

## SCOPE OF THIS CHAPTER

This protocol sets out the principles and arrangements agreed between Health, Education and Children's Social Care Service commissioning agencies for the joint funding of specialist, external placements and provision. It is expected all children will be [Looked After](#), highly likely to have statements of [SEN](#) and/or high levels of SEN and meet health Continuing Care criteria.

### Key principles:

- All children considered for joint funding must have already identified and recorded severe/exceptional needs by the agencies from which funding is sought.
- Each agency should act to promote best value from public funding rather than purely from a Department budget perspective although agencies will also take account of the specific budget limitations of each agency.
- Joint funded placements should be based on clear joint planning and consultation but it is understood this will not always be possible with some placements needing to be made before full consideration and agreement is possible. The principles in this protocol should still be applied in such cases and all agencies will act in good faith to promote fair funding arrangements taking account of their statutory responsibilities.

### Process

The placements team will forward the referral form for children that are deemed to have complex and continuing health needs. City Care will consider the referral and where deemed appropriate complete an assessment, based on the

## Joint Children's and Young People's Continuing Care Panel

### Terms of Reference

#### 1. Aim

- 1.1. The Joint Children's Continuing Care Panel will ensure consistent decision-making and process following the guidance in the National Framework for Children and Young People's Continuing Care cases in Nottinghamshire County (excluding Bassetlaw) and ensure appropriate provision is available.
- 1.2. From the 15<sup>th</sup> October 2015 this panel will align with the Education, Health and Care Plan (EHCP) process.

## 2. Objectives

- 2.1. To consider recommendations based on health, education and social care needs following multi agency assessments (Decision Support Tool for health), which includes City Care, Mid and South Nottinghamshire CCGs, education and social care colleagues.
- 2.2. To ensure there is evidenced rationale for recommendations made by the CCCS regarding eligibility-based on assessments obtained from the multi-disciplinary team.
- 2.3. To negotiate and agree each agency's funding contribution to individual care packages, based on evidenced health, education and social care needs.
- 2.4. To consider proposed packages of care and ensure both appropriateness of the provider and that there is equity of provision to individuals who are deemed eligible.
- 2.5. To consider the details of individual cases where difficulties have been experienced in reaching an agreement, regardless of their financial implications.
- 2.6. To appropriately support on-going health needs and enable the child or young person to achieve improved outcomes across health, education and social care.
- 2.7. To ensure the assessment includes the views of the child/young person and their family.
- 2.8. To ensure that cases are regularly reviewed and a summary of the review is presented at the panel (initial review at 3 months and then at least annually). Cases may be reviewed earlier in exceptional circumstances. Where possible to join up reviews with other areas i.e. LAC reviews
- 2.9. To ensure that we meet the needs of Children and Young People with conditions that may deteriorate in between panels and require a rapid response to emerging need.
- 2.10. To maintain accurate and confidential records of the cases considered and the decisions reached.
- 2.11. To provide professional guidance to CCCS in relation to any concerns, barriers or issues that may be presented during the process. Therefore ensuring the delivery and implementation of the Continuing Care Pathway in line with the National Framework for Children and Young People's Continuing Care.
- 2.12. To acknowledge children and young people with increasing complex care needs who are identified as potentially requiring continuing care in the future, but do not currently meet the criteria at the time of assessment. Some low level support may be allocated to support and manage any health risk identified.
- 2.13. To act as a point of reference for data and monitoring

## 3. Membership

- 3.1. The members and chair of the Joint Children's Continuing Care Panel are detailed in appendix one.
- 3.2. In exceptional circumstances a designated professional appropriate to the decision making process may attend the panels.
- 3.3. Members must have authorisation to agree funding associated with the package of care.
- 3.4. Each member should nominate a deputy to attend in their absence to enable the panel to be quorate.

#### **4. Meetings**

4.1. The Children's Continuing Care Panel will meet every two weeks. The meeting will be chaired by the Designated Clinical Officer and Deputy Chair Service manager ICDS. For meetings to be deemed quorate, attendees present should represent the following:

- Designated Clinical Officer (Chair) on behalf of CCGs
- Appropriate senior quality representative from both Mid and south Nottinghamshire CCGs
- Children's Continuing Care Service Complex Case Manager or Children's Nurse Assessor (Citycare)
- Children's Continuing Care Service Administrator (Citycare)
- Team Manager (ICDS) Integrated Childrens Disability Service (to represent Education)
- Service manager ICDS

Service Manager LAC (Children's Social Care)

- Service Manager Placements (Social Care) or Service Manager – Children's Disability Service (Social Care)

#### **5. Process**

- 5.1. Cases will be referred to the Joint Children's Continuing Care Panel with full information which must include a fully completed Decision Support Tool and supporting assessments (e.g. health needs, social care needs, education needs, Occupational Therapist, Physiotherapist) and details of the care package/placement and costs. Additional supporting documentation will be available for consideration if necessary.
- 5.2. The relevant budget holders will action the agreement immediately or as soon as possible after the meeting (within 3 working days).

- 5.3. The minutes of the meeting will be taken by CCCS and a draft version will be sent to the chair for approval before circulation to the panel members. The agenda for the meeting will be sent out one week prior to the panel so that respective panel members can collate an update from their service area.
- 5.4. The CCCS will communicate funding decisions in writing to the referrer who share with the child or young person and their family within 5 working days.
- 5.5. Cases must be re-authorised at the Joint Children's Continuing Care Panel should the care package change significantly i.e. where costs have changed by 10% or more.
- 5.6. Where costs have changed by less than 10% the CCCS will notify the commissioners via telephone or email and provide written confirmation of the agreed changes to the package.
- 5.7. After the initial 3 month review, cases authorised by the Joint Children's Continuing Care Panel will be reviewed on at least an annual basis using the Decision Support Tool and appropriate assessments.
- 5.8. In extraordinary circumstances decisions can be taken outside the panel and reported to the panel at the earliest opportunity with relevant commissioner.

## **6. Accountability, consent and sharing information**

- 6.1. The members of the Joint Children's Continuing Care Panel are accountable to their respective organisations.
- 6.2. Consent for obtaining and sharing of information will be acquired by the referring professional involved from the relevant party i.e. carer/family member/professional, following organisational protocols for obtaining consent and the sharing of data. This will reflect the need to collect the information required so that the panel can understand what help and support the child and family may need. Information collected will be treated as confidential and will not be shared with any other organisation unless required by law to do, which includes the need to safeguard children or vulnerable adults. We will only ever share the relevant information required. The professionals or agencies that may be involved in sharing information include health (community and acute trusts), CAMHs, education providers, social care, voluntary sector and police. (This is not an exhaustive list).
- 6.3. CCCS will maintain responsibility for all documentation with CityCare logo. This information will be shared with panel member in attendance at the joint panel. All panel information that is shared will be PDF and password protected.

## **7. Review**

- 7.1. The terms of reference are to be read in conjunction with the Children and Young People's Continuing Care Framework

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/499611/children\\_s\\_continuing\\_care\\_Fe\\_16.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499611/children_s_continuing_care_Fe_16.pdf)

## Appendix One - Joint Panel Membership

TITLE	ORGANISATION
Designated Clinical Officer (Panel Chair)	Children's Integrated Commissioning Hub On behalf of CCGs
Appropriate Senior representation from Quality team (Chief Nurse/Deputy Chief Nurse/Head of quality)	Mid Nottinghamshire CCGs
Appropriate Senior representation from Quality team (Chief Nurse/Deputy Chief Nurse/Head of quality)	South Nottinghamshire CCGs
Clinician – Children's Continuing Care Service	CityCare
Administrator – Children's Continuing Care Service (Panel Administration – minute taker)	CityCare
Team Manager – Integrated Childrens Disability Service (Education)	Nottinghamshire County Council
Service Manager –Integrated Childrens Disability Service	Nottinghamshire County Council
Service Manager Placements (Social Care)	Nottinghamshire County Council
Service Manager (CDS, Social Care)	Nottinghamshire County Council