Leeds Children and Young People’s Continuing Care Policy 2016

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Introduction
In March 2010, the Department of Health published the ‘National Framework for Children and Young People’s Continuing Care’. A draft revised National Framework was published in 2016, incorporating the new structures of NHS commissioning created by the Health and Social Care Act 2012, the new integrated approach to the commissioning of services for children with SEND which the Children and Families Act 2014 has introduced, and the changes to adult social care introduced by the Care Act 2014.

All health professionals working directly with children and young people should ensure that safeguarding and promoting their welfare forms an integral part of all elements of the care they offer (Working Together, 2013). Staff must comply with the organisations safeguarding policies and procedures.


This document describes the Leeds policy by which children and young people with complex health needs are assessed using the principles established in the draft revised National Framework 2016. It supports partnership working between Leeds Clinical Commissioning Groups (CCG’s) and Leeds City Council (LCC).

2 Purpose
The purpose of this policy is to establish the Leeds CCG’s and LCC responsibilities in meeting the continuing care needs of children and young people, and to clarify the process for assessment and eligibility of children and young people who may have continuing care needs.

3 Scope
This policy applies to children and young people from 0-17 years (up to their eighteenth birthday) with complex health needs, who may require additional support that is not available through universal, targeted or specialist services, and who are registered with a Leeds GP. The policy has been developed in partnership with Leeds City Council Children’s Services.

4 Definitions
For the purposes of this policy a child or young person is between 0-18 years of age.

Continuing care for children and young people is needed where a child or young person (17 or under) has complex health needs which may require additional health support, other than that which is routinely available from health services, and which is commissioned by clinical commissioning groups (CCGs) or NHS England. It has been defined in recent regulations as:
'A package of care which is arranged and funded by a relevant body for a person aged 17 or under to meet needs which have arisen as a result of disability, accident or illness.'
(Draft National Framework, 2016)

End of life care refers to a child or young person whose condition is deteriorating rapidly characterised by an increasing level of dependency and where a lifespan is thought to be days or weeks rather than months or years.

DST refers to the Decision Support Tool in the National Framework for Young People and Children's Continuing Care (2016). The DST brings assessment information together and presents it in a concise, consistent way. It is designed to help ensure that all relevant needs are assessed and captured to inform local decisions about the care needed.

**Responsibilities**

The appropriate care of children with profound multiple disabilities or chronic severe illness generally involves input from all statutory agencies: Health, Social Care and Education. High quality care for this small, but highly complex group of children depends on timely, comprehensive interagency assessment and co-ordination of services.

Parents have the primary responsibility for the care of their child with statutory agencies supporting them to meet the child's identified outcomes. Continuing care assesses and supports delivery of identified health outcomes for the child. We work closely with LCC who are responsible for assessing social care and education requirements.

The continuing care assessment gathers information to provide an holistic picture of the needs of the child/young person and the family in order to support partnership working. Continuing care eligibility is determined by the presenting health needs, their level of complexity, and whether existing services can meet the identified outcomes. Diagnosis of a disease or a particular condition is not in itself a determinant of a need for continuing care. Continuing care should be part of a wider package of care agreed and delivered by collaboration between Health, Education and Social Care, to meet identified outcomes.

The new arrangements for children with special educational needs or disability (SEND) in particular provide a framework for outcomes-focused joint assessments (Education, Health and Care Plan, [EHCP]) involving different partners across Education, Health and Social Care, and many children and young people who need continuing care will have special educational needs or disability. There may be common elements to both the continuing care assessment and the EHCP, and where appropriate there should be joint working to bring together a single set of outcomes.

The Children’s Case Management Service hosted by Leeds South and East CCG on behalf of the three Leeds CCG’s, is responsible for leading the continuing care process, while recognising the individual may require services commissioned by the NHS, LCC and other partners. Each agency is responsible for commissioning and funding their own contributions to the continuing care package, in line with their statutory functions. The co-
ordination role of the Children’s Case Management Service will ensure that all agencies work together to provide seamless care for a child and their family

6 Continuing Care Process (Appendix One)

6.1 One Point of Contact
All enquiries relating to children with complex needs, or continuing care needs, or referrals for continuing care assessment will be directed to the Children’s Case Management Service (CCMS), who will act as the one point of contact (Draft National Framework for Children and Young People’s Continuing Care, DOH 2016).

6.2 Referral
Referral to the CCMS for continuing care assessment will be made when a need has been identified that cannot be met through universal, targeted or specialist services and where needs are such that they can only be met through a package of continuing care. Consent from a young person or parent must be obtained to refer to continuing care, including consent for referral to social care so that a joint assessment can be carried out.

All referrals with the exception of fast track and long term ventilation should come through the health short breaks service. It is the referrer’s responsibility to identify the child and young person’s outstanding health needs not met by universal, and targeted services in order to ensure that there is not a delay in providing support.

This additional need must have been identified through a robust holistic assessment. This additional need may be identified through an Early Help Assessment or through a social work assessment.

Referrals should be made on the appropriate referral form and contain all the additional information to support the referral. This should include as appropriate, a Nursing Assessment, Specialist Nurse Assessment, School Nurse report, medical information, Early Help, Initial or Child and Family Assessment, and Education, Health and Care plan (EHCP). Referrals will not be accepted unless all the required information accompanies the referral form.

Cases who are being ‘fast tracked’ for end of life care are not required to have an assessment before referral to CCMS. (See Appendix Two) In these cases a Fast Track Form will be completed and signed and a decision made within an acceptable time frame (if the form is complete and signed), within 24 hours. At the first review date (usually at 6 weeks) a decision will be made whether to progress to a full assessment.

In cases when urgent decisions are required and where waiting for an agreement at the Children’s Continuing Care Panel would create an unacceptable delay, the Case Manager Children’s Case Management (or in their absence, Nurse Assessor, Children’s Case Management) can decide if a child or young person meets eligibility for continuing care
services. These decisions should then be presented at the next Children’s Continuing Care Panel for ratification.

Receipt of continuing care referrals will be recorded and acknowledged by the CCMS. The CCMS will pre-assess the information, and where the referral clearly does not identify continuing care needs this will be fully documented, the referrer will be notified and signposted to other services.

6.3 Assessment

The decision to proceed to a full assessment should be documented and it is from this point that timescales will apply.

Consent from a young person or parent should always be gained prior to commencing an assessment. It should be made explicit to the individual as for what their consent is being sought, including the sharing of personal information between different professionals and organisations involved in their care. If a young person, or those responsible for them, does not consent to an assessment of eligibility for continuing care, the potential effect this will have should be explained to them.

Once the referral has been accepted, if there is not an allocated social worker, the Nurse Assessor will refer to Leeds Children’s Social Work Services (LCSWS) in order that a joint assessment can take place. A social worker will be allocated within 24 hours. Within 48 hours a time and date for a joint visit will be agreed with the family.

The Nurse Assessor and Social Worker will do a joint visit to the family to discuss the assessment process.

The continuing care assessment should be completed within 23 working days, the social work initial assessment should be completed within 10 days.

The family should be given a clear timetable with regular updates. If more time is required to undertake this process, the referring party and the family will be informed of this extension, the reasons why and the proposed date of completion.

The CCMS must ensure that the child or young person and their family understand the continuing care process, and receives accessible advice and information in a timely and clear manner.

The assessment will involve a clear, reasoned evidence base from a range of sources that takes account of the child’s particular health needs in a holistic and family-centred context and embrace the principles of personalisation.

The assessment must be child centred and include what outcomes the child/young person and their family wish to achieve and how services including health, could support delivery of them. The assessment must identify other elements of support that the child/young person receives.

The following should be considered as part of the assessment:
- Identified health outcomes and preferences of the child/young person and family and how these outcomes can be met.
- Holistic assessment of the child’s/young person’s needs, including health reports, social care assessments including carer assessment, education reports (information from the EHCP). (The local authority will be responsible for assessing and meeting social care and education needs).
- Risk assessments
- Children’s Decision Support Tool

Health information must include clinical guidelines or protocols, where the use of technology has been agreed, the rationale for this must be included. Use of technology such as O2 saturation monitors will only be considered in the assessment when clinically indicated.

The outcome of the continuing care assessment is a recommendation from the assessor as to whether or not the child or young person has continuing care needs that cannot be met by existing universal or specialist services.

Once the continuing care assessment and the social work assessment have been completed, a joint meeting between the Nurse Assessor and the Social Worker will take place to discuss the findings of the assessments and the recommendations.

There should be a joint visit to the family to share recommendations from the assessments with the child/young person and family.

The findings from both assessments should be brought together in a child centred support plan. The support plan should clearly identify health outcomes and how these are going to be met. Continuing care reviews will measure whether the support has been successful in meeting the outcomes.

The child/young person and their family should be made aware that continuing care support is not indefinite as needs may change. Eligibility is reviewed annually or when there has been a change in the child’s/young person’s health need.

6.4 Decision Making
A final decision regarding whether a continuing care package is required will be made by the Children’s Continuing Care Panel (CCCP). Terms of reference for the CCCP can be found in Appendix Three. This should be within 28 working days of the start of the assessment.

The CCCP will have representatives from Health, and LCSWS. The panel must be attended by a Service Delivery Manager from LCSWS, a Leeds Health Commissioner and a Clinical Adviser to be quorate. The outcome of the panel will be recorded by CCMS.

The decision of the panel will be communicated to the child/young person, parents, carers and professionals involved in the process by the CCMS verbally following the panel and in writing within 5 working days of the
decision being made. This should include a clear explanation of the rationale for the decision.

Decisions of the panel will be reported to their respective agencies through their appropriate governance route.

Once eligibility has been established and the panel has made a decision, the social worker will be informed. The Social Worker will follow the RADAR (Resource Allocation, Decision and Review) process to seek approval for the social care element of the joint package.

There will be some children who receive treatment from oncology services whose needs are intensive but may not fall within the guidelines in this policy. Appendix four outlines circumstances in which these children can be considered for continuing care support.

Some children with complex difficulties including behavioural problems, whose needs cannot be met in Leeds through continuing care processes, may be referred to the Joint Agency Decision and Review Panel (JADAR). This is a joint panel, which includes representation from the LCC Children Services (Leeds Children’s Social Work Services and Education) and Health Commissioning. The panel offers advice about the health care, social care and education of children with the most complex difficulties in Leeds, where two or more of the agencies are having difficulty in placing and managing the child. Further details about the responsibilities of the panel are contained in the JADAR Terms of Reference (Joint Children’s Placement Decision and Review Panel “Joint Panel” Governance arrangements and terms of reference, December 2010)

6.5 Disputes, Complaints and Appeals (Appendix Five)

The CCMS will be the first point of contact for all disagreements, disputes or appeals relating to CCCP decisions.

All disputes and appeals should endeavour to be resolved through a local resolution process. All efforts should be made to try and resolve the matter to the complainant’s satisfaction at the time or within a very short period.

The decision to appeal should be made in writing to the CCMS within 3 months of the panel decision.

For appeals or disputes about the procedure followed in reaching the decision as to whether a continuing care package is required or the level of service provision, in the first instance it is the Nurse Assessors role to visit the family to discuss the rationale and give clear reasons for the decision. This will be done within 2 weeks of the CCMS receiving in writing the intention to appeal.

The Nurse Assessor should go through the assessment with the family, if the family wish additional information to be considered the Nurse Assessor will update the assessment and re-present it at the next children’s continuing care panel for review of the decision.
If there remains a dispute with the review of the decision by panel, the family can request in writing a review of the assessment by an Independent Review Panel. This request needs to be made within 2 weeks of the final continuing care panel decision.

The Independent Review Panel should generally be convened within 30 working days of the application for a hearing being received by the Case Manager. However, appeals for review of eligibility and allocation of care package may require the collection of additional documented evidence, in which case the 30 day limit may be extended after consultation with the parent/carer. The panel will inform the parent/carer of the decision within 10 working days of the panel meeting.

The decision of the independent Review Panel is final.

Complaints relating specifically to service provision should follow the complaints procedure of the relevant organisation i.e. Children and Young People’s Social Care, NHS Leeds Community Healthcare, Education (In line with the Local Authority Children’s Services and National Health Service Complaints (England) Regulations 2009).

Complainants who remain dissatisfied may contact the ‘Parliamentary and Health Service Ombudsman’ (PHSO), to request an independent review of their case. This must be done within a year after the day on which the person aggrieved first had notice of the matters alleged in the complaint, unless the PHSO considers that it is reasonable to review the complaint outside of this timescale. This request can be made in the following ways: Telephone the PHSO on 0345 015 4033, or submit a complaint via the website, http://www.ombudsman.org.uk/make-a-complaint/contact-us.

### 6.6 Review and Re-assessment

Continuing Care eligibility will be reviewed annually or if there is a change in the child or young person’s needs. All continuing care packages will be reviewed on a regular basis. Reviews will identify whether the outcomes in the child’s support plan are being met. The first review should take place at approximately 3 months from the service commencing and should also involve the Social Worker or Lead Practitioner. Following this, reviews should take place every six months and should be combined with social care and education reviews.

The child/young person and family should be engaged fully in the review process. The child/young person or family can also request a review at any time. Children who have been agreed through the fast track process should be reviewed at six weeks or an appropriate time agreed with the family.

Where the needs have changed and the recommendation is that universal, targeted and specialist services can meet the need, a transition plan should be agreed. The family will need to be supported throughout this transition.
The review of the continuing care assessment and recommendation should be discussed with the Social Worker or Lead Practitioner before being presented to the continuing care panel by the Nurse Assessor. The panel’s decision should be communicated verbally to the family after the panel but confirmed in writing within 5 working days.

Reviews should respond to changes in a child’s or young person’s condition. There will be cases where successful management has reduced an ongoing need. Continuing care support is not indefinite as needs may change and this should be made clear to the child/young person and family.

It is important that the process is transparent, and involvement of the child or young person and their family, is essential to maintain the fairness and consistency of the review.

6.7 Transition (Appendix Six)
As far as possible, the aim of providing continuing care should be to support the move from dependence to independence, with children and young people being enabled to manage their condition themselves with a full understanding of the implications of their condition.

Every child or young person with a package of continuing care who is approaching adulthood should have a multi-agency plan for transition. This process may be led by the transitions team, (LCSWS) with the active involvement of the CCMS.

The final age for the transition of continuing care arrangements for all young people will be 18.

The CCMS will identify the need for transition of a young person at the age of 14, and Adult Continuing Care services notified.

The CCMS will refer the young person for formal screening by Adult Continuing Care services at 16.

At the age of 17 – 171/2, adult continuing care should have decided in principle an individual’s eligibility for Adult Continuing Care in order that packages of care can be commissioned in time for the individual’s 18th birthday.

6.8 Allocation of Resources (Appendix Seven)
Children who have been agreed as eligible for continuing care services will be able to access personalised health support to meet the outcomes agreed in the child’s support plan (Appendix Eight). This can be through traditionally commissioned services or through a personal health budget.

The health offer includes the total package irrespective of the setting it is delivered in, e.g. a health short breaks service such as Hannah House.

Continuing Care funding may be available for specialist equipment to meet medical and nursing needs, that is not available through normal equipment budgets.

Health support is commissioned from a variety of sources and can be delivered through NHS Leeds Community Healthcare, private providers (nursing agencies), or through Personal Health Budgets. Health support can be delivered by qualified staff or trained carers.

Health support will be based on assessed need and allocated by using the ‘criteria for allocation of health support’. The support may increase or decrease depending on assessed needs. Every effort will be made to meet the assessed need, however on rare occasions when there are exceptional circumstances, for example an outbreak of influenza that significantly affects the staff providing support, some families may regrettably receive no or reduced service for a short period from their agreed provider.

In these circumstances the Case Manager CCMS will work with the contracts manager to identify providers from the Complex Care Provider list to see if alternative support can be identified. It will also be identified as a risk on the CCG risk register. It is important that the parent / carer is aware of these implications when the continuing care package is agreed.

There may be exceptional circumstances that fall outside of the allocation criteria. Exceptions to the allocation criteria must be agreed by the Lead Commissioner, Children and Maternity Services, Leeds CCG’s, in the context of the resources available.

6.9 Personal Health Budgets (Appendix Nine)

Personalisation, the shaping of services around the individual needs and wishes of children/young people and their families, has become central to current health policy. Choice and control through personal health budgets can significantly improve quality of life and lead to improved outcomes for children and young people.

All children/young person’s (or their family) eligible for continuing care will receive information on PHB’s, including their indicative budget. If the family wish to have a personal health budget, interim support can be arranged until the personal health budget can be set up. At the first review (3 months), personal health budgets will be discussed again to allow the family the opportunity to explore this option for them.

If the family wish to have a personal health budget a PHB request form will be filled in and submitted to the CCMS. This will be followed up by a visit
to the family to develop the support plan and agree outcomes. The type of PHB the family are interested in will also be agreed:

- **direct payment** made to the young person or their family;
- the agreement of a **notional budget** to be spent by the CCG following discussions with the child or young person, and their family (or other representative) as to how best to secure the provision they need;
- A real budget held by a **third party** agreed as above, to a person or organisation which applies the money in a way agreed between the CCG and the child or young person, and their family (or other representative).
- Combination of the above.

Once the support plan and risk assessment have been completed, it will be presented to the CCCP who will consider the plan. If the plan is agreed the final budget will be confirmed and finance informed.

If the PHB is a direct payment or budget transfer, the direct payment agreement will need to be signed and the bank account details form completed. Both documents are processed and signed off by finance before the budget can start.

The first review of the PHB is at 3 months from the PHB commencing, this includes a finance review to check that the systems and processes are in place and that financial records satisfactorily meets the requirements of the CCG’s. PHB’s will be subject to an annual financial audit. For further information please see PHB agreement (Appendix Eight).

If a child/young person is no longer eligible for continuing care services their PHB will be reassessed, and may not continue, a transition plan should be put into place and should include other options for support.

Under the Children & Families Act 2014, a child/young person with SEND that requires support beyond that available in a typical mainstream school should have an EHCP. The child/young person or parent can request that elements of the EHCP are taken as a personal budget. Work on joint personal budgets is being undertaken.

### 6.10 Risk

Funding is made available by Leeds CCG’s to meet the agreed health outcomes, but unfortunately despite best efforts and utilising the Complex Care Provider List, there may be short periods when it may not be possible to fulfil the packages due to the lack of resource from the providers.

### 6.11 Prioritisation of nursing respite services

At times, despite best endeavours to deliver packages of care, there will be exceptional circumstances which impact on delivery, e.g. outbreak of flu, or an emergency response such as providing end of life care. In these
cases Leeds CCG’s has endorsed the following approach to prioritisation of existing nursing resources.

**Children with priority**
- Children whose conditions carry a high degree of clinical risk, such as those children requiring assisted ventilation, or where the clinical situation is unstable or persistently difficult to manage.
- Acute deterioration in condition/terminal stages of illness as identified by medical assessment.
- Potential deterioration of the family unit due to the impact of care responsibilities as identified via a joint care planning meeting or where several professionals involved in the care are raising serious concerns.
- Marked increase in the need for waking interventions as identified by nursing assessment.

This approach to prioritisation may in exceptional circumstances result in the withdrawal of some existing health support to families currently receiving agreed packages in order that other families may receive some health support, for example to provide emergency support for a child being discharged for end of life care.

In other cases, the families of some newly assessed children who do meet criteria may have their support delayed. This will be kept under constant review by the Case Management Service so that all packages receive a service as soon as it is possible.

The child centred support plan should clearly identify outcomes and the support required to deliver the outcomes. Families should have a clear understanding at the outset about the factors which may impact upon delivery of the outcomes.

It is important that parents maintain their competencies for caring for their child during a 24 hour period, as in the event of cancellation of support due to unforeseen circumstances and despite all efforts to provide alternative support, the expectation is that parents will continue to provide the child’s care.

**Quality Assurance**

The assessment and provision of children’s continuing care is a complex and highly sensitive area which can affect children/young people and their families at a difficult stage of their lives.

It is essential that the process is carried out utilising the principles of the 6Cs: care, compassion, competence, communication, courage and commitment and supports individuals, their families and staff to provide the best possible service (NHS England Operating Model for NHS Continuing Healthcare, NHS England, 2015)

**Care**
We need to ensure that the assessment process accurately identifies care needs and that the commissioning of packages of care delivered are of high
quality, offer choice and value for money and are focused on outcomes including a positive experience of their care.

**Competent**
Good quality assessments are crucial and should be conducted professionally and with empathy whilst fully informing and involving the individual and their family.

**Communication**
Good communication is central to successful relationships and to effective team working. Involving the child/young person and their family in the process is an essential part of the process. Good quality accessible information should be available to families.

**Courage**
Most children/young people are dependent on their families to care for their complex health needs and this can lead to families experiencing difficult times. Navigating through processes in order to gain support to do this can significantly add to the difficulties they experience. Courage is needed to explore different ways that packages of care can support children and young people and to work in an open and honest way.

**Commitment**
There must be commitment to a person centred approach.

Appendix Ten outlines the quality standards expected during the continuing care process, and provide a mechanism for auditing purposes.

8 **Equality Impact Assessment (EIA)**

**Equality Statement**
Leeds South and East CCG has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. Leeds South and East CCG is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out their functions, Leeds South and East CCG will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. The Equality Impact Assessment screening tool is attached as Appendix 11.

**The Mental Capacity Act - (MCA 2005 Code of Practice)**
The Mental Capacity Act applies to those over the age of 16. The Children Act 1989 and 2004 is the legislative framework for decision making for those under the age of 16.
The Mental Capacity Act 2005 empowers people to make decisions for themselves wherever possible and to protect people who lack capacity. Whether people have or lack capacity, the person in question must remain at the heart of the decision making, including involving person who lacks capacity as much as possible. Where decisions need to be made for a person who lacks capacity these decisions must be made in their best
interest. The Act also allows people to make decisions whilst they still have capacity for time in the future where they may lose capacity. All organisations and individuals who look after or care for someone who lacks capacity to make decisions are required to comply with the act. For more details see the Mental Capacity Act Code of Practice https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224660/Mental_Capacity_Act_code_of_practice.pdf

Deprivation of Liberty
“The Deprivation of Liberty Safeguards 2007 relates only to people aged 18 or over. If the issue of depriving a person of liberty arises, other safeguards must be considered – such as the existing powers of the court, particularly those under section 25 of the Children Act 1989, or use the Mental Health Act 1983”. Deprivation of Liberty Safeguards Code of Practice. http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476

9 Education and Training Requirements
Information sessions will be offered to all relevant staff working across NHS Community and Acute providers, and Local Authorities.

10 Monitoring Compliance and Effectiveness
Monitoring compliance and effectiveness will be done by auditing as outlined in the Quality Assurance Framework in Appendix Ten. Auditing will be carried out by the Case Manager Children’s Continuing Care, and be reported to the Lead Commissioner Children and Maternity as well as in the services annual report.

11 Associated Documentation

Appendices
1. Referral Process
2. Fast Track Form
3. Terms of Reference Continuing Care Panel
4. Oncology Paper
5. Appeals Process
6. Transitions Process
7. Allocation of Health Respite
8. Support Plan
9. PHB Process
10. Quality Assurance
11. Equality Impact Assessment

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Appendix One

Referral to Children’s Continuing Care

Up to date assessment, e.g. Early Help, Child and Family Assessment, identifies that Universal, Targeted and Specialist Services cannot meet the need.

Children’s Continuing Care referral form and an up to date Early Help or Child and Family Assessment with a nursing assessment, all the health reports and EHCP are sent to Health Short Breaks to see if they can meet the need.

Health Short Breaks cannot meet the need so a referral is made to continuing care.

Children’s Case Management will advise whether the referral has been accepted.

Once the referral has been accepted, if there is not an allocated social worker, the Nurse Assessor will refer to Leeds Children’s Social Work Services, in order that a joint assessment can take place.

Within 24 hours a social worker will be allocated.
Within 48 hours the joint visit will have been arranged with parents/carers.

If there is an allocated social worker a joint visit will be arranged.

Joint meeting to discuss outcome of assessments and discuss recommendation for support

Nurse Assessors recommendation to be presented to the Children’s Continuing Care Panel

Social Workers recommendation with outcome of Children’s Continuing Care Panel and total care package, to be presented to RADAR.

First continuing care review at 3 months involving the social worker or lead professional.
Joint 6 monthly reviews with social worker or lead professional and joint annual reviews of EHCP.

Annual review of eligibility for continuing care should wherever possible occur just before the EHCP review. Any changes to packages should be a joint review and decision with social care.

Children who require end of life care do not need to go through the assessment process. A fast track form needs to be completed and sent to the Case Management Service. The service will respond within 24 hours.
# NHS Children’s Continuing Care - Fast Track

<table>
<thead>
<tr>
<th>Child/Young Person’s Name:</th>
<th>NHS Number</th>
<th>DOB</th>
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<thead>
<tr>
<th>Permanent Address:</th>
<th>Parent/Carers full names</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Contact No:</td>
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<table>
<thead>
<tr>
<th>Current Location:</th>
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<thead>
<tr>
<th>Ethnic Group (if known):</th>
<th>Gender:</th>
<th>GP:</th>
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<tr>
<td></td>
<td></td>
<td>Contact:</td>
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<table>
<thead>
<tr>
<th>Early Help registration No:</th>
<th>Social Worker:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Contact:</td>
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</table>

<table>
<thead>
<tr>
<th>Details of key professional co-ordinating referral/discharge:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Designation:</th>
<th>Contact Number:</th>
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<table>
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<tr>
<th>Proposed Date of Discharge(if applicable)</th>
<th>Discharge Location(if applicable)</th>
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</table>

**The above named patient fulfils the following criterion:**

A deteriorating condition where the child is referred for end of life care. End of life care is deemed appropriate where a child/young person has a short life expectancy. *Written supportive evidence outlining the presenting needs and short life expectancy of the child/young person is required from a named Consultant.*

**Brief Description of nature of illness/condition**

**Clinician’s/Palliative Care Specialist Nurse signature:**

<table>
<thead>
<tr>
<th>Name (please print):</th>
<th>Signature:</th>
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</table>

<table>
<thead>
<tr>
<th>Designation/Title:</th>
<th>Date:</th>
</tr>
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</table>

Please complete and send this Fast Track referral to Children’s Case Management, and then forward a Children’s Continuing Care Nursing Assessment **within 48 hours.**
**Decision – for use by the Children’s Continuing Care Panel only**

<table>
<thead>
<tr>
<th>Decision –</th>
<th>Agree / Disagree with recommendation</th>
</tr>
</thead>
</table>

**Rationale for Agreement / Disagreement**

**Package for review in**  1  2  3  4  5  6  weeks  months  (circle as applicable)

**Action plan where there have been disagreements to recommendation**

**Signature of Chair on behalf of members:**

**Date:**
Terms of Reference, Leeds Children’s Continuing Care Panel

Purpose / Aim
The purpose of the panel is act as a decision making body for eligibility for Children’s Continuing Care, based on the process outlined in the 2016 Leeds Children’s Continuing Care Policy.

The panel will discuss new continuing care assessments, fast track referrals and proposed provision outlined in the child centred support plan, it will also agree and sign off personal health budgets for children's continuing care.

All reviews will be discussed at the panel and agreement made about continued eligibility.

The panel will review any decisions when a request for a review has been received from a parent/carer. The panel will ensure that all decisions and discussions are documented.

Panel members will ensure that their agencies are engaged in the assessment process for children being considered for continuing care and that communication flows between their single agency related functions/ provision.

The panel will also discuss any service level issues that may arise for children with complex needs and share on going developments within each agency.

Reporting
Decisions of the panel will be reported to their respective agencies through their appropriate governance route.

Standing Membership
The CCCP will have representatives from Health, and Leeds Children’s Social Care. The panel must be attended by a Service Delivery Manager from Leeds Children’s Social Work Services, a Leeds Health Commissioner and a Clinical Adviser to be quorate. The outcome of the panel will be recorded by CCMS. The Panel will be chaired by the Case Manager Children’s Continuing Care.

Frequency
The panel will meet monthly, or as required.

Administration
The panel will be supported by an administrator who will produce monthly outcome reports from the panel. The administrator will ensure that papers are sent out at least one week prior to the meeting, and minutes sent out within two weeks of the meeting.

Process
The Nurse Assessor Children’s Continuing Care will present the multi-disciplinary assessment and decision support tool assessment to the panel.

The presentation should include: -
- Background information, including past health history and current care provision/environment
- Care domain rationale and care needs summary
- Recommendations
Panel members will be able to ask questions and to discuss elements of the assessment and recommendations.

The panel will then confirm an outcome. Where there is divided opinion further questions may be asked to ensure that consistency has been applied. If a decision still cannot be reached the chair may:
  - Make a decision with the majority
  - Defer the decision and ask for further evidence to be sought and the case to be represented at a later date.

The chair will complete the Decision Form. Majority or unanimous decision will be recorded. A copy of the outcome will be copied into the continuing care records.

It is the responsibility of the Nurse Assessor, Children’s Case Management to inform relevant parties of the outcome from the Forum.

For new cases and alterations to packages a letter will be sent from Children’s Case Management to the family notifying them of the panel’s decision.

**Appeals**

The panel will also review request for appeals and consider any additional information presented as part of the appeal process. The panel will review the decision and either uphold the original decision or make a new recommendation.
ACCESS TO CHILDREN’S CONTINUING CARE, FOR CHILDREN WITH CANCER

PURPOSE OF THIS PAPER

The purpose of this paper is to outline the issues related to accessing children’s continuing care for children with cancer, who have a poor prognosis and may have needs that cannot be met by other agencies.

Children’s Continuing Care is a ‘package of care required when a child or young person has needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone’. This service is provided to children with complex health care needs. (Department of Health, 2010)

ELIGIBILITY FOR CONTINUING CARE

In order to qualify for continuing care, a national tool (Decision Support Tool) is used to collect information from families and professionals to provide guidance in determining eligibility for Continuing Care. The DST is based on 10 domains, each domain has 6 levels. These are no needs, low needs, moderate needs, high needs, severe needs and priority needs. One severe or priority or 3 highs would indicate eligibility.

BACKGROUND

It has been difficult to assess eligibility for Continuing care for children with Oncology needs unless they have been fast tracked for end of life care. This is because the DST does not take into account the very specific needs of this group of children. In the past year 2 children have been agreed using the professional Judgement Domain.

SERVICES CURRENTLY AVAILABLE TO ONCOLOGY CHILDREN

The Leeds Children’s Nursing and Butterfly Team work alongside the Oncology Nurse Specialists at LTHT to provide nursing care and support to oncology children and their families. They will also provide end of life care and support to this group of children.

The team supports parents and carers with children and young adults from birth to 18 years (up to 19th birthday), who need nursing care at home.

The team is made up of experienced children’s nurses and also has a play worker and other members who work with children who have life limiting / threatening conditions.

The team works closely with the family, other staff in Leeds Community Children’s Nursing service and other agencies.

The team provides a service for children and babies who are ventilated, with tracheostomies, children who are enterally fed, terminally ill or oxygen dependant. They can take bloods from central lines, change dressings and train family and carers to look after their child but do not provide nursing respite.

Discussions within the regional continuing care forum identified that these children are also agreed as an exception using professional judgement domain.
Martin House is a children’s hospice that offers service to children who have palliative care needs. This can be offered in the form of a residential stay and/or 3 to 4 hours respite session in the home by the outreach nursing team. However some families do not always want a service from a hospice for a variety of reasons.

CLIC Sargent is a charitable organisation that offers practical support to children and young people with cancer; these volunteers offer with practical support such as family/ sibling support and do not provide any nursing care.

Candle lighters are also a charity that provides essential services and support to children/families with cancer. E.g. they offer holidays to children/families with cancer treated in Leeds to one of their holiday homes on the east coast.

**EXAMPLES OF ONCOLOGY CONDITIONS WHICH REQUIRE INTENSIVE REGIMES**

Juvenile Myelomonocytic Leukaemia (JMML) a very rare type of blood disorder affecting young children. The only treatment for this is a Bone Marrow transplant. Following the transplant there is a significant risk of complications occurring. The main risk associated with a bone marrow transplant is Graft Versus Host Disease (GVHD). The symptoms can range in severity from mild to life threatening. In serious cases of GVHD the Lung and Liver function can be affected which can be very serious. Due to the low immune system there is a risk of developing infections. In terms of nursing needs these children may have multitude of medications, a strict fluid balance, regular nebulisers and intensive physiotherapy.

Stage 4 Neuroblastoma; this is a rare type of cancer that affects children. The stage indicates that the cancer has spread to distant parts of the body. The treatment will involve a combination of surgery, chemotherapy and radiotherapy.

Children with Stage 4 Neuroblastoma have an aggressive treatment regime involving immunotherapy, which can cause many unpleasant side effects such as nausea, uncontrollable pain, weight loss, flu like symptoms and feeling extremely unwell. Some children may even require a pain management regime and deteriorate further needing end of life care plan at this stage. This is one of the most intensive treatments that a child can have in terms of oncology treatment.

**CONCLUSION**

It is evident from looking at the services available that there is a need for support in the home for some children with exceptional nursing needs. Exceptional needs are those that include intensity, frequency which are not sustainable over a long period of time.

Currently these children would have to be agreed as an exception to the rule using the professional judgement domain as they do not meet the criteria for continuing care as indicated by the Decision Support Tool.

**RECOMMENDATION**

Recommend that children diagnosed with cancer with exceptional nursing needs be given continuing care support for a defined period of time e.g. while undergoing intensive treatment. This support would enable children to be cared for in their own home and may reduce hospital admission.
Appendix Five

Children's Continuing Care Appeals Process

Children's Continuing Care Panel Decision → Parent/Carer informed of decision in writing within 5 working days → Parent/carer unhappy with panel decision → Discussion with parent/carer to try to resolve any concerns

Parent/carer to write to the Case Management Service within 3 months of panel decision to inform them that they wish to appeal → Parent/carer still unhappy with the panel decision

The Nurse Assessor to visit family within 2 weeks of receipt of the letter to discuss the assessment → Assessment with any additional information to be represented to panel → Children's Continuing Care Panel to consider the assessment and review the decision

If the Parent/Carer is unhappy with the outcome of the panel they can request in writing a review of the assessment by an Independent Review Panel. This must be done within 2 weeks of the panel decision → Parent/Carer to be informed of the outcome of the panel in writing within 5 working days

The Independent Review Panel will consider the assessment, the process and the decision made by the Children's Continuing Care Panel. Its decision is final

Complainants who remain dissatisfied may contact the 'Parliamentary and Health Service Ombudsman' (PHSO), to request an independent review of their case.

http://www.ombudsman.org.uk/make-a-complaint/contact-us

26
TRANSMITION TO ADULT CONTINUING CARE

14 years

Children who have care in the home

Children’s Case Management notifies Adult Continuing Care

If no social worker refer to the Transitions Team otherwise child’s social worker will refer

Transitions Team

16 years

Children’s Case Management reminds Adult Continuing Care that a CC child is in transition

Transition worker works with the child and family to identify future needs

16-17 years

Children’s Case Management Service shares information with Transitions and with Adult CC services

Transition worker also liaises with adult CC

17-17½

Adult continuing care assessment is completed by Adult CC or Adult LD CC team

Transfer to adult services

18 years
<table>
<thead>
<tr>
<th>Level</th>
<th>Criteria</th>
<th>Comments</th>
<th>Indicative hours per week</th>
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<tbody>
<tr>
<td>4a</td>
<td>Ventilation Invasive 24 hour Night time only</td>
<td>24 hour invasive ventilation can be increased up to 105 hour per week in the school holidays for children at school. Enhanced allocation takes into account factors in the criteria for enhanced respite and discussion with parents.</td>
<td>24 hour Usual allocation  Pre-school - Up to 95 School age - Up to 85 24 hour Enhanced allocation Up to 105 hours per week Night time Enhanced allocation up to 80 Usual allocation up to 70</td>
</tr>
<tr>
<td>4b</td>
<td>Non-invasive 24 hour Night time only</td>
<td>Non-invasive life supportive 24 hour ventilation can be allocated at level 4a dependant on a risk assessment. Enhanced allocation takes into account factors listed in criteria for enhanced respite and discussion with parents.</td>
<td>24 hour Enhanced allocation up to 40 Usual allocation up to 30 Night time Enhanced allocation up to 30 Usual allocation up to 20</td>
</tr>
<tr>
<td>3</td>
<td>End of Life Care (Short term intensive respite subject to review)</td>
<td>Enhanced allocation up to 60 Usual allocation up to 50</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Continuously unstable condition defined by nursing assessment and requiring nursing interventions to respond to: e.g. apnoea, irregular breathing, unstable airway, dropping heart rate, fluctuating O2 saturations despite O2.</td>
<td>Enhanced allocation up to 50 Usual allocation up to 40</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Children who meet the continuing care criteria, whose condition remains largely unchanging, but who may have episodes of acute illness or instability, (e.g. chest infections managed by antibiotics, increased need for suction, episodes of increased fitting, short term increase in waking interventions) which may temporarily increase the need for nursing interventions. (Nursing interventions as identified by the nursing assessment)</td>
<td>Enhanced allocation up to 30 Usual allocation up to 20</td>
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**CRITERIA FOR ENHANCED RESPITE** - *If a child no longer meets the enhancement criteria, the usual allocation will apply and the hours reduced accordingly*

- High level health needs in a foster placement, as identified by multidisciplinary meeting.
- Waking 4 or more times a night for necessary nursing interventions, as identified by overnight nursing assessment.
- Child not receiving regular schooling due to high level health needs and receiving home tuition, confirmed by consultant letter.
- Deteriorating condition as identified by consultant letter and nursing assessment.

- Indicative amounts of nursing respite run from 0 up to the defined limit depending on assessed health need.
- Hannah House is included in the health offer and in weeks where the family receives respite from Hannah House, the nursing respite into the home will reduce accordingly.
- Health Support (i.e. health support worker) is not provided in school, it is Education Leeds’ responsibility to provide special needs assistants. However, they may in exceptional circumstances support transition into school for a short period of time. Leeds Children’s Nursing Team is available to provide training and advisory support.
- The nursing respite hours shown in this table represent the total amount of nursing respite hours, irrespective of who provides the service.
Hello my name is .... and this is my support plan
# All about me and my family

<table>
<thead>
<tr>
<th>Family Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Mum and Dad</td>
</tr>
<tr>
<td>Where I live</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our telephone number</th>
<th>Email</th>
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</thead>
</table>

This is the story of my family life including school *told by me/my*

| This is the story of my health journey *told by me/my* |
This is what is important to our family as told by me/my
| This is what hasn’t worked too well for me. This is what I would like to change? |
| This is what is working well for me and I don’t want to change it. |
# Personal Health Budget Support Plan

## Outcomes

<table>
<thead>
<tr>
<th>This is what I want to achieve</th>
<th>These are my ideas for achieving this</th>
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**SUMMARY OF IDEAS** (Identify support, hours, costs, equipment etc)

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About Personal Health and Social Care Budget’s

The initial personal budget offered to you is an ‘indicative’ amount of money and a starting point. It’s created by working out the number of hours of support you need and turning this into a sum of money.

Your personal health budget is finalised once you/your child’s support plan has been completed and agreed. This direct payment can be paid either into a separate bank account held by you, or to a 3rd party organisation who hold the money and pay the support bills on your behalf.

Your support plan needs to clearly show how you will use your budget and include details of the things you will regularly be paying for. If you have chosen to employ your own carers you will also need to show how you have budgeted for all the associated costs with being an employer such as annual leave and HMRC payments otherwise known as ‘employer on-costs’.

Your Personal Health Budget Offer

A budget is based on assessed need.

In your case, as outlined in the Leeds Children’s Continuing Care Policy ............. Hours per week has been agreed.

This budget is fluid and you may choose to take all service provision in the form of a Personal Health Budget (PHB). Please feel free to discuss this with the person working through this plan with you. Signing this agreement would not exclude you from accessing existing services if an emergency arose but would require a review of this plan for ongoing provision. Please think carefully with your independent broker or case manager before requesting a final sign off of this plan.
Managing the money

You can choose different methods of managing your plan. The NHS identifies 3 options detailed below. As care for the individual named in the plan will involve employment in some format, each option involves employer responsibilities. The difference between each option relates to the level of control and involvement you wish to hold over this.

1. A notional budget

No money changes hands. You know how much resource is available and can talk to someone about the different ways to spend the money on meeting needs. The team will then arrange the agreed care and support. This option is often used when families opt for existing services such as the Childrens Continuing Care Team or through use of an agency to provide care or nursing staff.

2. A real budget held by a third (non NHS) party

A budget fully held by a third party;
Payments will be made to a company who will oversee payroll, liaise with the Inland Revenue and manage the budget on your behalf. There are several companies and that offer this service. The company, rather than you, will be the employer and the company will be responsible for human resource responsibilities such as recruitment and employment contracts etc alongside ensuring appropriate training and DBS checks are obtained. You can have direct involvement in the recruitment process but do not hold the legal employer responsibilities. The use of agency is unavailable through third party but can be accessed alongside 3rd party management through discussions with your case manager or support broker.

3. A fully self-managed account or Direct Payment

Either through direct employment of staff
Direct payments will be made to a bank account specifically opened by you for this purpose. You, the child’s representative will oversee payment of carers and manage the budget. You will be the employer and will be responsible for human resource responsibilities such as recruitment and employment contracts etc alongside ensuring appropriate training and DBS checks are obtained. With this option you will also be required to take additional employer indemnity insurance. The costs for this all of these provisions are classed as ‘on costs’ and will be incorporated into your budget.
Or through use of agency
Direct payments will be made to a bank account specifically opened by you for this purpose. You will oversee payment of the agency invoices and manage the budget. All other employer responsibilities are held by the agency supplying the staff member. With this option you have the opportunity to accept and reject staff supplied by the agency but you will not have a direct role in recruitment.

**How would you like your budget to be managed?**

After considering the options I/we have decided that the best option for me/our family is:

<table>
<thead>
<tr>
<th>Option</th>
<th>With employed staff</th>
<th>With agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>A notional budget</td>
<td></td>
<td></td>
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<tr>
<td>A third party managed account</td>
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<tr>
<td>A fully self-managed direct payment</td>
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</table>

**Comments** (this is an opportunity to say why this is best for you/your child):

This support plan and Indicative Budget Form will be forwarded to the Children’s Continuing Care Panel for approval.

Panel Date:

Approval:

Financial agreements:
# Management Action Plan

<table>
<thead>
<tr>
<th>Who?</th>
<th>What?</th>
<th>Contact details</th>
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## Reviewing the Support Plan & Personal Health Budget

**Personal Health Budget Review**

Date of 1st review will be 3 months from the date PHB direct payment starts – expected to be……
If appropriate, the review may be carried out jointly with Leeds Children’s Social Care.

Future reviews will be at the end of the first 12 months or sooner if there is a change in needs or an emergency situation arises that impact upon the care or budget.

**The review will include**

- Are there any changes in my health needs that need to be drawn into my support plan?
- Are my outcomes being achieved?
- What is the effect on my informal support?
- Are the financial arrangements working OK?
- Has my level of risk changed?
This support plan has been seen and agreed by the following people

My Parents and representative: Name: __________________________
Signed: _______________________________________________

My Healthcare Case Manager: Name: __________________________
Signed: _______________________________________________
## QUALITY ASSURANCE CHILDREN’S CONTINUING CARE

<table>
<thead>
<tr>
<th>PRIORITY</th>
<th>STANDARD</th>
<th>6 C’s</th>
<th>AUDIT</th>
</tr>
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<tbody>
<tr>
<td>Referral</td>
<td>Referrals to the service to be acknowledged in writing by email or letter within 24 hours of receipt of referral.</td>
<td>Competence Communication</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assessment and Decision making is high quality and timely.</td>
<td>The decision as to whether to proceed to a full assessment should be made within 5 working days. The referrer should be informed in writing by email or letter if the referral has been accepted for assessment or not. If the referral is not accepted for assessment the rationale for this should be given.</td>
<td>Competence Communication Compassion Courage</td>
<td>3 monthly</td>
</tr>
<tr>
<td></td>
<td>Once the referral is accepted, if there is no social worker allocated, a referral should be made within 24 hours.</td>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A social worker should be allocated within 24 hours and a joint visit arranged within 48 hours.</td>
<td>Communication</td>
<td></td>
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<tr>
<td></td>
<td>The continuing care assessment should be completed with 23 working days. If more time is required to undertake this process, the referring party and the family will be informed of this extension, the reasons why and the proposed date of</td>
<td>Competence Communication Compassion Courage Care Commitment</td>
<td></td>
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</table>
### Course Completion

- The assessment should be taken to panel for a decision within 28 working days. If more time is required the referrer and family will be informed, the reasons why and the proposed date of the panel.
- The Panel decision should be given to the family verbally within 24 hours and in writing within 5 working days.
- Within two weeks of panel a home visit will be arranged to discuss key aspects of the continuing care policy.
- Fast track referrals are responded to and actioned immediately.
- The fast track referral should be acknowledged and responded to within 24 hours.
- Home visit within two weeks of receiving in writing the intention to appeal.
- Result of the continuing care panels reconsideration of the assessment to be given to parent/carer in writing within 5 working days.
- Result of the Independent Review Panel will be given to the parent/carer in writing within 10 working days.
- Reviews should be undertaken within timescales to ensure arrangements are in place and that the identified outcomes are met.

### Timeframes

- **1st Continuing Care review – 3 months.**
- **1st Fast track review – 6-8 weeks**

### Competence

- Communication
- Competence
- Care
- Commitment

### Annually

- Communication
- Courage
- Compassion

### 3 monthly

- Communication
- Compassion
- Care

### Letters

- Communication
- Courage
- Compassion
<table>
<thead>
<tr>
<th>DST re assessments should be undertaken in a professional and supportive manner with the identified timescales.</th>
<th>Annual review of eligibility</th>
<th>Communication Competence Care Commitment Competence</th>
<th>Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHB review of finances should be thorough but supportive.</td>
<td>Financial audit at 3 months Annual financial audit</td>
<td>Communication Competence Commitment</td>
<td>Annually</td>
</tr>
</tbody>
</table>
# Equality Impact Assessment – Relevance Screening

<table>
<thead>
<tr>
<th>1. Name of the policy/strategy/project or service:</th>
<th>Leeds Children’s Continuing Care Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. What are the main aims and objectives of the policy/strategy/project or service?</td>
<td>The purpose of this policy is to establish Leeds PCT and Leeds Local Authority responsibilities in meeting the continuing care needs of children and young people, and to clarify the process for assessment and eligibility of children and young people who may have continuing care needs.</td>
</tr>
<tr>
<td>3. Is this a key strategic document or a major project/programme</td>
<td>YES □ NO √</td>
</tr>
<tr>
<td>4. What impact will this policy/strategy/project or service have on the public or staff?</td>
<td>HIGH □ MEDIUM √ LOW □ DON’T KNOW □</td>
</tr>
<tr>
<td>Please explain:</td>
<td>This policy applies to children and young people from 0-18 years with complex health needs that live within the Leeds boundaries, and who may have continuing healthcare needs. It determines the process for eligibility for continuing care services.</td>
</tr>
<tr>
<td>5. Is there any evidence, or other reason to believe, that different groups have different needs, experiences, issues and priorities in respect of this particular policy/strategy/project or service etc?</td>
<td>YES □ No √ DON’T KNOW □</td>
</tr>
<tr>
<td>Please explain:</td>
<td>This policy applies to all children and young people from 0-18 years with complex health needs who may be eligible for children’s continuing care.</td>
</tr>
</tbody>
</table>

If you have answered YES to question 3, you should move straight on to a **STAGE TWO** assessment.

If, for question 4 you have answered LOW, there is no need to continue to an Equality Impact Assessment.
If for question 4 you have answered MEDIUM, and NO for question 5, there is no need to continue to an Equality Impact Assessment.

If, for question 4 you have answered MEDIUM or DON’T KNOW, and have answered YES or DON’T KNOW for question 5 you should move on to a STAGE ONE Equality Impact Assessment.

If, for question 4 you have answered HIGH, you should consider whether you need to undertake a STAGE ONE Impact Assessment or move straight to a STAGE TWO Impact Assessment.

<table>
<thead>
<tr>
<th>6. Based this screening please indicate if this policy/strategy/project or service should proceed to a Stage one or Stage two assessment?</th>
<th>Stage one</th>
<th>Stage two</th>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□</td>
<td>□</td>
<td>√</td>
</tr>
</tbody>
</table>

Signed (Completing Officer)  Signed (Lead Officer)