



**Personal health
budgets and
children's
equipment**

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An Introduction

Personal health budgets offer the opportunity for children and their families to have greater choice and control over their care and support and to use their budget to meet their needs in different ways from those traditionally on offer.

Appropriate equipment can help support children's independence, health and wellbeing, assisting in the delivery of quality outcomes for children.

Personal health budgets provide an opportunity for people to consider a wider range of equipment based solutions within the care and support planning process and to choose equipment as an alternative to other support options when this can achieve agreed outcomes. It can provide opportunities for more effective use of resources and contribute to enabling children to remain at home and avoid hospital admissions. It can help children to stay well and enjoy life, engage in their community and with their friends and family. It can help prevent hospital admissions.

Identifying individual solutions and preferences, provides opportunities for commissioners to get feedback on what is really wanted and needed by children and families. This information can inform future provision and help change and adapt existing provision. It also allows families to understand the cost of equipment provision and make choices about their priorities for spending the money available to them.

There is a very wide range of equipment that might be provided through a personal health budget to meet the needs of children and their families.

This equipment can be loosely grouped into 7 categories (although there is often more than one type of function or outcome they can achieve for a child and their family):

- Clinical: e.g. suction machines, saturation monitors, ventilators, physio vest, feeding pump, pulse oximeter.
- Play, leisure and sensory stimulation: eg Trampoline, bear hugs, sensory rooms, TV, whirlpool bath.
- Alarms and monitoring systems
- Communication: e.g. hearing aids, speech and language equipment, tablets.
- Activities of daily living: toileting equipment, bathing equipment, walking frames, standing frames, beds, mattresses, feeding equipment.
- Therapeutic: e.g. sleep systems, lycra suit, thermo blankets.
- Household: washing machine, microwaves, specialist Hoover.



Factors to be considered in making a decision about equipment purchase through a personal health budget:

Provision must be in line with NHS principles and statutory responsibilities. There must be a clear link between the equipment provision and identified need and agreed outcome stated in the care and support plan. This requires a level of clinical judgment from people with appropriate skills and knowledge.

The wishes and feelings of the family involved about how their needs are best met must be taken into account as a primary consideration. Alongside this, other considerations that apply to decisions in relation to personal health budgets in general, apply equally to equipment.

These include:

- Is it value for money?
- Is it appropriate?
- Are there any risks in this provision and can these be eliminated, reduced or managed? Do the benefits outweigh the risks?
- Can the cost of the equipment be fully met within the personal health budget (top ups are not permitted for the provision of NHS equipment)?
- Consideration of skills and access to training to operate the chosen equipment in the various environments used, therefore enabling safe and consistent care to be delivered.

A further consideration is whether the equipment is something that is already available through the community equipment service so could already be provided through this route. Where bulk purchase contracts or call off contracts are in place then it may be that the equipment would not be considered to be 'cashable'.

The same principles and factors above would be applied in making a decision about whether PHB savings could be used to purchase equipment.

Ownership, maintenance and disposal

Arrangements may vary according to the item of equipment and what is seen as most practical and efficient approach but in all instances there should be transparency at the outset as to what the agreement is in relation to ownership, maintenance and disposal of equipment.

Ownership and disposal

It needs to be clear and transparent upfront who owns the equipment once it is no longer needed. There is a case for ensuring that all items that could be reused by others remain the ownership of the NHS and should be returned when no longer needed.

Maintenance, repair and replacement

Maintenance and repair and replacement should be aligned with the manufacturers' recommendations and instructions and any other local or national standards that apply. The NHS as part of the overall provision must put in place measures to ensure equipment is kept in good working order and meet associated costs.

There should be a good record keeping and review process. Consideration needs to be given as to how to track and trace equipment that is provided through a personal health budget and how to ensure that any manufacturers or MHRA alerts can be responded to. Equipment should be reviewed as part of the routine review process and consideration given as to whether more frequent or specific reviews are needed in relation to any particular item of equipment.

Options for arranging maintenance include:

- Including an extended warranty or maintenance agreement in the cost upfront.
- Including an item as part of the general equipment service contract for maintenance.
- Adding additional funds to the personal health budget for maintenance. Agreement needs to be reached as to whether equipment obtained using a personal health budget will belong to the child and family, or whether some form of partnership agreement is put in place between the NHS or community equipment service and the individual (or someone acting on their behalf).
- Paying for repair and maintenance as the need arises

In the unusual event that equipment is lost, misappropriated or used in an inappropriate or careless way, consideration will need to be given as to how best to manage this situation and any associated risks whilst still meeting the child's health and wellbeing needs. It may be that provision of equipment through a personal health budget direct payment is no longer appropriate and alternative arrangements need to be made.

The health and wellbeing of the child should be the primary consideration in any arrangements.



Instruction or training in safe use of equipment

As with all equipment provision, it is important that there is appropriate training or instruction in safe use. The care and support planning process is where any training or instruction needs should be discussed and an appropriate course of action agreed. This could be training or instruction via the manufacturer or supplier or via an NHS practitioner. In some instances it may simply be a question of following written instructions and nothing further is needed but in other instances there may be a need for specialist training and assessment of competence. The appropriate clinician should be consulted as to what training is required and may be involved in carrying this out if appropriate.

Review of equipment needs

The care and support planning process should include any consideration about additional reviews needed in relation to equipment needs and should consider in particular the likely impact on equipment needs as children grow and develop. All reviews should take into account equipment needs but it may be that some equipment requires more frequent review. Any specific risks should be identified and consideration given as to how to eliminate, reduce or manage these risks.

Risks and safeguarding

These can be reduced or mitigated by:

- Issuing a clear specification of the equipment to be provided, any essential features and functions required and the minimum standards it should meet.
- Having a user agreement, which clearly sets out how the funding should be used in relation to equipment, and includes details of review, maintenance, and ownership and disposal arrangements.
- Ensuring there is an audit trail that includes proof of sale details and warranty information.
- Clearly communicating the conditions for accessing more funds for equipment to cover such things as changing health needs and when equipment is no longer fit for purpose.
- Ensuring equipment is considered as part of the review process and any additional reviews necessary in relation to the use of an item of equipment are put in place.

Bringing funding together from separate sources to purchase equipment.

In social care people may put their own additional money towards purchasing an item of equipment that may be of a higher specification or with additional features than what is deemed necessary to meet needs.

Topping up in this way is not permitted within the NHS with the exception of the current voucher schemes (wigs or wheelchairs).

However NHS direct payments can be brought together with other sources of funding to purchase equipment and this can be a means to help children meet needs across their whole life - education, health and care. This can also be more cost effective, preventing duplication of equipment. Health and wellbeing boards have a role to play in influencing and driving the means to bring funding together.

Where funds have been brought together to purchase an item of equipment a decision will need to be made about ownership of the equipment once the individual no longer needs it. This decision should be made upfront and be clear to everyone.

Options include:

- Where there is a central community equipment store the equipment could be held there and then reissued to the next person requiring such an item regardless of the source of their funding.
- The organisation contributing the greater share of the funding will own the equipment.
- The equipment will remain with the family and be owned by them.

Decisions are likely to be pragmatic; based on doing what's likely to work best, provide best value and make sense in the circumstances.

Example:

Jim wants to go to university and to live as independently as possible. He is a 17 year old young man with muscular dystrophy and can no longer turn himself in the night unaided, which is restricting his independence and creates significant issues around maximising his independence at university. Jim has trialed a turning bed which enables him to be independent at night. The bed has been a fantastic success. To achieve Jim's outcomes the bed will be needed at home until he is 18 then at university. The complications of moving and maintaining health equipment around the country are significant. Jim and his care coordinator have agreed to use a personal budget to purchase his bed along with a maintenance contract that operates nationwide.

This innovative solution enables the bed to be Jim's and for him too locate his equipment wherever it meets his need.



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Telephone: 01564 821 650

Email: admin@in-control.org.uk

David Widdas and
Bernadette Simpson

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Carillon House, Chapel Lane
Wythall, West Midlands
B47 6JX