

# Joint Protocol for the Provision of Children's Equipment

Including Provision within Schools

Created: 10/03/2025  
Revised:

| REVIEW LOG |         |           |              |
|------------|---------|-----------|--------------|
| Date       | Version | Comments: | Approved by: |
| 10/03/2025 | 1.0     |           |              |
|            |         |           |              |
|            |         |           |              |

#### CONSULTATION

The following people have been consulted on this protocol:

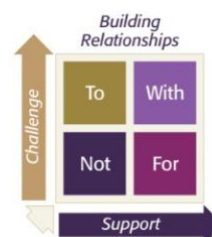
- CWC Children and Young People's Senior Commissioner
- CWC SEND Assessment & Planning Service Manager
- CWC Principal Occupational Therapist
- CWC Community Equipment Service Manager
- CWC Service Manager for SEND Early Identification and Support
- RWT Clinical Lead for Children's Physiotherapy and Occupational Therapy Services
- RWT Head of Children's Speech and Language Therapy Services
- ICB Designated Clinical Officer
- Matron for Children's Community Nursing Service and Clinical Nurse Specialists.

#### KEYWORDS

- Special Educational Needs and Disabilities (SEND)
- Specialist Equipment
- Reasonable Adjustments
- Education, Health and Care Needs Assessment (EHCNA)
- Education, Health and Care Plan (EHCP)

#### RESTORATIVE PRACTICE

All contact and work received by families from the City of Wolverhampton Council within the City will be based around restorative practice principles. This is to ensure we improve the life outcomes for all children, young people and families we work with. In Wolverhampton we intend to use restorative principles and behaviours with colleagues as well as children and families, to help develop positive working relationships.



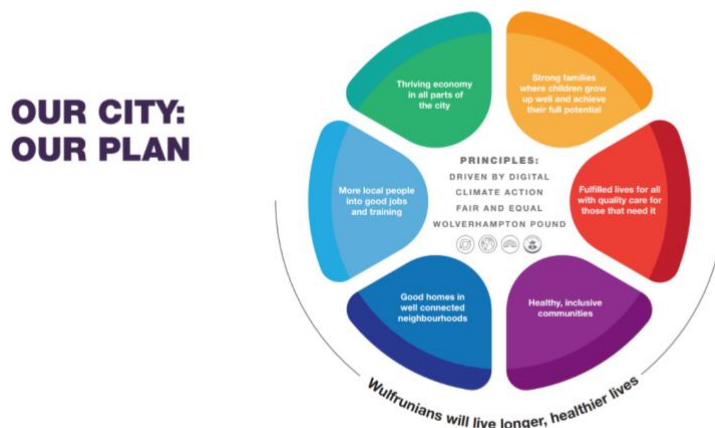
## GLOSSARY OF TERMS

|                               |   |
|-------------------------------|---|
| <b>CES</b>                    | City of Wolverhampton Council's Community Equipment Store.  |
| <b>CWC</b>                    | <b>City of Wolverhampton Council</b> – teams within City of Wolverhampton Council are Protocol Partners, whom agree to the principles in this document.   |
| <b>CWC SENSTART</b>           | <b>City of Wolverhampton Council's Special Educational Needs Statutory Assessment and Review Team</b> – this team undertake the Education Health and Care Needs Assessment (EHCNA) of children and young people between the ages of birth to 25 years of age who have special education, health and care needs. They also place children and young people with Education, Health and Care Plans (EHCPs) in educational provision, and review and monitor provision and outcomes set out in EHCPs. |
| <b>DAF</b>                    | <b>Disability Access Fund</b> - the Disability Access Fund (DAF) is money that early year's providers can use to support children with disabilities. It helps providers to make reasonable adjustments in their settings for any two-, three- or four-year-old who is in receipt of DLA.  |
| <b>DLA</b>                    | <b>Disability Living Allowance</b> - Disability Living Allowance (DLA) is a monthly, tax-free benefit for disabled people, which is paid at different rates depending on the level of support needed. While Personal Independent Payments (PIP) are gradually replacing DLA, those under 16 are to remain on DLA.   |
| <b>EHCNA</b>                  | <b>Education, Health and Care Needs Assessment</b> - An EHCNA is a detailed look at a child or young person's special educational needs (SEN) and the support they may need to learn. In Wolverhampton, the assessment is carried out by CWC SENSTART. Having an EHCNA is an essential part of the process of getting an EHCP, but does not guarantee that an EHCP will be issued.  |
| <b>EHCP</b>                   | <b>Education, Health and Care Plan</b> - an Education, Health and Care plan (EHCP) is a legal document which identifies a child's special educational needs, additional or specialist provision required to meet their needs, aimed for outcomes and their educational placement.   |
| <b>ELMS</b>                   | <b>Equipment Loans Management System</b> - an equipment ordering platform used by all Wolverhampton prescribers (NHS and CWC).  |
| <b>PIP</b>                    | <b>Personal Independence Payment</b> - introduced in April 2013 to support extra costs caused by long-term ill health or a disability, for those over the age of 16.  |
| <b>Protocol</b>               | An official procedure or set of rules that all parties agree to follow.   |
| <b>ICB</b>                    | <b>Integrated Care Board</b> - NHS organisations responsible for planning health services for their local population. They manage the NHS budget and work with local providers of NHS services, such as hospitals and GP practices.   |
| <b>Reasonable Adjustments</b> | Changes in an approach, provision or setting to ensure that services are accessible to disabled people as well as everyone else.  |
| <b>RWT</b>                    | <b>Royal Wolverhampton NHS Trust</b> - the Trust provides services from New Cross Hospital, Cannock Chase Hospital and West Park Rehabilitation Hospital, and is one of the largest acute and community providers in the West Midlands.   |
| <b>SEND</b>                   | <b>Special Education Needs and Disabilities</b> - a term used to describe learning difficulties or disabilities that make it harder for a child or young person to learn compared to children of the same age.  |
| <b>SENIF</b>                  | <b>Special Educational Needs Inclusion Fund</b> - a source of funding available to early years providers. It enables them meet low or emerging needs for funded children.   |
| <b>Specialist Equipment</b>   | Equipment that must be ordered with specific adaptations for the user, which is to be presented to a joint panel for discussion and considerations to fund.   |
| <b>Standard Equipment</b>     | Equipment that can be issued as standard, and yet easily adapted to the user.   |

## Contents

|             |  |           |
|-------------|--|-----------|
| <b>1.0</b>  | Vision statement   | <b>5</b>  |
| <b>2.0</b>  | Purposes & aims  | <b>5</b>  |
| <b>3.0</b>  | Legislative definitions  | <b>6</b>  |
| <b>4.0</b>  | Roles and responsibilities   | <b>7</b>  |
| <b>5.0</b>  | Assessment principles  | <b>8</b>  |
| <b>6.0</b>  | Three routes for requesting specialist equipment   | <b>8</b>  |
| <b>7.0</b>  | <b>Route 1:</b> Requests made for home, daily living and care equipment  | <b>9</b>  |
| <b>8.0</b>  | <b>Route 2:</b> Equipment to be provided by an education setting due to reasonable adjustment duty under the equality act (2010) | <b>12</b> |
| <b>9.0</b>  | <b>Route 3:</b> Equipment requirements identified as part of the EHCNA/EHCP process  | <b>13</b> |
| <b>10.0</b> | Children and young people in care  | <b>16</b> |
| <b>11.0</b> | Store services and responsibilities  | <b>16</b> |
| <b>12.0</b> | Audio & visual equipment   | <b>17</b> |
| <b>13.0</b> | Financial arrangements   | <b>18</b> |
| <b>14.0</b> | Children, Young People and their families  | <b>21</b> |
| <b>15.0</b> | Monitoring, review and support   | <b>22</b> |
| <b>16.0</b> | Appendix   | <b>23</b> |

## 1.0 VISION STATEMENT



- 1.1 As stated in 'Our City: Our Plan 2024/2025', City of Wolverhampton Council (CWC) are committed to ensuring that all children and young people within the city grow up well and achieve their full potential, as well as providing quality care for those who may need it. For some children and young people, standard and specialist equipment may be needed in the home, community or school setting to maximise independence, and to support them to meet their goals and aspirations.
- 1.2 It is the vision for all partners listed in this Protocol, that there should be clear pathways for sourcing, funding, maintaining and returning equipment for children, young people and their families within Wolverhampton. Also, the process should be easy, efficient and transparent for all colleagues involved in the supplying and maintenance of equipment.

## 2.0 PURPOSES & AIMS

- 2.1 The purpose of this protocol is to provide a coherent framework for the assessment, prescription, funding and maintenance of equipment for children and young people within the City of Wolverhampton. It is to be used by those within commissioning, health, social care and education agencies to follow a clear and transparent process, where all partners are in agreement regarding their responsibilities. Also, this protocol should give a clear overview of these processes for parents, carers and families of young people with equipment needs.

Throughout this Protocol, the Protocol Partners include:

- The City of Wolverhampton Council (CWC) Children and Young People's Commissioning Team
- City of Wolverhampton Council Special Educational Needs Statutory Assessments and Review Team (SENSTART) colleagues
- City of Wolverhampton Council Social Care Team
- NHS Black Country Integrated Care Board (ICB)
- Black Country Healthcare NHS Foundation Trust
- Royal Wolverhampton NHS Trust (RWT)

- Special Schools with a High Level of Equipment Needs (Including Green Park School and Penn Hall School)
  - Schools with Resource Bases that support those with visual and hearing impairments.
- 2.2 The Protocol aims to deliver the procedures which should be followed to ensure a multi-agency and multi-disciplinary approach to Wolverhampton's provisions for children and young people with special educational needs and disabilities (SEND).
- 2.3 This Protocol both pertains to and references the following legislation currently in place:
- Children and Families Act (2014)
  - SEN Code of Practice (2014)
  - National Health Service Act (2006) (Section 82)
  - Chronically Sick and Disabled Persons Act (1970)
- 2.4 This Protocol is to supersede any previous protocols related to the provision of Children's equipment. It is important to note, that this document does not concern the provision of auditory and visual assistive equipment, which will have a different protocols and processes.

### **3.0 LEGISLATIVE DEFINITIONS**

- 3.1 Disability is one of the protected characteristics covered by discrimination law, and it includes direct and indirect discrimination, harassment and victimization. According to the Equality Act (2010), a disability is defined as a physical or mental condition that has a substantial and long-term impact on a person's ability to carry out normal day-to-day activities. This legislation also outlines the legal duty on education providers, employers and service providers to make reasonable adjustments so disabled people can take part in education, use services and work.
- 3.2 It is important note that, according to legislation, an identifiable diagnosis is not required for a child to be considered 'in need'. Disability is determined by an assessment conducted by the responsible Partner and any other agencies considered relevant to a child and their family's lives. According to The Children Act (1989) Section 17 (11), a child is deemed 'in need' if they meet the following criteria for disability:
- Blind
  - Deaf
  - Unable to speak
  - Have a mental disorder of any kind
  - Are substantially and permanently handicapped by illness, injury or congenital deformity, or such other disability as may be prescribed
- 3.3 Furthermore, The Children Act (1989) Section 1 (11) expands this definition to include learning disability. Therefore, a child with a recognized learning disability will be a disabled child for the purposes of this legislation.
- 3.4 The Mental Health Act (1983) Section 1 (2) considers a person to be disabled if they demonstrate a 'mental disorder of any kind'.

- 3.5 Both the Children and Families Act (2014) and the Special Educational Needs and Disability Code of Practice: 0 to 25 years (2015) outline the duties of Protocol Partners to jointly commission equipment to meet the needs of local young people.

## **4.0 ROLES AND RESPONSIBILITIES**

### **Duties of Local Authorities**

- 4.1 All local authorities have a duty to safeguard and promote the welfare of children and young people considered 'in need' or 'disabled'. They are expected to make reasonable adjustments to address any disadvantages that this group may face, including the provision of standard and specialist equipment.
- 4.2 In most instances, it is the local authority which has the primary responsibility for meeting the needs of disabled children and bringing in other public authorities and agencies when appropriate.
- 4.3 According to the Children's Act (1989) Section 17, Paragraph 1 (1), Schedule 2, every child is entitled to an assessment of their needs. This assessment should be a multi-agency assessment, but is usually led by a local authority social worker.
- 4.4 There are specific duties on local authorities for children who have been taken into their care. The Children's Act (1989) Guidance and Regulations Volume 4: Fostering Services states, "They must make sure that each disabled child... is provided with any aids or equipment required by particular health needs or disability".

### **Education, Health and Care Plans**

- 4.5 Some children and young people with disabilities and/or special educational needs will need more support than that which can be ordinarily provided in a mainstream education setting (schools, colleges, nurseries). These children are entitled to an Education, Health and Care Needs Assessment (EHCNA), to find out whether they require special educational provision in accordance with an Education Health and Care Plans (EHCPs). EHCPs are for children and young people (up to 25 years) who have a special educational need or disability in one of the four areas of need (communication and interaction, cognitional and learning, physical and sensory or social, emotional and mental health).
- 4.6 An EHCNA is the first step to determine whether an EHCP is necessary. An EHCNA does not mean that an EHCP will always be issued. It is a legal process carried out by the Local Authority and should not be confused with other assessments that teachers, GP's or other professionals may carry out for that child.
- 4.7 Once an EHCP is issued, children and young people are legally entitled to receive the support, equipment and services detailed in their final plan.

### **Duties of the National Health Service (NHS)**

- 4.8 For children and young people with identified health needs, including for those who are eligible for NHS Continuing Care Funding, the primary responsibility for meeting their needs lies with the NHS. This can, however, be in conjunction with the local authority.

- 4.9 The NHS has a range of duties which apply to the general population and a range of policy statements that specifically relate to the care of children, including a National Service Framework for Children. The NHS has a statutory duty to provide the same standard of treatment to disabled children as to any other patient.
- 4.10 Integrated Care Boards (ICBs) are responsible for planning and purchasing local healthcare services, including those for children and are accountable for provision for disabled children. For specialist services, where local commissioning is not suitable, the responsibility lies with NHS England.

## **5.0 ASSESSMENT PRINCIPLES**

- 5.1 While the initial responsibility for equipment need assessment lies with the local authority, other agencies may be called upon to assess and liaise with CWC. For this process to be as easy and efficient as possible for Wolverhampton children and families, good quality assessment practice throughout all agencies is fundamental.
- 5.2 The Children Act (1989) states that assessment of children's needs should take place within 45 days of the point of referral. Furthermore, the act states that there must be liaison with other professionals who are involved with the lives of the child and their family. The purpose of the assessment should be made clear to the child and their family, and the results and further plans shared with them when decisions are reached.
- 5.3 The above act also states it is a requirement for children and their carers to be fully involved in the assessment process when identifying the needs of the Child. With the incorporation of the United Nations Convention on the Rights of the Child (UNCRC) into law in England, it is essential that services can evidence that the views of the child are independently sought.
- 5.4 The Chronically Sick and Disabled Persons Act (1970) requires that local authorities to assess needs in the following areas:
- Practical assistance in the home
  - Provision of recreational and educational facilities
  - Travel provision
  - Home adaptation
  - Meals and special equipment
- This protocol will refer to the use of equipment only.

- 5.5 It is critical that assessments are outcome focused, with clear goals identified, agreed, and recorded. The provision of equipment should be seen as a 'means to an end' rather than being 'an end in itself'. Assessment should consider the holistic wellbeing of the child: promoting independence, balancing risks, maximising functional potential and avoiding over-prescription. The right equipment can support children's wellbeing and the achievement of life outcomes by complementing a range of interventions, including rehabilitation and the management of conditions. It should be viewed as integral to the delivery of wider outcomes.



- 5.6 Prior to prescription or referral to the 'Joint Equipment Funding Panel for Children and Young People', methods of managing should have been explored and found to not be sufficient in meeting identified needs, and preference alone should in no way influence the type of provision.

## **6.0 THREE ROUTES FOR SOURCING CHILDREN AND YOUNG PEOPLE'S EQUIPMENT**

- 6.1 Currently, Wolverhampton Protocol Partners can source equipment for children and young people through three routes:

- **ROUTE 1:** Families, services and medical professionals can request assessments from CWC or NHS Occupational Therapists, Physiotherapists and/or Speech and Language Therapists (SLTs). Assessing therapists can then prescribe equipment as part of a medical prescription to support home life, daily living, care and communication or swallowing needs.
- **ROUTE 2:** Certain items of equipment are to be provided by education settings due to reasonable adjustment duties under the Equality Act (2010).
- **ROUTE 3:** Where a child/young person has complex needs that cannot be catered for by education settings via reasonable adjustment, or they require an EHCP, an assessment from an Occupational Therapist, Physiotherapist, SLT or special teacher may be carried out. This may result in equipment being prescribed or recommended to allow a child/young person to be educated or trained in their educational provision. Sometimes, equipment may be required long-term and need to be updated or reviewed as a child/young person grows and develops.

- 6.2 The three routes specified have differing methods of request, as well as alternative methods for funding equipment. The following protocol will outline the different routes, and how decisions regarding financial arrangements are reached.

## **7.0 ROUTE 1: REQUESTS MADE FOR HOME, DAILY LIVING AND CARE EQUIPMENT**

- 7.1 Route 1 has been divided into two sub-divisions, to better describe the alternative methods of ordering and funding.
- 7.2 **Route 1A** - a child or young person may require equipment to improve access around their home, to support daily living or help carers deliver their services. For some needs or disabilities, standard equipment (that can be issued as standard, and yet adapted to the user) may be the recommended aid for a child or young person. This equipment may include beds and aids to support bathing, showering and toileting.
- 7.3 **Route 1B** - However, some children and young people may require specialist equipment, that must be ordered with specific adaptations for the user.

## Standard Equipment – Route 1A

- 7.4 For some needs or disabilities, standard equipment (that can be issued as standard, and yet easily adapted to the user) may be the recommended aid for a child or young person. This equipment may include beds and aids to support bathing, showering and toileting.
- 7.5 When referred, or a child presents to services with equipment needs, physiotherapists, occupational therapists or SLTs will carry out an assessment of strengths and needs. Therapists may be CWC or RWT employed. Initially, the assessing clinician may suggest alternative methods of managing needs for families to trial, where equipment may not be immediately appropriate.
- 7.6 However, it may be determined by professionals that an item of standard equipment would be the best method to support the young person's needs. Where this is the case, the assessor should first check internal stores (CWC Community Equipment Store (CES) or Royal Wolverhampton Trust NHS Equipment Store). Assessors can check this availability through the Equipment Loans Management System (ELMS) ordering platform or call stores to arrange appointments to view available equipment.
- 7.7 An assessor is to order all equipment through the ELMS ordering platform. If the item is not in stock, the item is placed on a waiting list until stock arrives.
- 7.8 Profiling beds and associated pressure mattresses are to be loaned through the provider 'Drive Medical'. To see their criteria for loaning of an electric profiling bed, please refer to **Appendix 5**.
- 7.9 Assessors may find certain items available in equipment stores that require further specialist or bespoke parts to be added. If this is the case, clinicians can order these parts using the ELMS ordering system as above. Where this is not possible, the specialist parts should be sourced using Route 1B (see below).
- 7.10 For a flowchart demonstrating this route, please see **Appendix 1A**.

## Specialist Equipment – Route 1B

- 7.11 As above, when a child/young person presents to services with mobility, personal care or posture/positioning needs, Physiotherapists, Occupational Therapists or SLTs will carry out an assessment of strengths and needs. Therapists may be CWC or RWT employed. Initially, the assessing clinician may suggest alternative methods of managing needs for families to trial, where equipment may not be immediately appropriate.
- 7.12 If professionals feel that a specialist item of equipment is required, the assessing clinician is to complete a 'Paediatric Request for Non-Standard Item of Equipment (Special Order)' (See **Appendix 4**). This form outlines the child's/young person's needs, the equipment that is required and purchasing details.
- 7.13 As part of this process, the assessing clinician should check the CWC Community Equipment Store and the Royal Wolverhampton Trust NHS Equipment Store, to see if parts of the required item can be sourced internally.

- 7.14 Where items or parts cannot be sourced internally, the assessing clinician should attach pricing quotes that have been obtained from external providers.
- 7.15 The request form should then be submitted to the 'Joint Equipment Funding Panel for Children and Young People', via the panel email address ([rwh-tr.cypequipment@nhs.net](mailto:rwh-tr.cypequipment@nhs.net)). The panel meet monthly to discuss applications and make decisions regarding budgets and funding for equipment. If a referral is urgent, and a child/young person is in need of equipment as soon as possible, the panel can meet virtually and use secure email to progress these cases.
- 7.16 Where the panel decide that Joint Partners should not fund the requested equipment, clear reasoning must be given to the assessing clinician and fed back to children and families.
- 7.17 If the panel approve the requested equipment, they must then decide on the approach to funding. This will be decided based on the designated use of the equipment (daily living, home access or personal care etc.), the needs that are being met and where the equipment is most likely to be used (please see the table within statement 12.3, later in this protocol).
- 7.18 If a child is receiving Children and Young People's Continuing Care Funding, their equipment needs would require discussion with the Continuing Health Care (CHC) Team at the Black Country NHS Integrated Care Board (NHS ICB). Requests are reviewed by the CHC case manager in the first instance, and if agreed, will then be incorporated/referenced in the child's care package.
- 7.19 For a flowchart of this process, please see **Appendix 1B**.

### **Ordering Specialist Equipment**

- 7.20 For equipment related to postural management or pressure relief, the assessor (whether RWT or CWC employed) may order the required items, depending on the individual needs. During assessment, nurses working with the child can grade their risk score for susceptibility to pressure ulcers and advise on the pressure risk mattress required. However, nurses are not responsible for ordering this equipment. Funding is usually provided by the NHS. If CWC Therapists or service store employees place the order, this is usually recharged to the Black Country NHS Integrated Care Board (ICB).
- 7.21 For equipment related to manual handling, CWC Occupational Therapists are to place the order, and pay the full costs up front. In most cases, 50% of the funding for these items can then be recharged from the Black Country NHS ICB.
- 7.22 For equipment related to bathing, CWC Occupational Therapists are to place the order, and full funding is provided by the Council.
- 7.23 For equipment recommended by RWT SLTs, funding is dependent upon use and need and is discussed within the SLT department on an individual basis.
- 7.24 Once funding has been agreed, CWC Occupational Therapists or RWT clinicians are to send the order request to [sscesspecialorders@wolverhampton.gov.uk](mailto:sscesspecialorders@wolverhampton.gov.uk).

## Review and Maintenance

- 7.23 Once the equipment has been delivered to the child's/young person's home the assessing clinician (along with a company representative where appropriate) should visit the child/family/setting to demonstrate safe usage and answer any queries.
- 7.24 Following this appointment, if there are any queries relating to the equipment (including repairs or maintenance), this should be referred to the child's assessing clinician. If the original assessor is no longer working with the child, any issues should be referred to the assessing team in either CWC or NHS. All queries for repairs then go to the Community Equipment Store (CES), who arrange for repairs to be undertaken for chairs, bathing equipment and hoists. Medequip (a service provider) then attend the site where the equipment is stored to identify any issues and aim to fix these. If a repair is not undertaken, CES refer this back to clinician. All repairs (whether the item of equipment is wholly CWC or joint funded by the NHS) are funded by CWC under current terms.
- 7.25 Assessors may wish to schedule a follow-up assessment after given timeframe, to ensure that the issued equipment remains effective as the child grows.

## National Patient Safety Alert - Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls

- 7.26 On 30<sup>th</sup> August 2023, the Medicine & Healthcare Products Regulatory Agency (of Central Government's Department of Health and Social Care) issued a National Patient Safety Alert. This alert was raised for action by all those responsible for the use, purchase, prescription and maintenance of medical beds, trolleys, bed rails, bed grab handles and lateral turning devices, including all Acute and Community healthcare organisations, care homes, equipment providers, Occupational Therapists and early intervention teams. This was due to MHRA continuing to receive reports of deaths and serious injuries from entrapment or falls relating to medical beds, bed rails (also known as bed safety rails), trolleys, bariatric beds, lateral turning devices and bed grab handles (also known as bed levers or bed sticks).
- 7.27 The alert states that organisations and professionals must update their policies to reference the alert and associated guidance, plan for staff training relating to this equipment, review management systems, and implement appropriate maintenance and service schedules. Staff must ensure that all equipment provided to patients is compliant with international standards. There are two international standards for medical beds which include requirements for acceptable gaps in order to reduce entrapment risks. BS EN 60601-2-52:2010+A1:2015 is the standard for adult beds, and there is a separate standard, BS EN 50637:2017, for medical beds and cots for children and adults with atypical anatomy.
- 7.28 The National Patient Safety Alert document can be found in **Appendix 7**. The Medicine & Healthcare Products Regulatory Service also released a follow up guidance document, 'Bed rails: management and safe use. Guidance on managing and using bed rails safely' (August 2023). This can be found via the following link: [https://assets.publishing.service.gov.uk/media/64ede752da84510014632343/Bed\\_rails\\_g](https://assets.publishing.service.gov.uk/media/64ede752da84510014632343/Bed_rails_g)

[uidance.pdf](#).

## **Car Seats**

- 7.29 It is important to note that neither the RWT, Black Country NHS ICB nor CWC provide funding for car seats. The Regional Driving Assessment Centre (RDAC) can support parents in getting the right specialist car seat for their child. They work closely with a child or young person's therapist to ensure a suitable seating position is achieved, by carrying out specialist assessments for car seats and harnesses. RDAC can also provide information about charities that may assist with funding. The cost of an assessment is partially supported by the Centre. More information can be found by following this link: <https://www.rdac.co.uk/services/car-seat-assessment/>

## **Transition to Adulthood**

- 7.30 CWC's Independent Living Service supports Wolverhampton's people from birth through to adulthood, all within one service. Whilst there are designated Occupational Therapists that specialise in both paediatric and adult assessments, the team works closely together to make transition efficient and straightforward.
- 7.31 When it is deemed necessary, a young person will be passed on to a CWC Occupational Therapist specialising in adult assessment. Any specialist equipment required is applied for through the 'Adults Equipment Panel'. This panel is made up of similar representatives to the 'Joint Equipment Funding Panel for Children and Young People', including CWC clinicians, RWT clinicians, and ICB and CWC commissioners. Any Occupational Therapist within the CWC team can make this application.
- 7.32 The CWC Occupational Therapy team meets regularly with the RWT Occupational Therapy Team to ensure clear communication and sharing of key changes. This also ensures that there is no duplication of services where not required.

## **8.0 ROUTE 2: Equipment to be provided by an education setting due to reasonable adjustment duty under the Equality Act**

- 8.1 Some children and young people may have physical needs which require equipment for them to be able to access their education setting. Schools have a legal obligation under the Equality Act (2010) to support pupils who are disabled with reasonable adjustments, making sure they can benefit from what the school offers in the same way as a pupil who is not disabled.
- 8.2 Special school nurses or special school SENDCos (Special Educational Needs and Disabilities Coordinators) may contact RWT clinicians to request an assessment for a child from one of their Occupational Therapists. Mainstream schools will first need to seek involvement from a health professional (such as a school nurse or the child's GP) to ensure that referrals are completed and triaged appropriately. Assessment requests for RWT Physiotherapists can only be made by health professionals. These assessments may advise the school on the appropriate equipment to source for the child.
- 8.3 During the Early Years Stage, early years settings can request funding for this equipment from the Disability Access Fund (DAF) for children who receive Disability Living Allowance

(See **Route 3A** for more details, later in this protocol).

- 8.4 Beyond this, mainstream maintained schools and academies are notified each year of a SEND notional budget, within their overall budget allocation, towards the costs of provision for pupils with SEND. Equipment can often be provided to a child or young person by their education setting using the current SEND notional budget of £6,000 per child.
- 8.5 Where the provision to support a child in school exceeds the SEND notional budget (this could be made up of SEND support interventions as well as equipment), an Education Health and Care Needs Assessment (EHCNA) may be necessary and the school should submit a request to the local authority for consideration (Please see **Route 3B**, later in this protocol).

### **Ordering Equipment**

- 8.6 It is the responsibility of the child's or young person's school to order equipment that is considered a reasonable adjustment. Ordering should be done by school professionals, with assistance/advice from other professionals that are working closely with the child (including Teacher's of the Deaf, SLTs, Occupational Therapists and Physiotherapists).
- 8.7 Schools and education settings are strongly advised to maintain records of assessments and equipment spend, which may later be requested by Protocol Partners if required.

### **Review and Maintenance**

- 8.8 It is the responsibility of the educational setting to review the child or young person's needs at regular intervals, to assess the continued suitability of the designated equipment.
- 8.9 Educational settings are also responsible for the maintenance and repair of any equipment that is provided as a reasonable adjustment.

## **9.0 ROUTE 3: EQUIPMENT REQUIREMENTS DUE TO EMERGING COMPLEX NEEDS IN THE EARLY YEARS OR AS PART OF THE EHCNA/EHCP PROCESS**

- 9.1 For children and young people with complex needs, further equipment may be required in education settings which may be considered beyond a reasonable adjustment. In the case of primary schools, this may be because the adjustment or equipment costs more than can be provided by the notional SEND budget. Where this is the case, education settings should submit requests for support to CWC through the appropriate routes, depending on the age of the child or young person.
- 9.2 For children who are aged 9 months to 4 years, and whose parents/carers have not applied for DLA for the child, education settings should apply for the Special Education Needs Inclusion Funding (SENIF). Where parents have applied for Disability Living Allowance (DLA) for the child, education settings should apply for the Early Years Disability Access Fund (DAF). This process is outlined in **Route 3A**.
- 9.3 For children and young people with complex needs in Reception class and beyond,

education settings should request an EHCNA. This process is outlined in **Route 3B**.

### **Early Years Settings – Route 3A**

- 9.4 Staff working within Early Years settings are encouraged to identify any complex needs that may be emerging in children from 9 months old, up to the age of 4 years. Where these complex needs cannot be supported through a reasonable adjustment within the setting, an application can be made to CWC for further funding support.
- 9.5 If parents/carers have not applied for DLA for the child, an online application should be made to CWC for SENIF. As part of the application, education settings will be asked to outline the needs of the child, and how the proposed spend will support in meeting these needs. If there is a need for equipment to support physical needs, it is expected that the items quote from the assessing Occupational Therapist, Physiotherapist or SLT will be provided along with the application. This application is then presented to the Inclusion Funding Panel to be discussed by a range of relevant professionals (including but not limited to representatives from CWC's Special Needs Early Years Service, education settings and SLT Services). If approved by the panel, SENIF will then be awarded by the local authority to the education setting, up to a maximum of £1000 per term.
- 9.6 If parents/carers have applied for DLA for the child, an application should be made for DAF. Though there is no set guidance on how DAF should be spent by an education setting, it is implied that this fund is to support with physical accessibility. If approved, DAF is funded straight from Central Government, and is a payment of £910 per academic year. Regardless of the amount initially needed to make accessibility adjustments, a full £910 is paid to the education setting. Any surplus should be used to further support other access arrangements for the child. If an education setting requires more than £910 to ensure accessibility, more can be awarded if there is a clear, proven rationale for the application.
- 9.7 The above funding arrangements come to an end as a child moves into their Reception class of primary school. After this point, equipment should be sought via either **Route 2** or **Route 3B**. Education settings should ensure that any equipment that has been purchased through the above funds follows the child to their Reception class wherever possible.
- 9.8 A flowchart demonstrating this process can be found in **Appendix 3A**.

### **Reception Class to Further Education – EHCNAs/EHCPs – Route 3B**

- 9.9 For children in Reception class and beyond, education settings can request an EHCNA to source support for those with complex needs. CWC SENSTART colleagues are responsible for collecting and collating information about the child/young person's strengths, needs and disabilities, and ensuring the completion of an EHCNA. After this assessment, and only if deemed necessary, colleagues will continue with completion of an EHCP. (see Appendix 3). An EHCNA assessment does not mean that an EHCP will automatically be issued.
- 9.10 Any further equipment recommended during this process (that cannot be supplied via Route 2) is to be sourced via Route 3.
- 9.11 As part of EHCNA assessment, SENDCos should make contact with health professionals

that are associated with the child, to outline their current prescribed equipment. In the unlikely circumstance that required equipment has not yet been prescribed prior to the EHCNA/EHCP process, requests for assessments should be made. Special school nurses or Special school SENDCos (Special Educational Needs and Disabilities Coordinators) may contact RWT clinicians to request an assessment for a child from one of their Occupational Therapists. Mainstream schools will first need to seek involvement from a health professional (such as a school nurse or the child's GP) to ensure that referrals are completed and triaged appropriately. Assessment requests for RWT Physiotherapists can only be made by health professionals. If deemed appropriate, assessments may then be carried out to advise appropriate equipment to source for the child. The results of these assessments, along with any other equipment prescriptions obtained in the past, should be recorded on the EHCP. This process should also be followed in respect of a child/young person's annual review of the EHCP if an assessment for equipment needs is deemed necessary.

- 9.12 If equipment required is necessary to 'educate or train' a child or to provide them with access to education, this will be listed within Section F of the EHCP (if it is provided with the health advice as part of the EHCNA or is submitted along with the annual review paperwork).
- 9.13 If an EHCP has been issued to a child or young person, funding over the SEND notional budget of £6000 is to be made available via the High Needs Block funding for any child attending a mainstream school.
- 9.14 A flowchart of this process can be found in **Appendix 3B**.
- 9.15 If the equipment required pertains to the child's health or social care needs, these will be listed within Sections G or H of the EHCP. Assessors and relevant Protocol Partners should then refer to Equipment Route 1 (**See Appendices 1A and 1B**) in order to source equipment for use in the home or to support daily living.
- 9.16 If the equipment required is needed for daily living in the home as well as educational purposes, the assessing clinician may decide to replicate a school's Route 3 order, to secure funding for the item via Route 1.

## **Ordering Equipment**

- 9.17 Equipment required for education access purposes should be ordered/sourced by the young person's education setting (with the exception of mobility equipment used to move around the school and daily life).
- 9.18 Schools should initially check their own equipment stores for equipment availability. They may also contact an RWT clinician to discuss availability at the Royal Wolverhampton NHS Equipment Store. If the item is not available via stores, the school is responsible for contacting provider representatives and placing orders for new items. Schools may request an RWT clinician to be present during meetings with providers, to offer advice or guidance.
- 9.19 CWC requires a contribution of £1000 towards the cost of each item of equipment sourced via this route. The school are to contribute this funding from a combination of their SEND notional budget/Placement Fees (for Special Schools) and High Needs Top Up (matrix



funding). Schools should complete the Request for Funding (Equipment) Form and provide the quote for the equipment to the appropriate SEND officer (**See Appendix 8**). Requests will be considered at decision making panel. Payment will be arranged via Journal for Local Authority maintained schools. For Academies, payment is made following the raising of a requisition and upon receipt of an invoice quoting a valid Purchase Order number, following the CWC finance process (**See Appendix 9**). The rest of the cost is to be covered by High Needs Block Funding associated with the child's EHCP entitlements.

## **Review and Maintenance**

- 9.20 The young person's education setting is responsible for arranging any maintenance or repairs to equipment. They may wish to arrange follow-up assessments with RWT clinicians at set time intervals, to assess the ongoing suitability of equipment as children grow.

## **10.0 CHILDREN AND YOUNG PEOPLE IN CARE**

- 10.1 Children and young people in care (CYPIC) have the same rights to equipment and supportive aids as those residing with their birth families. However, sourcing and funding of equipment for home and daily living can vary upon different factors.
- 10.2 As outlined within the NHS 'Who Pays?' guidance for commissioners (<https://www.england.nhs.uk/long-read/who-pays/>), Black Country ICB is responsible for assessing and commissioning health services for individuals that are registered with Black Country GP services. If an individual is not registered with a GP, then their associated ICB is dependent upon the geographical location in which they reside.
- 10.3 For CYPIC, it is the responsibility of their 'originating ICB' to assess and commission healthcare services. The originating ICB is dependent on where they were registered with their GP, or their place of residence if not registered, before being taken into care. This remains the case even where the child registers with another GP practice in another ICB's area.
- 10.4 For CYPIC under the responsibility of the Black Country NHS ICB, **Route 1** should be followed as outlined previously in this protocol. If a young person is under Black Country ICB's responsibility but lives outside of the area, clinicians from the child's new place of residence should complete the assessment and send this to the Wolverhampton 'Joint Equipment Funding Panel for Children and Young People'.
- 10.5 If any applications are made via Route 1 for children that are not the responsibility of the Black Country NHS ICB, medical professionals or members of the 'Joint Equipment Funding Panel' are to refer the application to the relevant ICB.

## **11.0 STORE SERVICES AND RESPONSIBILITIES**

- 11.1 There are several equipment stores across the city that can be drawn upon to source equipment for children and young people with physical needs and disabilities.
- 11.2 For standard equipment, the CWC Community Equipment Store and the Royal

Wolverhampton NHS Trust Equipment Store should be searched in the first instance. These stores offer a provision of recycled equipment to meet order requests. The stores hold and maintain a core stock of agreed children's equipment in an accessible and clean environment.

- 11.3 Available recycled equipment is recorded (including available accessories) using the ELMS online system. This platform allows professionals to access up-to-date information on suitable or alternative products.
- 11.4 The store services will be responsible for the cleaning and recycling of returned products and will only condemn products with the approval of a relevant service manager.
- 11.5 The store services will deliver equipment in line with assessing clinician's instructions, or hold it ready for collection by clinicians or families. As per 7.21, the assessor is responsible for the demonstration of the equipment.

## **12.0 AUDIO AND VISUAL EQUIPMENT**

### **Audio Equipment for Home and School**

- 12.1 All babies born within the UK undergo a Newborn Hearing Screening Test, to assess for any immediately apparent hearing loss. Beyond this, parents/carers should arrange for their child to see their GP if they have any concerns regarding their child's hearing.
- 12.2 If hearing aids or cochlear implants are required for a child, these will be supplied by the NHS Audiology department or hearing implant programmes. Funding, maintenance and repair of these items remain the responsibility of the NHS. This equipment can be used in the home, school or community.
- 12.3 When a child is diagnosed with hearing loss, links should be made between NHS Audiology departments, CWCs Sensory Inclusion Services (including Teachers of the Deaf) and education settings.
- 12.4 Upon starting school, a young person may require a radio aid for teachers to use when speaking to the class, allowing for speech to be discriminated more easily when in background noise. If this is required from when a child starts their nursery class, CWC Sensory Inclusion Services may recommend that schools use either DAF or SENIF funding to source this. This can then follow the child throughout their primary and secondary education journey.
- 12.5 CWC Sensory Inclusion Services may also supply radio aids from Reception class onwards. This is decided at the discretion of the Service, and is usually approved for children with a moderate or above hearing loss. These are then to be returned to the CWC Sensory Inclusion Team when a young person leaves secondary school.
- 12.6 These aids are sourced and funded by the CWC Sensory Inclusion Service, through the Assistive Technology budget. CWC's Assistive Technology budget is separate from the EHCP matrix funding, as arrangements for this type of equipment are bespoke to the service area.

- 12.7 Upon delivery to the school, the Teacher of the Deaf that works with the child will demonstrate how staff should use and care for this equipment. Radio aids should remain in school.
- 12.8 As hearing aids are changed and updated, radio aids may also need to be changed and updated for suitability. Any changes to radio aids are to be funded by CWC Sensory Inclusion Service.

### **Visual Equipment for Home and School**

- 12.9 A baby's eyes will be checked as part of physical examinations that take place in the first year of their lives. Beyond this, free NHS sight tests are also available at opticians for children under 16 and for young people under 19 in full-time education. Parents/carers should approach their GP or local optician if they have any concerns about their child or young person's eyesight.
- 12.10 If a child or young person requires glasses, these will be funded or subsidised (depending on the choice of frames) by the NHS. Other low vision services and equipment for the home and community may be funded by the NHS, subject to a low vision assessment.
- 12.11 If a child or young person's vision difficulties are affecting their access to education, education settings should contact the CWC Sensory Inclusion team. If equipment is temporarily required to support access to learning, it may be lent out by the team for use in lessons. While the team have a wide range of stock to lend from, they do hold a small budget to source items for temporary use, or to repair/replace any damaged equipment.
- 12.12 If visual equipment is required in school on a more permanent basis, this need is to be assessed by the Sensory Inclusion team and funded through EHCP matrix funding. This equipment can then follow the child through their education journey, and the school setting should follow **Route 3**.

## **13.0 FINANCIAL ARRANGEMENTS**

- 13.1 It is acknowledged that there may be overlap in the use of children's equipment for healthcare, personal care and educational uses. This should not pose a barrier to provision, as there is a clear agreement with all relevant Protocol Partners to commit to funding all children's equipment.
- 13.2 If a young person is receiving any Continuing Healthcare Funding (CHC), their Route 1 sourced equipment will require discussion with the Continuing Health Care (CHC) Team at the Black Country NHS ICB. Requests are reviewed by the CHC case manager in the first instance, and if agreed, will then be incorporated/referenced in the child's care package.
- 13.3 The following table outlines other funding arrangements for **specialist** equipment (see following page):

| Type of Equipment  | Route for Referrals                                     | Financial Arrangement   | Method of Ordering  |
|--|---|---|---|
| Postural management (including adapted chairs and Acheeva Beds, excluding sleep systems) | Route 1 if needed for home, daily living or care.       | If submitted to and approved by the panel, it is usually funded by the NHS.   | Assessor to order through the ELMS System, or an external provider where necessary.<br>Beds are to be ordered through the provider 'Drive Medical'.                                 |
|  | Route 2 or 3 if needed to access education or training. | Early Years settings may access the Special Education Needs Inclusion Fund (SENIF) or Disability Access Fund (DAF). Beyond this stage, it is to be funded by schools up to the maximum of the SEND notional budget (£6000).<br>If the child has an EHCP, the school can apply for funding from the High Needs Block, but must contribute the first £1000 from the SEND notional budget for each item. | Schools to contact provider representatives and order directly.   |
| Sleep systems  | Route 1   | RWT hold an equipment budget that is used for these items.  | Physiotherapists provide justifications for these to be provided, and where necessary and possible provide 2 quotes with clinical reasoning to identify the need for the equipment. |
| Pressure relief  | Route 1 if needed for home, daily living or care.       | If submitted to and approved by the panel, it is usually funded by the NHS.   | Assessor to order through the ELMS System, or an external provider if necessary.<br>Mattresses are to be ordered through the provider 'Drive Medical'.                              |
|  | Route 2 or 3 if needed to access education.             | Early Years settings may access the Special Education Needs Inclusion Fund (SENIF) or Disability Access Fund (DAF). Beyond this stage, it is to be funded by schools up to the maximum of the SEND notional budget (£6000).<br>If the child has an EHCP, the school can apply for funding from the High Needs Block, but must contribute the first £1000 from the SEND notional budget for each item. | Schools to contact provider representatives and order directly.   |

|                              |   |   |  |
|------------------------------|---|---|--|
| Equipment related to feeding | Route 1 if needed for home, daily living or care. | If submitted to and approved by the panel, it is usually jointly funded by NHS and City of Wolverhampton Council.   | Occupational Therapy colleagues from CWC or RWT SLTs are to place the order, covering the entire cost upon order. CWC can then recharge 50% of the funds from the Black Country ICB. |
|                              | Route 2 or 3 if needed to access education.       | Early Years settings may access the Special Education Needs Inclusion Fund (SENIF) or Disability Access Fund (DAF). Beyond this stage, it is to be funded by schools up to the maximum of the SEND notional budget (£6000).<br>If the child has an EHCP, the school can apply for funding from the High Needs Block, but must contribute the first £1000 from the SEND notional budget for each item. | Schools to contact provider representatives and order directly.  |
| Manual Handling              | Route 1 if needed for home, daily living or care  | If submitted to and approved by the panel, it is usually jointly funded by NHS and City of Wolverhampton Council.   | Occupational Therapy colleagues from CWC are to place the order, covering the entire cost upon order. CWC then recharge 50% of the funds from the Black Country ICB.                 |
|                              | Route 2 or 3 if needed to access education.       | Early Years settings may access the Special Education Needs Inclusion Fund (SENIF) or Disability Access Fund (DAF). Beyond this stage, it is to be funded by schools up to the maximum of the SEND notional budget (£6000).<br>If the child has an EHCP, the school can apply for funding from the High Needs Block, but must contribute the first £1000 from the SEND notional budget for each item. | Schools to contact provider representatives and order directly.  |
| Bathing                      | Route 1   | If submitted to and approved by the panel, it is usually funded by City of Wolverhampton Council.   | Occupational Therapy colleagues from CWC are to place the order.   |

|  |   |  |   |
|--|---|--|---|
| Standing frames/walkers  | Route 1   | RWT hold an equipment budget that is used for these items.   | Physiotherapists provide justifications for these to be provided, and where necessary and possible provide 2 quotes with clinical reasoning to identify the need for the equipment. |
| Wheelchairs (can also include special seating, cushioning and other accessories where necessary) | N/A – NHS professionals working with the young person will refer them to the Wolverhampton Wheelchair Service | Where the item is not sourced from internal stores, it is usually funded by the NHS.   | Where the item cannot be sourced from internal stores, it is to be ordered by professionals working within the Wolverhampton Wheelchair Service.                                    |
| Audio Equipment  | GP/NHS Audiology Department   | The NHS Audiology Department fund hearing aids and cochlear implants.  | The NHS Audiology Department source hearing aids and cochlear implants that are bespoke to the child or young person's needs.   |
|  | CWC Sensory Inclusion Team (Equipment for education purposes)   | CWC Sensory Inclusion Team fund radio aids for use by teachers in education settings.  | CWC Sensory Inclusion Team (Including Teachers of the Deaf) are to place the order.   |
| Visual Equipment   | GP/Optician   | The NHS fund or subsidise (depending on the frames chosen) glasses. The NHS may also fund other low vision equipment for the home and community, subject to a low vision assessment.   | Opticians will place orders for glasses. Other NHS clinicians may order low vision equipment where required.  |
|  | CWC Sensory Inclusion Team  | CWC Sensory Inclusion Team may lend or fund visual equipment for temporary use in education settings. For equipment required on a permanent basis within education settings, it is to be funded by schools up to the maximum of the SEND notional budget (£6000). If the child has an EHCP, the school can apply for funding from the High Needs Block, but must contribute the first £1000 from the SEND notional budget for each item. |   |

|  |   |   |   |
|--|---|---|---|
| Communication equipment related to Speech and Language Therapy | Route 1 if needed for home, daily living or care. | Funding is to be determined on an individual basis, as decided by the SLT assessor. | Equipment is to be ordered by the SLT assessor. |
|  | Route 2 or 3 if needed to access education.       | Funding is to be determined on an individual basis, as decided by the SLT assessor. | Equipment is to be ordered by the SLT assessor. |

- 13.4 Both CWC and NHS service areas are responsible for monitoring their own budgets and spend.
- 13.5 If a school, SENSTART colleague or other involved professional feels that an item of equipment will be used in school to meet both education and health needs, they should contact the Black Country ICB to discuss how this item is to be funded.

## **14.0 CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES**

- 14.1 Individual agencies have different arrangements in the provision of support for families/carers. Clinicians should signpost carers to their local Carers Centre to establish if additional support is available to them. This may include training on generic moving & handling provided by external agencies, which would support them to build knowledge and confidence in doing so (note this is not equipment specific). While both CWC and RWT Occupational Therapists and clinicians do not provide manual handling risk assessment, they can offer advice to those around the child.
- 13.2 Information should be actively sought from children and carers on the outcomes from service provision. Protocol Partners should implement mechanisms which will systematically seek to gather relevant data which would support evidencing the difference being made by the provision of equipment.

### **When a Child or Family Move from Wolverhampton to a new Local Authority**

- 13.3 If a child or young person moves from Wolverhampton to a new local authority, CWC Occupational Therapy or RWT clinicians will liaise with professionals in the new area of residence. They will make enquiries to find out whether the equivalent equipment is available in the new area.
- 13.4 If the equivalent equipment is not yet available, the current equipment may follow the child or young person to the new area. Once the new area have sourced the equivalent equipment required, the CWC Independent Living Store will collect the original pieces to return them to Wolverhampton stores.

## **14.0 MONITORING, REVIEW AND SUPPORT**

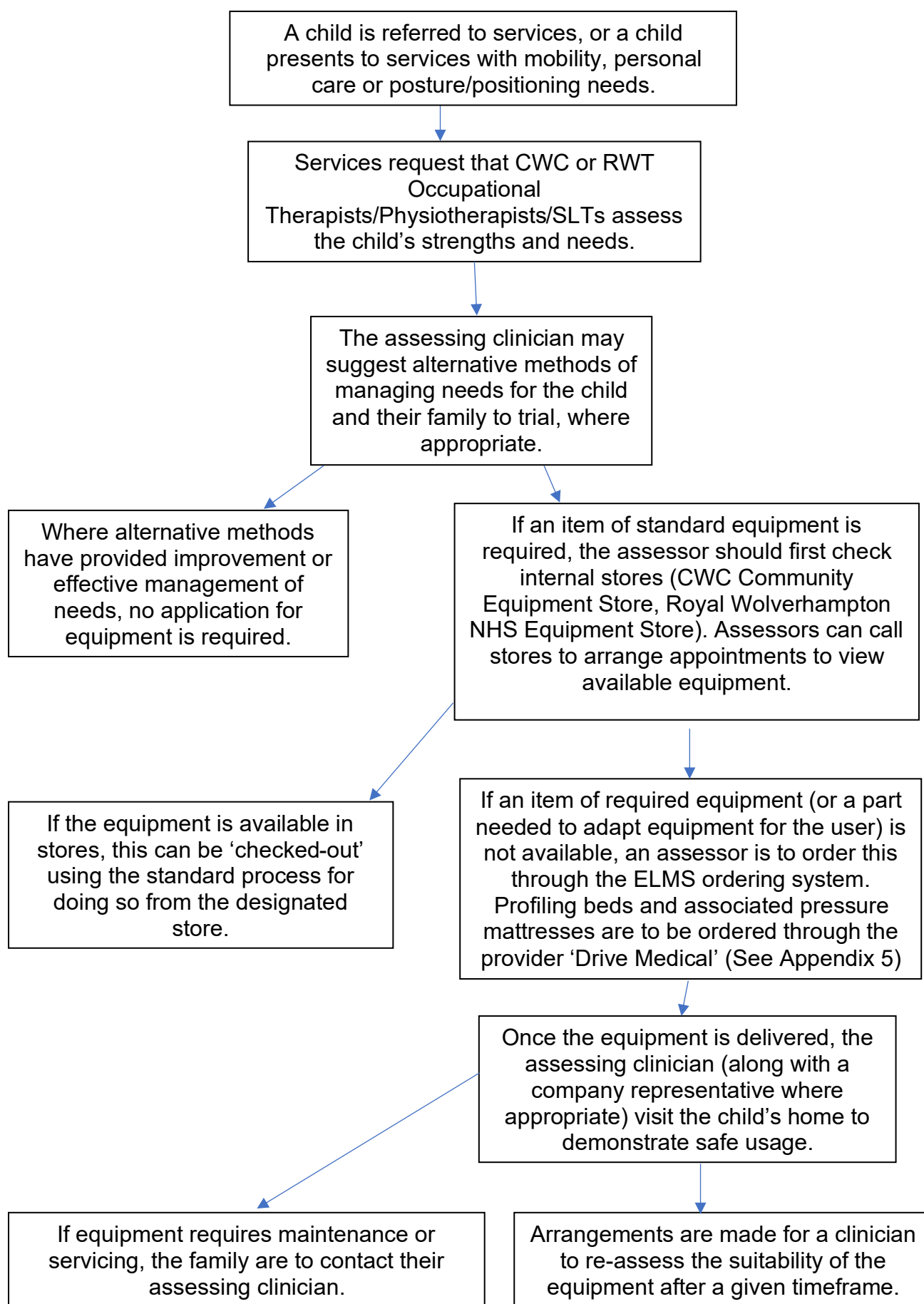
- 14.1 The 'Joint Strategic Commissioning Group' meets monthly, and is comprised of representatives from CWC Commissioning Teams, CWC SEND and Inclusion Teams, CWC Children's Social Care, The Black Country ICB, The Black Country NHS Foundation Trust, Public Health and parent representatives. This group will be responsible for reviewing and

updating the protocol on a six-monthly basis.

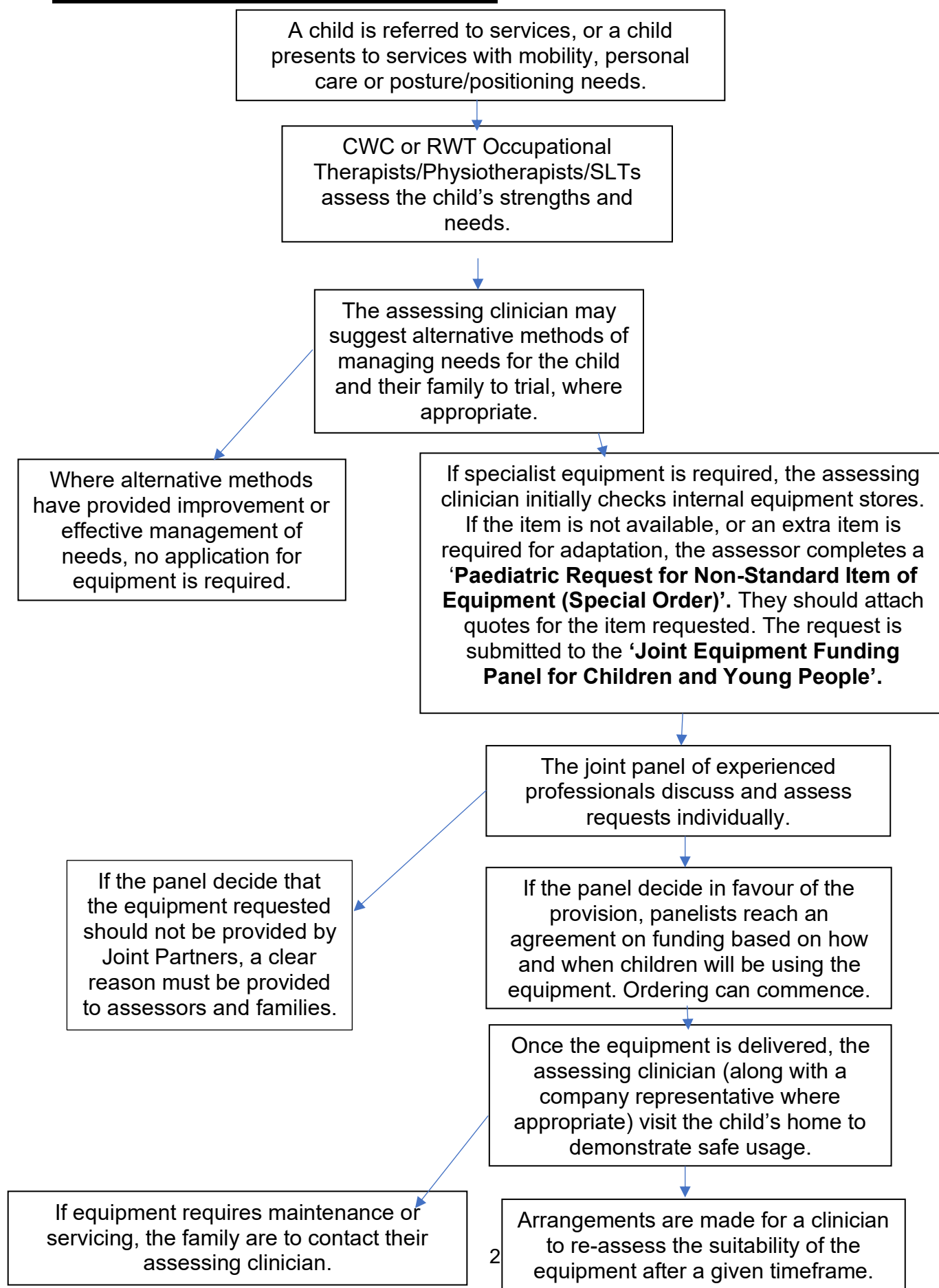
- 14.2 The Group will be expected to report to their own management and Senior Children's Services Management groups regarding the implementation of the protocol, and any adaptations that may be required.
- 14.3 It is the responsibility of all Partners to ensure the aims and arrangements developed through the Joint Protocol are systematically communicated to staff and managers to ensure effective implementation.
- 14.4 Currently, work is underway that is looking to transform the provision of children's equipment, attempting to find more efficient and financially sustainable ways of working across regional partners. This may lead to this protocol being reviewed and amended in line with any changes made.



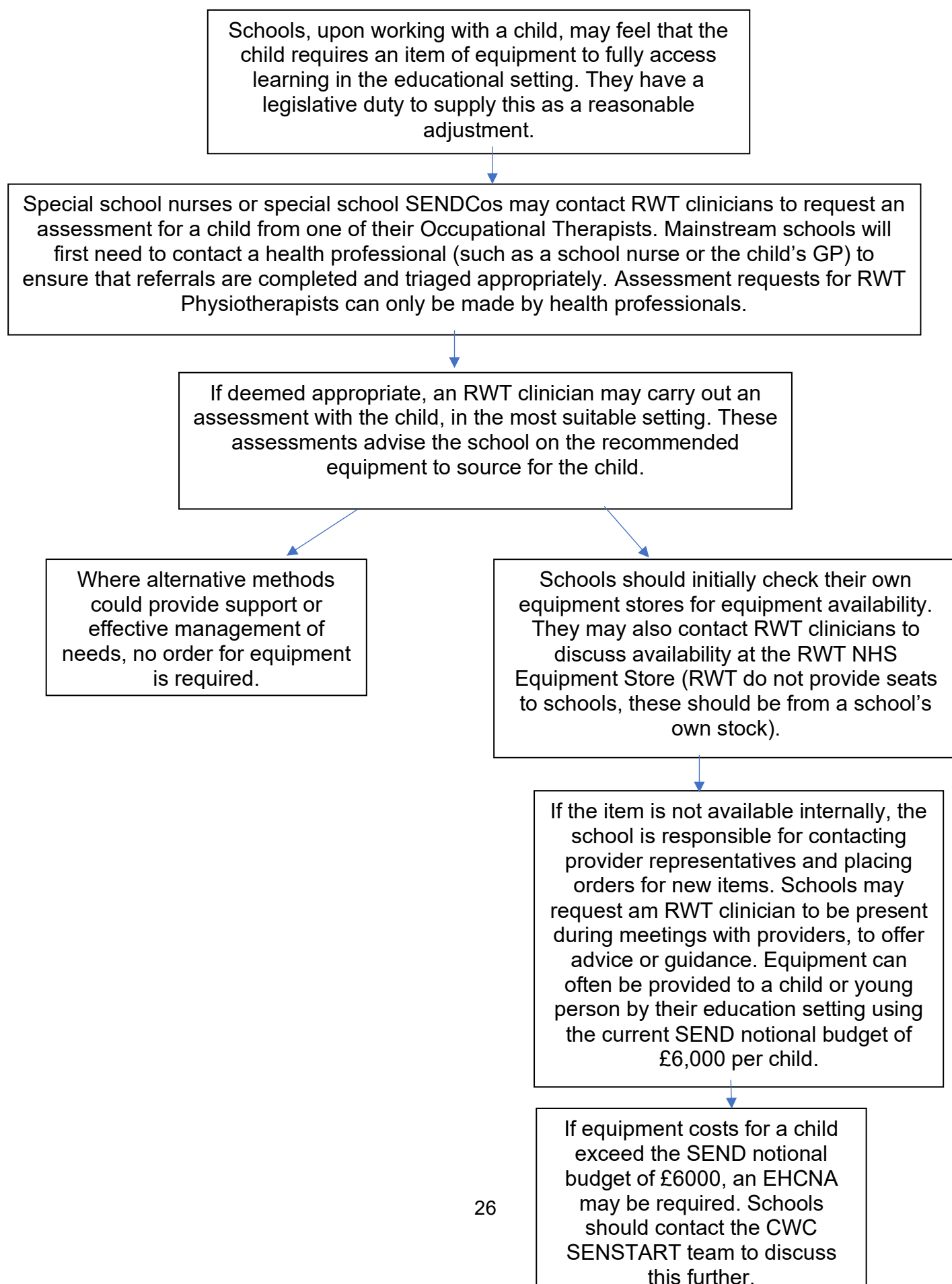
## **APPENDIX 1A – ROUTE 1A – Standard Equipment for Daily Living, Home and Care**



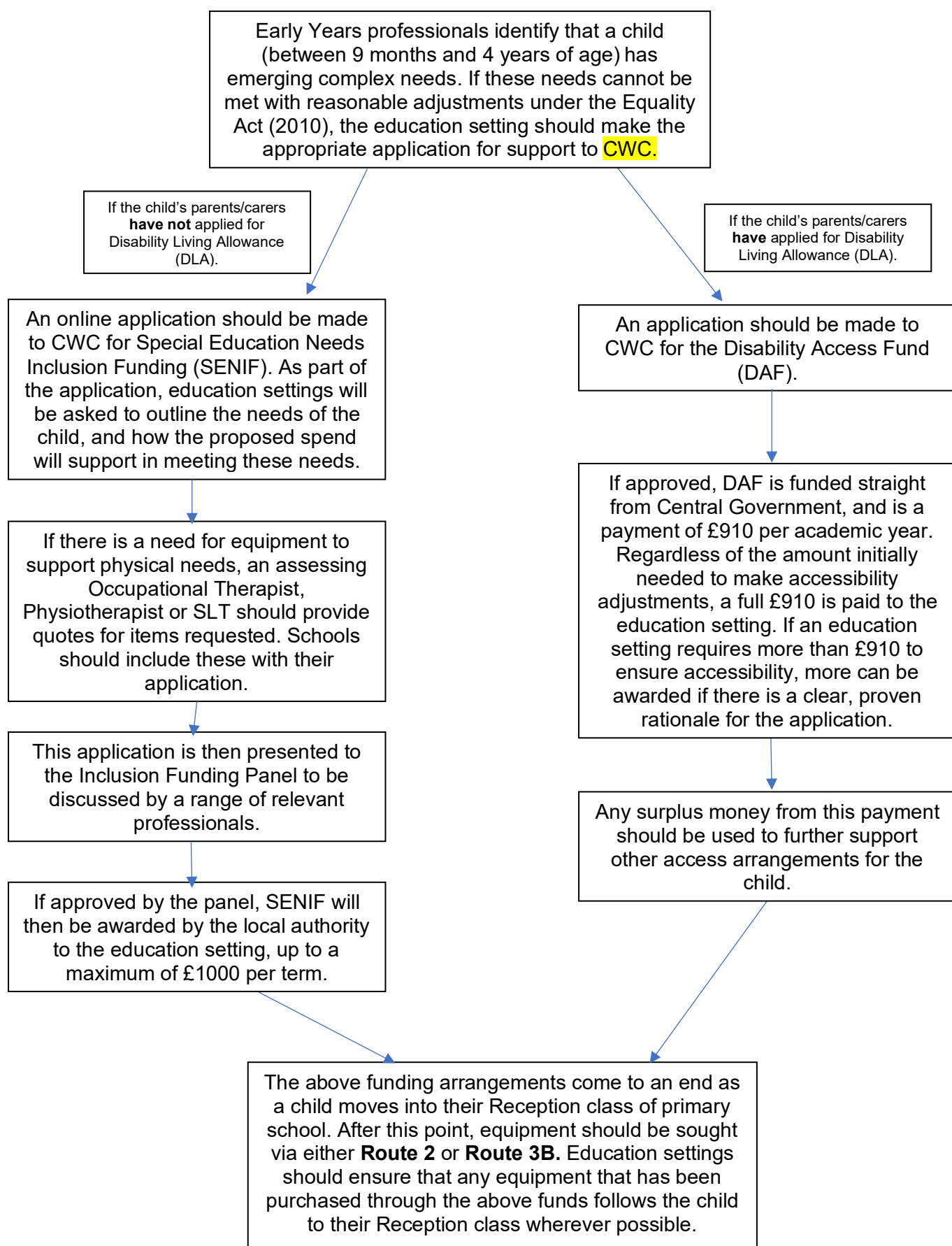
## **APPENDIX 1B – ROUTE 1B – Specialist Equipment for Daily Living, Home and Care (Excluding Sleep Systems)**



## **APPENDIX 2 – ROUTE 2 – Equipment to be Provided by an Education Setting Due to Reasonable Adjustment Duty Under the Equality Act (2010)**



## APPENDIX 3A – ROUTE 3A – EARLY YEARS EDUCATION SETTINGS



## **APPENDIX 3B – ROUTE 3B – Equipment Requirements Identified as Emerging Complex Needs or as Part of the EHCNA/EHCP Process**

Schools make a request to the CWC SENSTART team for an EHCNA assessment for a child or young person. If deemed necessary, CWC SENSTART colleagues will issue an EHCP for the child. This legally entitles the child to the support listed within the resulting plan.

As part of EHCNAs/ EHCP annual reviews, colleagues should contact health professionals that associated with the child to outline their current prescribed equipment. If equipment has not yet been prescribed, requests for assessments should be made. Special school nurses or special school SENDCos may contact RWT clinicians to request an occupational therapy assessment. Mainstream schools will first need to seek involvement from a health professional (such as a school nurse or the child's GP).

When known to the service, RWT clinicians may carry out an assessment with the child, in a suitable setting. Recommendations will then be made about equipment required.

Where alternative methods could provide support or effective management of needs, no application for equipment is required.

If the equipment required pertains to the child's health or social care needs, these will be listed within Sections G or H of the EHCP. Assessors should then refer to Provision Route 1 (**See Appendices 1A and 1B**)

If the equipment required pertains to the child's access to education, this will be listed within Section F(B) of the EHCP.

Schools should check their own equipment stores for availability. They may contact RWT clinicians to discuss availability at the RWT NHS Equipment Store (RWT do not provide seats, these should be from a school's own stock).

If the item is not available internally, the school is responsible for contacting provider representatives and placing orders for new items. Schools may request an RWT clinician to be present during meetings with providers, to provide advice or guidance.

Schools are expected to contribute £1000 towards each piece of equipment from the SEND notional budget and matrix top-up funding. School should complete the Request for Funding (Equipment) form and provide the quote for the equipment to the appropriate SEND officer. Requests will be considered at decision making panel. Payment will be arranged via journal for Local Authority maintained schools. For Academies, payment is made following the raising of a requisition and upon receipt of an invoice quoting a valid Purchase Order number following the CWC finance process. The rest of the cost is to be covered by High Needs Block Funding associated with the child's EHCP entitlements.

## Section F (repeated for each area of need)

## What help will be provided?

**Who will deliver the support? What is the frequency and duration of support?**

**Link to numbered outcomes if specific to certain one**

**Each new provision to be on a new line**

**The specificity to be included in brackets after the provision**

●

**Section G: Health provision; reasonably required by the learning difficulties and disabilities which result in the child or young person having SEND**

### Preparing for Adulthood: Outcomes for Health and Wellbeing

29

## Section H

| Section H1: Statutory social care provision; which must be made for the child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Care Act  |   |
|--|---|
| What help will be provided?  | Who will deliver the support?<br>What is the frequency and duration of support? |
| <p><b>COMPLETING THIS AREA – DELETE BEFORE DRAFT ISSUED:</b></p> <p>These services include:</p> <ul style="list-style-type: none"> <li>• practical assistance in the home</li> <li>• provision or assistance in obtaining recreational and educational facilities at home and outside the home</li> <li>• assistance in travelling to facilities</li> <li>• adaptations to the home</li> <li>• facilitating the taking of holidays</li> <li>• provision of meals at home or elsewhere</li> <li>• provision or assistance in obtaining a telephone and any special equipment necessary</li> <li>• non-residential short breaks (included in Section H1 on the basis that the child as well as his or her parent will benefit from the short break)</li> <li>• This may include services to be provided for parent carers of disabled children, including following an assessment of their needs under sections 17ZD-17ZF of the Children Act 1989.</li> </ul> |   |
| Section H2: Social care provision; reasonably required by the learning difficulties and disabilities which result in the child or young person having SEN. This will include any adult social care provision being provided to meet a young person's eligible needs (through a statutory care and support plan) under the Care Act 2014  |   |
| What support will be provided?   | Who will deliver the support?<br>What is the frequency and duration of support? |
|  |   |

## APPENDIX 5 – Specialist Equipment Request Form



### Paediatric Request for Non-Standard Item of Equipment (Special Order)

This application form is for children who are Wolverhampton residents or who are the responsibility of Wolverhampton City Council/Black Country ICB

Please send completed forms with quotations to [rwh-tr.cypequipment@nhs.net](mailto:rwh-tr.cypequipment@nhs.net)

#### ASSESSOR DETAILS

|                  |  |       |  |
|------------------|--|-------|--|
| Assessment Date  |  |       |  |
| Name of Assessor |  |       |  |
| Assessor's Base  |  |       |  |
| Contact Tel No   |  | Email |  |

#### CLIENT DETAILS

|                     |  |  |  |
|---------------------|--|--|--|
| Name                |  |  |  |
| Address & Post Code |  |  |  |
| Tel No              |  | NHS No                                       |  |
| Date of Birth       |  | Age (if over 18 years, apply to adult panel) |  |

#### DELIVERY ADDRESS

|   |  |
|---|--|
| What is the Delivery Address and Post Code? |  |
|---|--|

#### EQUIPMENT DETAILS

|  |  |                 |  |
|--|--|-----------------|--|
| Description of Equipment Requested<br>(include product code)                           |  |                 |  |
| Quote No (ensure there is at least 2 months left on the quote to allow for processing) |  |                 |  |
| Supplier Name and Address & post code  |  |                 |  |
| Cost (excluding VAT)   |  | Delivery Charge |  |
| Cost (including VAT)   |  |                 |  |
| Tel No   |  | Email           |  |

Please attached quote(s) or manufacture's specification



### PROFILING BEDS (clinical reasoning is required for all profiling bed requests)

|  |  |
|--|--|
| <b>Is this request for a profiling bed?</b>  |  |
| <b>Clinical Reasoning for profiling bed</b> (use Profiling Bed Criteria and state level of need) |  |
| • <b>Mobility when on the bed</b>  |  |
| • <b>Getting on or off the bed</b>   |  |
| • <b>Night time needs</b>  |  |
| • <b>Nursing/care intervention</b>   |  |
| • <b>Medical needs</b>   |  |

This section **MUST** be completed to be considered by panel

### REASONS FOR PROVISION OF NON-STANDARD EQUIPMENT

|                                   |  |
|-----------------------------------|--|
| <b>Client's Medical Condition</b> |  |
| <b>Social Circumstances</b>       |  |

### STORE ITEMS

|   |            |          |
|---|------------|----------|
| <b>Checked availability of suitable equipment in Store?</b> | <b>LA</b>  | YES / NO |
|   | <b>NHS</b> | YES / NO |
| <b>Has it been reserved?</b>                                |            | YES / NO |
| <b>Who has reserved it?</b> (incl name and e-mail)          |            |          |

### INDICATE ANY OF THE FOLLOWING THAT WOULD APPLY IF EQUIPMENT IS NOT PROVIDED

|   |  |
|---|--|
| <b>Risk of injury to client</b>   |  |
| <b>Risk of injury to carer</b>  |  |
| <b>May cause deterioration of medical condition</b>                       |  |
| <b>Detrimental effect on quality of life/dignity</b>                      |  |
| <b>Standard equipment has been tried unsuccessfully</b>                   |  |
| <b>If Yes, please indicate what equipment and why it was unsuccessful</b> |  |
|   |  |
| <b>Is alternative measure available short term?</b>                       |  |
| <b>If Yes, please indicate what</b>                                       |  |
|   |  |

Please see Bed Pre-Assessment checklist for details

### ANY OTHER INFORMATION CONSIDERED RELEVANT

## APPENDIX 6 – Profiling Bed Criteria (DRIVE SYSTEM)

### CRITERIA FOR LOAN OF AN ELECTRIC PROFILING BED (EPB) – Children and Young People

These criteria should be used to determine when a profiling bed is required and also to identify where other interventions should be undertaken to address the assessed need where the criteria for a bed are not met.

| LOW NEED<br>NO BED  | MEDIUM NEED<br>NO BED - ALTERNATIVE SOLUTION<br>Seek Therapy assessment for suitable alternative(s)  | HIGH NEED<br>BED REQUIRED   |
|---|--|---|
| <b>MOBILITY WHEN ON THE BED</b>   |  |   |
| <ul style="list-style-type: none"> <li>Is able to move purposefully and intentionally on the bed</li> <li>Is able to roll independently</li> <li>Is able to move up and down and around bed independently</li> <li>Is able to sit up from lying</li> </ul>  | <ul style="list-style-type: none"> <li>Is able to move purposefully and intentionally on the bed with assistance</li> <li>Is able to roll with assistance</li> <li>Is able to move up and down and around the bed with assistance</li> <li>Is able to sit up from lying with assistance</li> </ul> | <ul style="list-style-type: none"> <li>Is unable to move purposefully and intentionally on the bed</li> <li>Is unable to roll independently</li> <li>Is unable to move up and down and around the bed independently</li> <li>Is unable to sit up from lying.</li> </ul> |
| <b>GETTING ON OR OFF THE BED</b>  |  |   |
| <ul style="list-style-type: none"> <li>Able to get off the bed</li> <li>Able to get on the bed</li> </ul>   | <ul style="list-style-type: none"> <li>Can get off the bed with manual assistance</li> <li>Can get on the bed with manual assistance</li> </ul>  | <ul style="list-style-type: none"> <li>Unable to get off the bed without mechanical assistance</li> <li>Unable to get on the bed without mechanical assistance</li> </ul>   |
| <b>NIGHT TIME NEEDS</b>   |  |   |
| Can get on/off the bed easily and unaided for trips to the toilet or has a night time carer for assistance  | Needs manual assistance to get on and off the bed and does not have access to a night time carer   | Unable to get out of bed without mechanical assistance or need for different heights for different transfers  |
| <b>LENGTH OF TIME SPENT IN BED</b>  |  |   |
| <b>NURSING / CARE INTERVENTION</b>  |  |   |
| Nursing/social care intervention is not reliant on a profiling bed (service user does not require raised positioning to enable intervention or alternatives are suitable)   | Patient needs to: <ul style="list-style-type: none"> <li>Sit up; and/or</li> <li>Elevate legs; and/or</li> <li>Bed to be raised to enable the care to be provided</li> </ul>   | Active care <ul style="list-style-type: none"> <li>Lasting more than 60 minutes and/or</li> <li>More than once a day that needs to be carried out whilst on a profiling bed</li> <li>Range of carers including family members</li> </ul>                                |
| <b>MEDICAL NEEDS</b>  |  |   |
|   |  | Unable to adjust position to relieve pressure, spasm, pain, or to assist with swallowing or breathing.<br>Medical need to maintain upper body angle greater than 30 degrees (e.g. peg feeding).   |
| There may be exceptional circumstances where the above criteria are not met, for example if it can be evidenced that provision of an EPB would reduce costs/care hours, prevent/delay new and increased POC (package of care) due to maximising independence, reduce carer strain, meet needs for height adjustment due to multiple carers. In these cases authorisation will be required and you will need to evidence one or more of the above. |  |   |

**PLEASE NOTE:**

- The patient/service user should be made aware that if a profiling bed is being provided, that this is on a loan basis, that this loan will be reviewed periodically, and that, if they no longer meet the criteria for a profiling bed, they will need to make arrangements for a replacement bed to be available.

## APPENDIX 7 – National Patient Safety Alert - Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls



**National  
Patient  
Safety Alert**



**Medicines & Healthcare products  
Regulatory Agency**

### Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls

|   |  |                      |                      |
|---|--|----------------------|----------------------|
| <b>Date of issue:</b>   | 30-Aug-23  | <b>Reference No:</b> | NatPSA/2023/010/MHRA |
| This alert is for action by: All those responsible for the use, purchase, prescription and maintenance of medical beds, trolleys, bed rails, bed grab handles and lateral turning devices including all Acute and Community healthcare organisations, care homes, equipment providers, Occupational Therapists and early intervention teams   |  |                      |                      |
| This is a safety critical and complex National Patient Safety Alert. Implementation should be coordinated by an executive leader (or equivalent role in organisations without executive boards), supported by persons with responsibilities for discharge planning, training, equipment provision, maintenance and ongoing patient care.  |  |                      |                      |
| <b>Explanation of identified safety issue:</b>  | <b>Actions required</b>  |                      |                      |
| <p>The MHRA continues to receive reports of deaths and serious injuries from entrapment or falls relating to medical beds, bed rails (also known as bed safety rails), trolleys, bariatric beds, lateral turning devices and bed grab handles (also known as bed levers or bed sticks). Chest or neck entrapment in bed rails is currently listed (number 11; 2018) as a 'Never Event' according to the NHS.</p> <p>According to investigations, deaths were found to involve factors including inadequate risk assessment, maintenance issues and children and adults of small stature using beds which are designed for use by adults with typical body dimensions.</p> <p>Other risk factors (such as inappropriate use or incompatibility) are included in the MHRA's <a href="#">updated guidance on the management and safe use of bed rails</a> and should be considered as part of an appropriate risk assessment. An example risk assessment is provided in Appendix 1 of the guidance. Assessment of appropriate bed rails should be routinely incorporated in the clinical assessment of all patients.</p> <p>There are two international standards for medical beds which include requirements for acceptable gaps in order to reduce entrapment risks. BS EN 60601-2-52:2010+A1:2015 is the standard for adult beds, and there is a separate standard, BS EN 50637:2017, for medical beds and cots for children and adults with atypical anatomy (in other words physical size less than 146 cm, mass less than 40kg or a body mass index of less than 17), as physically smaller patients can get trapped in smaller gaps.</p> <p>Children and adults with atypical anatomy should be using beds or cots compliant with BS EN 50637:2017 unless there is a clinical reason for using a non-compliant bed, which should be documented, including any steps which need to be taken to reduce risk. Older beds, which might previously have been intended for children, may not comply with the requirements set out in this standard, as it was introduced in 2017, and therefore there may be a higher risk of entrapment with these beds.</p> | <p><b>When: Begin as soon as possible and complete by 1 March 2024</b></p> <ol style="list-style-type: none"> <li>1. Update your organisation's policies and procedures on procurement, provision, prescribing, servicing and maintenance of these devices in line with the MHRA's <a href="#">updated guidance on the management and safe use of bed rails</a>.</li> <li>2. Develop a plan for all applicable staff to have training relevant to their role within the next 12 months with regular updates. All training should be recorded.</li> <li>3. Review the medical device management system (inventory/database) for your organisation or third-party provider for devices within your organisation, including those which have been provided to a community setting (for example, the patient's own home). Keep this system up to date.</li> <li>4. Implement maintenance and servicing schedules for the devices in the inventory/database, in line with the manufacturer's instructions for use and/or service manual. Prioritise devices which have not had regular maintenance and servicing. If this is outsourced, compliance with the schedule should be monitored.</li> <li>5. Review patients who are children or adults with atypical anatomy as a priority. Ensure the equipment they have been provided with is compliant with BS EN 50637:2017 unless there is a reason for using a non-compliant bed. Record this on the risk assessment and put in place measures to reduce entrapment risks as far as possible.</li> <li>6. Review all patients who are currently provided with bed rails or bed grab handles to ensure there is a documented up-to-date risk assessment. Complete risk assessments for patients where this has not already been done and for each patient who is provided with bed rails or bed grab handles.</li> <li>7. Implement systems to update risk assessments where the equipment or the patient's clinical condition has changed (for example, reduction/improvement in weight or mobility), and also at regular intervals.</li> </ol> |                      |                      |

For further details see [MHRA webpage](#). For any enquiries about this alert contact: [info@mhra.gov.uk](mailto:info@mhra.gov.uk)

1/2

Failure to take the actions required under this National Patient Safety Alert may lead to CQC taking regulatory action

#### Additional information:

From 1 January 2018 to 31 December 2022, the MHRA received 18 reports of deaths related to medical beds, bed rails, trolleys, bariatric beds, lateral turning devices and bed grab handles, and 54 reports of serious injuries. The majority of these were due to entrapment or falls.

Investigations into incidents involving falls often found the likely cause to be worn or broken parts, which should have been replaced during regular maintenance and servicing, but which were either not carried out or were carried out improperly.

Incidents involving entrapment were found to involve factors including:

- A lack of any risk assessment.
- Risk assessment not being updated following a change of equipment or a change in a patient's condition.
- A lack of maintenance and servicing.
- Incompatibility issues - for example, accessories (bumpers), pressure relieving mattresses.
- Children and adults with atypical anatomy using inappropriate equipment. Young patients and adults with smaller body anatomy should be using beds or cots compliant with BS EN 50637:2017, which is based on the international standard for medical beds.

**Action 2.** Training for applicable staff should be relevant to their role and include, where appropriate, the risks and operation of these devices, the provision of training to carers/patients, reporting issues, servicing and maintenance and risk assessments.

**Action 3.** For more information on a medical device management system (inventory/database), see the MHRA's guidance on [Managing Medical Devices](#). This should include as a minimum the manufacturer, make and model, lot number, location and date of last service of the device.

**Action 5.** Organisations which regularly require beds for children and for children and adults with atypical anatomy should plan to replace non-compliant beds as soon as possible.

The MHRA has updated the [guidance on the management and safe use of bed rails](#) to include learnings from incidents reported to us. The MHRA met with relevant organisations and stakeholders to ensure that the updated guidance is widely supported. The updates include:

- The need for risk assessments to be updated regularly. The frequency of reviewing the risk assessment will vary depending on the patient and their circumstances and should be recorded as part of the risk assessment, but will likely be more frequent for children.
- The entrapment risks that trolleys with side rails share with medical beds.
- Additional risks relating to bariatric beds and lateral turning devices.
- The differences between bed rails and bed grab handles and the risks if they are used incorrectly.
- Involving the patient and/or their family or carers in the decision to use bed rails.
- Ensuring that the most up-to-date version of the instructions for use are being used and are provided to the bed occupant and/or their family and carers.

#### Stakeholder engagement

We consulted with NHS England and representatives from Scottish and Welsh Governments and the Department of Health Northern Ireland; Royal College of Occupational Therapists; Care Quality Commission (CQC); MDSO Network Editorial Board; Hospice UK; National Association for Safety and Health in Care Services (NASHiCS). The Health and Safety Executive provided a limited amount of support to MHRA in producing this guidance.



For any enquiries about this alert contact: [info@mhra.gov.uk](mailto:info@mhra.gov.uk)

2/2

To learn more on how alert issuing bodies are working together to issue alerts please go to <https://www.england.nhs.uk/patient-safety/national-patient-safety-alerting-committee>

## APPENDIX 8 – CWC Request for Funding (Equipment) Form

### Request for funding – Equipment

|  |  |
|--|--|
| Name of child/young person   |  |
| Current School   |  |
| Request date:  |  |
| Education Setting's contribution to equipment  | £1000 for each piece of equipment required |
| Cost of the equipment (£)  |  |
| Reason for equipment   |  |
| Who has prescribed the equipment?<br>Please provide a copy of the report in which the equipment was prescribed/<br>recommended.  |  |
|  |  |
| What is the evidence to suggest the equipment is necessary to educate and train the<br>child/young person?   |  |
|  |  |
| Please confirm that you have checked your existing stores and this equipment is not<br>available for repurposing.<br>By ticking 'Yes', you are confirming you do not have a piece of equipment in the setting<br>that can be used. |  |
| Yes <input type="checkbox"/><br>No <input type="checkbox"/>  |  |
| OFFICE USE ONLY  |  |
| Overview from SEND Officer   |  |
|  |  |
| Decision: YES/NO   |  |
| Manager Signature:   | Date:                                      |
| Date finance agreed to start:  |  |



|                            |     |       |
|----------------------------|-----|-------|
| Actioned on Capita<br>ONE: | By: | Date: |
|----------------------------|-----|-------|

Please send the form with a quote for the equipment to [SENSTART@wolverhampton.gov.uk](mailto:SENSTART@wolverhampton.gov.uk).  
Requests received without a quote will not be processed.

## **APPENDIX 9 – SENSTART Invoice Processing Procedure**



### **SENSTART Invoice Processing Procedure**

The information below outlines our finance procedures in the City of Wolverhampton's SENSTART team in relation to the payment of goods and services.

#### **New Suppliers to City of Wolverhampton Council**

If you are a new supplier to City of Wolverhampton Council, you will be asked to complete a 'Supplier Creation Form' in order to be set up on our finance system (Agresso). This will also be the case if any details have changed from your current payment information i.e. bank account payment details, change of business address etc.

#### **Purchase Orders**

A purchase order number must be raised by the City of Wolverhampton Council for any invoices or credit notes to be processed.

The SENSTART team will request that a purchase order number be raised internally via our Business Support Unit team. This happens once the placement has been agreed. Once this purchase order has been raised, the email address registered when you first set up your account will be emailed the order number. If you have not received your purchase order and are ready to send an invoice, please contact [sendfinance@wolverhampton.gov.uk](mailto:sendfinance@wolverhampton.gov.uk) to find out your Purchase Order number.

#### **Invoices and credit notes**

In order to avoid any delays to your payment, please ensure the following advice is followed:

- Your invoice/credit note must be sent as a PDF – other document formats cannot be processed.
- Please submit one PDF for each invoice/credit as each file is treated as a new document.
- Please do not encrypt your PDF invoices. These cannot be read by the system.
- It is recommended that any image-based PDFs are of a minimum resolution of 300dpi. This helps to ensure consistent and accurate extraction of data from the images
- It is also recommended that the PDF file size be kept as low as possible; typically less than 150KB this is to reduce the reliance on bandwidth usage and to speed up processing.

- Email invoices and credit notes to [CWC.Invoices@proactiscapture.com](mailto:CWC.Invoices@proactiscapture.com)
- Valid PDFs submitted to this email address will be confirmed via a receipt email.

### **What information should the invoice contain?**

- Quote your 16 figure Purchase order number on the invoice.
- Include information that allows the local authority to identify the child/young person via a clear audit trail i.e. the initials and DOB of the child or the UPN of the child.  
**Please do not include the full name of the child.**
- Your company name, address, contact details, bank details and are clearly displayed.
- Your VAT registration number (if applicable)
- The agreed payment terms

Please note schedules must be sent separately to [sendfinance@wolverhampton.gov.uk](mailto:sendfinance@wolverhampton.gov.uk) as these will include personal information and may be on a different format to PDF.

**Please note failure to complete any of the above correctly is likely to result in your invoice being returned, placed on hold or payment being delayed.**

### **Where should enquiries be sent?**

If you have any queries about invoice values, clarification of funding agreed, querying payment date or delays with payment please email: [sendfinance@wolverhampton.gov.uk](mailto:sendfinance@wolverhampton.gov.uk) and we will be happy to assist you.

Any other documents relating to finance including Terms and Conditions, statements, schedules should be made to [sendfinance@wolverhampton.gov.uk](mailto:sendfinance@wolverhampton.gov.uk)

### **When can suppliers expect payment to be made?**

The council follows a policy of payment within 30 days upon receipt of an invoice that follows the guidelines outlined above.

If there is a query in relation to your invoice, we will contact you and your invoice may be placed on hold until the query is clarified.

**Invoices should be sent upon receipt of services being delivered.** Invoices sent in advance of goods being received i.e. premature invoices for educational provision yet to be delivered, will be placed on hold until the new term/academic year begins. The local authority will not pay for educational services in advance. In the case of a new child/young person beginning with an educational setting, we wish to be notified that the child/young person has been taken on roll and is attending before any invoices will be released for payment.