

Continuing Care Standard Operating Procedure

- Professional(s) identify that a Child or Young Person (CYP) may benefit from being assessed for children's continuing care. They would then carry out the following actions:
 - Discuss with parents the assessment process and the steps involved. Continuing Care leaflets are available for dissemination to parents/families on the CCG website. Including option of having a personal health budget.
 - Obtain consent for the continuing care referral and assessment (Consent Form, see appendix 1)
 - Identify professionals who are involved in care for the CYP.
 - Call a Team Around the Child/Family (TAC/TAF). Alternative meetings can be used to complete the pre-assessment checklist i.e. School Review, Early Help or EHCP.
 - Ensure that parents/carers are invited to the TAC/TAF (alternative meeting format).
 - Ensure appropriate representation across health and social care services i.e. therapies; community nursing; learning disability nursing; social care; educational psychologists; school; specialist advisory teachers; Children Looked After; child protection; post adoption; children with disabilities; GP; Paediatrician.
 - Ensure Voluntary Care Sector organisations (VCS) are invited to the TAC/TAF (if appropriate)
- Complete pre-assessment checklist (Pre-Assessment Checklist, see appendix 2) at the TAC/TAF, ensuring that all views are recorded and all opinions are discussed comprehensively. Practitioners involved can complete the pre-assessment checklist as an individual service, prior to presentation to North Cumbria CCG, Childrens & Families Team.
- On completion of the pre-assessment checklist as a general guide the achievement of at least 3 x High or 1 x Priority or Severe levels attained on assessment indicates that an individual may be eligible for Children and Young people's continuing care. A lower threshold for progression to full assessment can be considered by all professionals involved in the TAC/TAF. Clinical reasoning for progression to panel should be provided to substantiate further consideration.
- The Lead Professional informs North Cumbria Clinical Commissioning Group (NC CCG), Commissioning Project Officer that a pre-assessment checklist has been completed. When the pre-assessment checklist has been completed it is then submitted to the Project Officer email, as detailed below.
- Communication with NC CCG Project Officer will be via email correspondence (ChildrensAdmin@northcumbriaccg.nhs.uk). On receipt of confirmation for a full

assessment, NC CCG will record the request and monitor progress of the assessment process.

- NC CCG will determine the action required following submission of the pre-assessment checklist, whether for a full assessment or not. At this point the decision will be fed back to the referrer.
- NC CCG identifies a Nominated Health Assessor to carry out the full continuing care assessment and advise assessor of the forthcoming eligibility panel timetable.
- NC CCG informs the Lead Professional from the TAC/ TAF who the Nominated Health Assessor is.
- The Nominated Health Assessor completes the full continuing care assessment, including the DST, if continuing care is being accessed (Decision Support Tool, see appendix 3). However, if a PHB is being accessed the PHB paperwork should be completed in addition to the DST (Personal Health Budget, see appendix 4). The Decision Support Tool/Personal Health Budget sets out children's needs across 10 care domains, divided into different levels of need which include:
 - Breathing
 - Eating and drinking
 - Mobility
 - Continence and elimination
 - Skin and tissue viability
 - Communication
 - Drug therapies and medicines
 - Psychological and emotional needs
 - Seizures
 - Challenging behaviour
- The Nominated Health Assessor will use their clinical skill, expertise and evidence-based professional judgement to consider what, for each care domain, is over and above what would be expected for a child or young person of that age. For example, incontinence would only become recognised as an issue when a child or young person has continence needs beyond those typical for their age.
- The nominated children and young people's health assessor is responsible for collating the evidence from professionals who are involved in the care of the child or young person (across health, social and education), particularly risks assessments and reports. There may also be a need to commission healthcare risk assessments that have not already been undertaken. As in all elements of the assessment, the health assessor may need to get expert advice on this, and is not expected to act as a specialist in all areas of the child or young person's care.
- From the point of identification to the point of the eligibility decision being made a time frame of 6 weeks is stipulated. However, dependent on the complexity of the

case or the requirement for a fast track process to be undertaken, time frames can vary.

- The Nominated Health Assessor informs NC CCG Children's & Families (ChildrensAdmin@northcumbriaccg.nhs.uk) Team that the continuing care assessment has been completed and submits papers to the eligibility panel.
- NC CCG to provide dates and timings for the next available eligibility panel, ensuring that all relevant stakeholders, inclusive of Health, Social Care & Education are informed and able to attend. All cases being considered are to be added onto the agenda and the Nominated Health Assessor notified.
- NC CCG to disseminate relevant papers to eligibility panel members 7-10 days prior to panel. Time periods may vary dependent on urgency of needs.
- Nominated Health Assessor presents to the eligibility panel. Presentation can be via physical attendance at the panel, via teleconference or virtual.
- Based on the information provided within the assessment documentation, the panel will make a decision as to whether the CYP meets the Continuing Care Criteria. In some cases, more information may be required in order to reach a final decision (yes, no, more information required). An email will be sent to the Lead Assessor to confirm the decision made in panel.
- Lead Professional and Family are informed by the Lead Assessor of the eligibility panel decision. At this time an indicative budget can be determined by NC CCG. The indicative budget will be the best estimate of the cost of care for the child or young person, but will not necessarily be the final budget.
- If eligibility has been agreed, the Nominated Health Assessor and/or Lead Professional will work with the family to develop a proposal for a package of care, inclusive of costings, to deliver the required clinical interventions for the CYP. In cases where a multi-agency package of care is deemed appropriate, the Nominated Health Assessor will work with Social Care and Education to develop options that meet the identified needs of the child.
- During development of the care package, families **must** be advised of their right to have a Personal Health Budget (PHB) and be supported to make an informed decision about which type of PHB should be activated.

Package options available include:

- Notional Budget
- Direct Payment
- Third Party Budget

Or any combination of the 3 package options.

Where a continuing care need has been identified, the CCG is responsible for the implementation of the package in collaboration with fellow professionals within the CYP's TAC/TAF. Oversight of the package will be provided by NC CCG and/or Cumbria County Council dependent on the care package provided.

- Care planning (including personalised care and support planning for PHB) should begin early, consider discharge needs where appropriate, and be simplified to enable community-based services to provide home-based care wherever possible. Planning of the package of care should consider:
 - The skill mix of staff (e.g. the complement of nurses/carers within the package), since this is a critical aspect of the care package in terms of quality and outcomes
 - How continuing care integrates with SEND provision, and universal and specialist health provision
 - Sustainability and long-term outcomes (see below for transition)
 - A multi-professional approach, rather than one which focuses on venues of care
 - The child or young person's home as the focus of care
 - Out of hours support
 - Staff competency and training of parents, staff and foster carers (including training costs)
 - Equipment.
- Once the package options have been completed, the case should be referred to the Complex Needs Panel (CNP) for agreement, approval and agreement of Continuing Care/PHB package (CNP Policy Document, see appendix 5).
- All submissions to CNP must be made 10 days prior to the meeting.
- Lead Professional and/or Nominated Health Assessor presents the case to CNP.
 - Dependent on the package of care being presented the Lead Professional/Nominated Health Assessor may/may not be required to attend CNP (see CNP referral appendices).
- The CNP will notify the Lead Professional of the outcome of the CNP decision and any actions that may be required (Complex Needs Decision Proforma, see appendix 6).
- Following the panel's decision, the child or young person and their family should be notified within 5 working days. Decisions should be given verbally to the child or young person and their family or their representative, to be followed by a clear written explanation for the decision. Key professionals, such as the child's paediatrician, or multi-disciplinary team and their GP, and key organisations, such as their school and local authority, should also be informed.

- If required the proposal is revised and resubmitted to CNP.
- Nominated Health Assessor informs family/carers that the package of care will be reviewed at 3, 6 & 12 monthly intervals in the first year of the package and then 6 & 12 monthly intervals after that time. In addition to the time frames stated families can request a review of the care package at any time. This will be via the CNP.
- 3 and 6 monthly review paperwork should be submitted (Review Paperwork, see appendix 7) to the CCG.

Appendices	Document
<p>1. Consent Form</p>	 Continuing Care Consent Form.doc
<p>2. Pre-Assessment Checklist</p>	 Pre. Assessment Checklist v.2.doc
<p>3. Decision Support Tool</p>	 Childrens Continuing Care Decision Suppor
<p>4. Personal Health Budget Documentation</p>	 PHB Support Plan.doc
<p>5. Complex Needs Panel (CNP) Policy Document:</p> <ul style="list-style-type: none"> ○ CNP Referral Form ○ CNP Guidance Notes 	 CNP Referral Form - April 18.docx  CNP guidance notes.docx
<p>6. Complex Needs Decision Proforma</p>	 CNP Decision Pro Forma.docx
<p>7. Review Paperwork Template</p>	 Continuing Care Review Documentatic