling / refurbishing equipment that costs less than £70 new.

With this in mind, a local equipment store was asked for information about provision and recycling activity for specific pieces of equipment between 2005 and 2010. The information was not easy to access, indicating that the recording systems are not well aligned to the reporting needs of commissioners. It was not possible to isolate which pieces of equipment had been recycled and the purchase prices below, where given, have been established from public sources, not from the equipment store.

Supplier Information – Specific items issued 2005 - 2010

FUNTION	EQUIPMENT	NO. ISSUED	PRICE NEW £ Ex. VAT	COMMENT
Sleep system	Symmetrisleep	4 + 2 waiting	£1000 +	
Standing Frame	Upi 3 Multi Stander	3	Approx £1000	
Seating System	Heathfield Wombat R82	5 6 + 3 waiting	£265 £1500 + accessories	1 returned
Walker	Meywalker	2	Approx £1500	

The detail of this information is disappointing, given that these are high cost items that would be amendable, subject to their condition, to refurbishment and reissue. The children and young people who were consulted were happy with the concept of recycling and were keen to see that public money was well spent.

Manufacturers, as evidenced through the CSED work, the DH Project Launch Meeting in February 2010 and through local interview, are keen to engage much more actively in the supply process.

There is a wish to have a closer relationship with the user of the equipment, in order both to create a tighter match between design and individual need, and also to generate efficiencies through shortening the supply chain.

There is significant manufacturer interest in refurbishment – followed by recycling of components once refurbishment is no longer possible. The local manufacturer felt that moving to a system whereby the equipment was prescribed by the assessor, chosen by families, and then owned by them, would stimulate the level of refurbishment from its current low level. It would also enhance the child's experience of equipment provision and reintroduce a focus on self-determination.

The views of 11 national manufacturers were captured as part of the CSED exploration and their views are reproduced below.

VIEWS OF 11 MANUFACTURERS WHO RESPONDED TO CSED REVIEW

What changes within the buying community, would improve supplier's ability to service client needs?

- ◆ More flexibility for clients to be guided to choose products - rather than the 'this or nothing' approach
- ◆ Clearer funding allocation to the different therapy customers we have
- ◆ Better training for professionals working with children to enable them to better identify the needs of their children and how to marry those with the features of products available
- ◆ Quicker payments
- ◆ Decentralised buying, put the money in the hands of the customer as much as possible. Centralised Buying is commonplace in Europe and means our European rivals spend time lobbying, while we spend time designing
- ◆ Recognition of specialist seating within PASA agreement; e-tenders and price based acquisition - cheapest doesn't mean appropriate or fit for purpose
- ◆ More Efficient Purchasing Procedures - People wishing to purchase equipment need to be fully conversant with buying procedures of their organisations. We have found that a health professional (e.g. Occupational Health Therapist) may agree a certain product is required but the time it takes to order the product can be many months.
- ◆ Prompt Payment – “we have had to revert to pro-forma payment for our products as we did not receive payment for many months when dealing with organisations like the NHS”. This in itself can cause a delay as this is seen as unusual and requires a different purchasing procedure, which may not be known to the health professionals recommending the product.

7.3 Conclusions and Recommendations

The current equipment store systems do not support the use of management information to understand patterns of provision, generate service improvements, or forward planning.

There is clearly a will from the manufacturers to work more closely and flexibly with families – a relationship which may hinge on the issue of ownership of any specific piece of equipment.

Any long-term recommendations need to address these elements and it is likely that the most effective geographical unit in which to consider progress is larger than individual PCT or LA.

8. TRANSITION PATHWAY

8.1 Key Issues

Work in the south west within the Transition Support Programme, as part of Aiming High for Disabled Children implementation, confirmed a widely-held view that the equipment needs of young people are not considered alongside their other needs, as they move through the transition phase to becoming adults.

Specific issues that have been identified are:

- Local Strategic Multi-agency Transition Protocols do not generally reflect the changing equipment needs of young people as they move into adulthood
- There are low numbers of young people needing complex equipment and so the profile is low – but the cost (personal and financial) is high
- There are difficulties around the responsibility for funding that arise between the ages of 16 and 25. This needs to be locally agreed in good time during the planning phase
- More information on funding mechanisms needs to be available to young people and their families, particularly in relation to Disabled Facilities Grant
- The use of personal budgets is welcomed by young people but there is confusion about who has responsibility to contribute to the “pot”

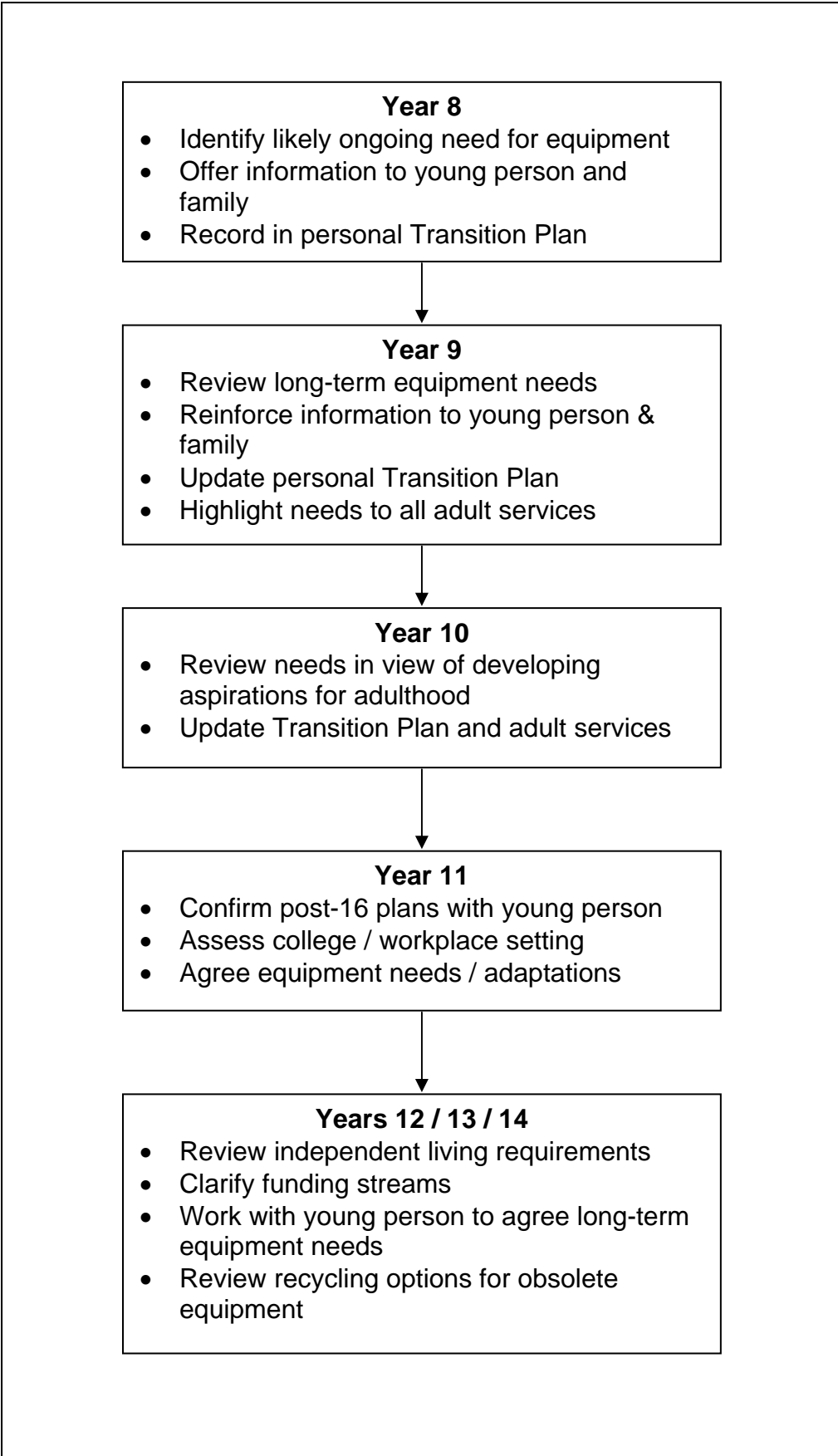
8.2 Proposed Pathway

A Pathway that would contribute to the holistic person-centred approach and planning for a disabled young person is proposed below, isolated on a separate page for ease of replication.

8.3 Recommendations

- Incorporate a clear Equipment Pathway into each Local Area Strategic Transition protocol
- Develop a local checklist that can be shared with colleagues in adult services, as ongoing support needs are identified through the transition phase

PROPOSED EQUIPMENT PATHWAY FOR TRANSITION



9. SOUTH WEST STRATEGIC HEALTH AUTHORITY WHEELCHAIR REVIEW

9.1 Summary

This work was carried out as an interlocking project (see diagram on P6), shares many of the same issues and solutions as the wider equipment work and is documented in a detailed report “Recommended Commissioning Model for Children’s Wheelchairs”, March 2011, available at <http://www.swdc.org.uk/children/disabled-children>

The Review collated views from children and young people, parents and carers, commissioners and service leads. It reviewed alternative provision solutions, the current - fluid - commissioning landscape, and recommended a commissioning approach.

9.2 Recommendations

1. System redesign that incorporates:
 - A focus on outcomes
 - Joint working
 - “Getting it right first time”
 - Working with suppliers who can improve quality and productivity
 - Ability to absorb demographic growth
 - Focusing on those with greatest need
 - Stimulating the marketplace to offer alternatives for those with low level needs
2. System components to include:
 - Joint commissioning based on person-centred approaches
 - Development of (virtual) funding streams across health, social care, education and work
 - Commissioning packages of wheelchair equipment and support
 - Accrediting assessors and supported decision making
 - Referral Hub (contact centre)
 - Common eligibility criteria
 - Personal health / individual budgets
 - Stimulated and developed market place
 - Procurement Hub
 - Common outcome measures

These recommendations clearly represent fundamental change to the current arrangements and any future approach needs to be integrated across the spectrum of equipment and wheelchairs rather than, as at present, managed as separate issues.

10. OTHER DEVELOPMENTS WITHIN SOUTH WEST

The questionnaire that launched this south west work asked for examples of local initiatives. Some examples were offered, but many more are likely to be taking place, unrecognised outside their local area. This is a pity, not only for those staff whose work deserves wider recognition, but also because quality improvements, cost-savings and process efficiencies should be shared more widely in order to improve the experience for children, young people, their parents and carers.

Examples that were offered include:

- **Bristol** – joint work between the local wheelchair provider and the School Transport Service, to understand where the provision of powered chairs to school-age children will promote independence, a sense of inclusion, and normalisation, at the same time as saving large amounts of money on school transport provision
- **Cornwall & Isles of Scilly** – a Postural Support Nurse is in post. This role ensures that children are provided with appropriate positioning support to reduce the long-term risk of posture-related dysfunction, including reduction in lung and digestive capacity – reductions that can unnecessarily shorten life
- **Dorset** – working with pharmaceutical colleagues to explore the provision of consumables via FP10. Also procurement, re-use and delivery of ventilators is being developed through local tertiary centre

11. CONCLUSIONS, RECOMMENDATIONS, NEXT STEPS

This work was undoubtedly negatively affected by both the curtailed timescale and also the local environment in which it was delivered. The project needed to be fairly continuously re-scoped as each planned linkage, networking opportunity, standing AHDC group and regional piece of infrastructure disappeared.

The original aims and intended impact have, however, been in some measure achieved:

- There is a partial picture of current provision, and underpinning processes, across the south west. This partial picture is enough to recognise that all elements of existing work need to be synthesised into new ways of working – an approach that may be accelerated by the recent DH announcement that Children's Wheelchair Services and Continence Services have been recommended for an enhanced choice offer through Any Qualified Provider arrangements
- The identification of funding in order to be able to model current and future demand was not successful. Considerable further work is needed to enable this to happen but the current economic stringencies may encourage it as a priority
- The work with a group of PCTs needed to be re-scoped to take account of other, more pressing demands, including the Transforming Community Services requirements. Despite this, the

views of local young people, parents and carers were achieved, as was an understanding of the manufacturing perspective. An additional, unexpected element of work was the production of the Equipment Pathway for Transition.

- The contribution of this project to the South West Strategic Health Authority Wheelchair Review facilitated the capture of very detailed and sophisticated recommendations for quality and efficiency improvements – and a clear way forward for the south west
- The learning from this project will be shared widely across the south west, as well as being reported back to the Ill and Disabled Child Team at DH. A copy of this report will additionally be held at <http://www.swdc.org.uk/children/disabled-children/>

The intended impact of this work was to generate improved and integrated procurement. The work was also intended, by DH, to consider innovative approaches. What became apparent very early on is that innovation can only be considered from a baseline of robust arrangements – and that was not what was found through this work.

What has been achieved, and which will impact on future practice, is a good understanding of the local position, the opportunities for improvement and the identification of ways forward, incorporating some existing examples of excellent work.

It has not been possible to provide integrated recommendations but this report offers a synthesis of the varied elements that impact on the whole. Many of the answers to long-standing intractable issues are present within the south west – they need to be heard, collated and then proactively used to inform a high level strategic approach that raises the expectations, quality and performance of the service.

USEFUL RESOURCES

Aiming High for Disabled Children, HM Treasury, DfE, 2007
Online materials available via the archive section of
www.education.gov.uk

Chartered Society of Physiotherapists
www.csp.org.uk

Child and Maternal Health Observatory
<http://www.chimat.org.uk/>

College of Occupational Therapists
www.cot.co.uk

Disabled Living Foundation
www.dlf.org.uk

NHS South West / L. Horn, 2011
South West Wheelchair Report: Recommended Commissioning Model
for Children's Wheelchairs
<http://www.swdc.org.uk/children/disabled-children/>

Moving on Well, DH, 2008
<http://www.dh.gov.uk/en/AdvanceSearchResult/index.htm?searchTerms=moving+on+well>

Transforming Community Equipment Services, DH 2008
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089665

Transition Support Programme
<http://resources.transitioninfonetwork.org.uk/>

Whizz Kidz
<http://www.whizz-kidz.org.uk/>

Appendix 1 – Project Plan

Programme	Children and Families	Workstream	Children with Disability – Wheelchairs and Equipment	Project Commissioner (external)	DH – Child Health & Maternity Partnerships
Programme Director (sponsor)	Linda Parker	Project Lead	Linda Parker	Reports to	DH, Project Steering Group, AHDC Regional Group, Regional Health Board, SHA Workstream Group 3 (Wheelchair Services Project)
Start date	1.11.10	End date	31.3.11	Project ID no:	CF 1.5
Project aims: <ul style="list-style-type: none"> • To work with NHS Devon, Torbay Care Trust, NHS Plymouth and their associated Children’s Trusts to improve the cost-effectiveness and experience of equipment provision for disabled children and their families • To link with and add value to the SHA Wheelchair Services Project • To share the learning within the south west and nationally via the DH Ill and Disabled Child Team Anticipated Impact: Improved and integrated procurement of community equipment for children with disabilities					

Outcomes/success criteria	
1	A procurement process that incorporates best practice from within and outside the SW
2	Improved understanding of what constitutes high quality, cost effective provision for children’s equipment
3	Improved engagement with parents, supporting empowerment and informed decision-making
4	The project will run alongside the SHA Wheelchair Services project, to generate cross-fertilisation and mutually beneficial outcomes

Outputs (deliverables/products)		Delivery date
1.	A regional stock-take of what is in place already for children’s provision within the south west	14.1.11
2.	An options paper setting out the fully costed implications of standalone Children’s Services vis a vis integrated all-age provision +/- retail models	March ‘11
3.	A report on the opportunities for recycling equipment, based on tracking the re-issue over 5 years within Torbay	March ‘11

4.	A pathway for transition from childhood provision, that integrates with local Transition protocols	March '11
5.	Working groups of parents will inform a suite of information resources: <ul style="list-style-type: none"> • A communications strategy • A pathway from assessment, through procurement, to support for use within the setting • A charter of rights, responsibilities and expectations – for children, their parents and service providers • An analysis of the benefits and disadvantages of a catalogue of equipment 	Meetings in Jan / Feb '11 Products by March '11
6.	The outputs will form a sub-set of the SHA Wheelchair Services project	March '11

Inputs (resources used)		Cost £
1.	Project support time from NHS Devon, Torbay Care Trust and NHS Plymouth – time and travel (5 meetings)	In-kind contribution
2.	Project support time from SWDC – time, admin support, production of final report, travel (5 meetings plus project co-ordination)	20days @ £550 / day £11000 + Travel
3.	Development input and admin support for regional stocktake, options paper, recycling report, development of transition pathway and contribution to SHA Wheelchair Services Project	25days @ £550 / day £13750 + Travel
4.	Facilitation of parent groups (2 in Torbay, 1 each in Devon and Plymouth)– PCT staff time and travel, SWDC support to plan, deliver and write up meetings, Admin support to create products	15days @ £550 / day Contribution to venue costs £8250 + Travel
5.	Project support time, specialist children's sector advice and networking facilitation to generate cross-fertilisation with SHA Wheelchairs Project	25 days @ £550 / day £13750 + Travel
Total		£46750 + Travel

Risks to delivery	
	Structural changes and financial constraints will impact on the ability of stakeholders to engage – mitigation will involve minimising the time demands on local colleagues and scoping the project accurately enough to secure full engagement

Action Plan

Action	Nov	Dec	Jan	Feb	Mar	Lead
1. A set of responses from each PCT commissioner, Children's Social Care and SEN Teams setting out current position						LP
Agree questionnaires	Complete					SWDC
Circulate questionnaires, secure responses		Complete				SWDC
Collate and share responses			Complete			SWDC
Contact other known projects to align aims and outcomes		Complete				SWDC
2. Options paper for models of provision						DB
Literature search – local, regional and national						DB
Analysis of costs of alternative models						DB
Produce report						DB
3. Report on the opportunities for recycling / re-issue						RH
Work with PLUSS in Torbay to understand:						RH
1. Usage of equipment by children from adult stores				Complete		RH
2. Tracking over 5 years of 5 identified pieces of equipment				Complete		RH
Undertake a literature review of recycling experience across the UK to include: 1. The experience from ICES Projects 2. Learning from adult equipment stores 3. Recommendations for which equipment is suitable for recycling under which circumstances				Complete		SWDC
Produce report						SWDC
4. Pathway for Transition						LP
Review arrangements in project areas and map them against the local multi-agency Transition Protocol			Complete			SWDC
Recommend revisions to existing pathways			Complete			SWDC
Disseminate revised pathway			Complete			SWDC
Ensure audit arrangements are in place					Incomplete	SWDC

Action	Nov	Dec	Jan	Feb	Mar	Lead
5. Parent-generated information resources						RH
Hold parent consultation events in Devon and Plymouth			Complete			SWDC
Hold AHDC celebration events in Torbay				Cancelled		RH
From the events, develop:						SWDC
1. a communications strategy					Incomplete	SWDC
2. a patient-focused Pathway					Incomplete	SWDC
3. a Charter					Incomplete	SWDC
4. an analysis of the pros and cons of a catalogue					Incomplete	SWDC
6. Cross-fertilisation with SHA Wheelchair Services Project						LP
Contribute Children's perspectives and networking facilitation via Working Group 3					Delayed	LP
Report progress and share learning via Working Group 3					Delayed	LP
7. Dissemination of Project Learning						LP
Collate all project findings and documents into final report					Delayed	LP
Disseminate to all Children's Commissioners in SW					Delayed	LP
Identify further stakeholders to receive report					Delayed	LP
Submit report to DH Child Health and Maternity Team					Draft submitted	LP

APPENDIX 2 – PCT SURVEY QUESTIONS

1. Do you have access to a community equipment store?

- No
- Yes, just covers my PCT
- Yes, covers more than one PCT

2. Does your community equipment store provide equipment for patients of all ages, or is it a stand-alone Children's store?

- All ages
- Stand-alone

3. Do you know the full costs of providing community equipment for children within your PCT area? Please answer "yes" or "no" and give a rough indication of annual spend if "yes"

4. Do you have joint commissioning arrangements for children's community equipment? Please tick all that apply

- No
- Joint with adult NHS commissioners
- Joint with children's social care
- Aligned budget
- Pooled budget

5. Do you have a clear pathway for children that flows from identification of need, through procurement and stores arrangements, to professional support within the home?

- Yes
- No
- Some elements of a pathway are in place

6. Do you have any local projects relating to children's community equipment that you would like to tell us about? Please give brief details below

7. In order to support discussions with parents, would you be interested in the idea of developing a catalogue of equipment that you are prepared / able to fund?

- Yes
- No

8. Does your equipment store also provide medical equipment e.g syringes, enteral feeding tubes?

- I do not have access to a store
- Yes
- Some equipment
- No

9. Whose budget funds the disposable items indicated in Question 8?

- Community Nursing - children
- Community Nursing - adults
- Acute NHS provider
- Other

10. Would you be interested in contributing to a south west piece of work to develop consistent approaches to the provision of children's community equipment?

- No
- Yes, I would like to be kept informed of progress
- Yes, I would like to join the project group
- Yes, I have some good practice to contribute

APPENDIX 3 – LOCAL AUTHORITY SURVEY QUESTIONS

1. Which Local Authority are you employed by?

2. What is your main area of responsibility?

- Social Care
- SEN
- Integrated Disability Services
- Other (please specify)

3. Do you have access to a children's community equipment store?

- No
- Yes, it only covers my Local Authority
- Yes, it covers more than one Local Authority

4. Do you know how much your department spends on children's community equipment each year?

- Yes
- No

5. If the answer to Question 4 was "no", please skip to Question 6. If the answer was "yes", could you please give an indication of the amount?

6. Do you have joint commissioning arrangements for children's community equipment? Please tick all that apply

- No
- Joint with Adult Social Care
- Joint with the NHS
- Aligned budget with adult social care
- Aligned with NHS budgets
- Pooled budget supported by formal arrangement
- Other (please specify)

7. Do you have a clear pathway for children that flows from identification of need, through procurement and stores arrangements, to professional support within the setting?

- No
- Yes
- Some elements of a pathway are in place

8. Do you have any local projects relating to children's community equipment that you would like to tell us about? Please give brief details below

9. In order to support discussion with parents, would you be interested in the idea of developing a catalogue fo equipment you would be able / prepared to fund?

- Yes
- No

10. This questionnaire has been developed to support a larger piece of work across the south west. Would you be interested in contributing to that work?

- No thanks
- Yes, I would like to be kept informed of progress
- Yes, I would like to join the project group
- Yes, I have some interesting practice to contribute

APPENDIX 4 - REPORT TO DH

CHILDREN'S COMMUNITY EQUIPMENT – Feedback and Evaluation April 2011

<p>1. Name of SHA: South West SHA Local contact: Ian Tucker ian.tucker@southwest.nhs.uk</p>
<p>2. Description of Activities: The funding was used to two distinct sub-projects: Project A – Children's Equipment Activities included:</p> <ul style="list-style-type: none">• Design, dissemination and collation of surveys to the 14 PCTs and 16 Local Authorities in SW• Review of models of equipment provision, cost analysis of alternative models (based on DH TCES work) and opportunities for closer engagement with manufacturers• Focus groups in Torbay:<ul style="list-style-type: none">○ one with children and young people (certificated attendance)○ one with parents to explore views about the recycling of equipment• Consultation with local commissioners, providers and Transition Leads to develop an equipment transition pathway that forms part of a young person's overall Transition Plan• Consultation with parents to consider the appetite for a clear child-focused pathway, a Charter of rights and responsibilities, the publication of local catalogues <p>Project B – Wheelchair Provision This sub-project was linked into a wider piece of work, considering wheelchair provision across the region and across all age-ranges Activities included:</p> <ul style="list-style-type: none">• Extensive literature review, building on DH TCES work, of models of provision and arrangements that evidence good user experience, at the same time as demonstrating affordability Wide consultation with stakeholders to understand, debate and make recommendations relating to models of commissioning and provision that will enhance the individual functioning of the wheelchair user
<p>3. Benefits: The benefits from the project have not yet had time to feed through as tangible direct benefits to children and young people. We have, however, been able to understand the regional context as it relates to national best practice, understand the local barriers and enablers, and inform a strategy for the next 2-3 years that will move towards a better experience for children and young people. Some key specific issues that have been identified are:</p> <ul style="list-style-type: none">• A need for improved support to children and their parents / carers to enable them to make the best decision about equipment that addresses functional deficits. Feedback indicated that children feel very excluded from the process• Design and aesthetics matter, particularly in relation to housing adaptations• Manufacturers are keen to work with families to inform effective design and development, that fits with the lives families need to lead• Care pathways are not clear within organisations, nor well-communicated to families• There is appetite from families for individual budgets that will facilitate improved choice and flexibility• Equipment issues do not feature in local transition protocols

<ul style="list-style-type: none"> Information about funding options and the continuity of equipment availability across transition is poorly communicated
<p>4. Outcomes:</p> <p>The timescale for this project led to the delivery of a range of outputs, for which the intended outcomes have been clearly articulated. However, those outcomes are not achievable within a six month period. The outputs include:</p> <p>Project A</p> <ul style="list-style-type: none"> A detailed regional analysis of commissioning arrangements, models of provision and spend across the south west Using the DH TCES work, an analysis has been created of how SW arrangements benchmark against those recommendations A report of the views of young people in relation to the concept of recycling equipment The young people who participated had their input certificated, to contribute to their portfolio of accredited participation A report from parents and young people, based on their views about current provision and recommendations for improvement Improved understanding of the issues that need to be considered during the transition phase to adulthood A pathway for managing equipment needs as part of overall person-centred transition planning <p>Project B</p> <ul style="list-style-type: none"> An analysis of local stakeholder views that will inform future wheelchair commissioning for children and young people A detailed regional report, with recommendations for improved integration of wheelchair assessment, procurement, provision and maintenance <p>The outputs from both the sub-projects will feed into the emerging local commissioning arrangements and will be embedded into future performance metrics to ensure that progress is maintained.</p>
<p>5. Which PCTs and other Regional Partners were involved?</p> <p>These projects took place at a time when regional partners were being de-commissioned and so the level of partnership engagement was not as comprehensive as it would have been six months earlier.</p> <p>Project A:</p> <ul style="list-style-type: none"> Children's Trust Partners for Devon, Torbay and Plymouth PCT areas South West Development Centre Leads across all PCTs (14) and LA's (16) in SW for Children's Disability Services (commissioning and provision), SEN, Children's Social Care, OT, Physio, SLT Equipment Stores in the Project areas 30 Parents 10 Children & Young People Equipment manufacturers Members of the national team responsible for the TCES Project <p>Project B</p> <ul style="list-style-type: none"> SW SHA Wheelchair Review Lead Steering Group members (Clinicians, Equipment providers, DWP, JobCentrePlus)
<p>6. Was there any impact on user experiences, commissioning behaviour and outcomes?</p> <p>No direct impact during the life of the project, but the ongoing recommendations will make a fundamental difference to how children's wheelchairs and equipment are assessed, procured, provided and maintained over the coming 2-3 years.</p>

7. Do you have any other comments or information?

The reduced timescales of the project, together with the local organisational turmoil generated by the transfer of provider services under Transforming Community Services, seriously impacted on the original scope and aspirations of this work.

However, much has been achieved and a number of products are available to share. A full detailed report, collating all the outputs and recommendations of the various strands of the work will be available by the end of April.