



Children with Complex Needs Protocol



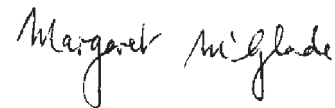
DERBY CITY COUNCIL



Partners to the Protocol:

Commissioner Signatures:

Derby City Council Social Services Department*



Derby City Council Education Department*



Derbyshire County Council Social Services Department*



Derbyshire County Council Education Department*



Central Derby Primary Care Trust*



Chesterfield Primary Care Trust*



Southern Derbyshire Health Authority

Greater Derby Primary Care Trust

High Peak and Dales Primary Care Group/Trust

South Derbyshire and Derbyshire Dales Primary Care Group/Trust

North East Derbyshire Primary Care Trust

Amber Valley Primary Care Trust

Erewash Primary Care Trust

Southern Derbyshire Acute Hospitals Trust

Chesterfield and North Derbyshire Royal Hospital NHS Trust

Community & Mental Health Services Trust

* This document has been signed by those organisations that hold commissioning budgets to meet children's complex needs within the protocol.

Values

Partners to the protocol will work together to provide services to children in need.

Partnership working will be guided by legislation, for example The Children Act, 1989 and the policies and plans of individual agencies formulated at a local level and national level. Partnership working will seek to promote social inclusion and equality.

A best value approach will be adopted.

Outcome

To promote partnership working at all levels in order to assess and respond to children's needs. To promote the social inclusion agenda and support children at the lowest tier of intervention compatible with meeting their needs. Where children have reached a high level of intervention, the aim will be to seek to return them to progressively lower tiers of intervention, which enhance their inclusion and meet their needs.

Principles

Children with complex needs have the right to:

- have their wishes and feelings taken into consideration *The Children Act 1989*
- have their interests regarded as paramount *The Children Act 1989*
- have a core assessment as a child in need *Framework for the Assessment of Children in need and their Families 2000*

- have services provided locally to meet their needs *Human Rights Act 1998*
- have their needs met at home wherever possible *Human Rights Act 1998*
- have agencies work together towards a return to their own family and / or community when they are in a specialist placement
- have their complex needs, including their placement needs considered as a whole following assessment. This will include consideration of the child's individual needs
- a core team and a key worker who will review the assessment and care plan and monitor progress *Framework for the Assessment of Children in Need and their Families 2000*

- a seamless approach to service delivery in response to complex needs
- expect that agencies will acknowledge that no one agency can meet their needs alone
- expect that individual agencies will recognise their complex care needs and bring them to a multi-agency forum
- expect that a transition from children's services to adult services will be planned and implemented.

Parents and / or carers and other family members of children with complex needs have the right to:

- have their wishes and feelings taken into consideration
- have their needs as carers assessed.

Scope

Linked to eligibility criteria the scope of the protocol is:

- children up to the age of 18 years
- children with complex care needs including children who are dying
- children with severe mental health needs
- children with moderate / severe learning disabilities and severely challenging behaviour
- children with emotional and behavioural difficulties and severely challenging behaviour.

Role of the Panel

The role of the panel is to:

- appoint a chair
- consider referrals
- adopt a preventative strategic approach by considering a range of options to meet and provide for complex care needs
- ensure that support is provided to children at the lowest tier of intervention compatible with meeting their needs
- assume a quality assurance function in relations to assessment, care planning, monitoring and review
- ensure the responsibility of individual agencies are met
- develop a partnership approach to respond to complex care needs
- agree a funding package
- establish a process that works and is guided by values and principles
- facilitate the transition of children to adult services
- produce information for professional staff, children and parents about the approach taken to complex care
- review staged progress reports and end of placement reports outlining the aims, the achievements and the shortfalls of the placement
- consider the impact of new guidance on the protocol
- produce an annual report of activity to inform strategic planning including a review of the protocol.

Panel members have a responsibility to:

- individually satisfy themselves that a full multi-agency assessment has been undertaken and that eligibility criteria are met
- work in partnership to respond to complex care needs
- develop a common language and definition of the scope of complex care

- to use common language and definition of scope to achieve partnership and a seamless approach to complex care
- assure the quality of the agency work presented to Panel, including
 - assessment
 - care planning
 - complex care package including where appropriate placement decision
 - monitoring process
 - reviewing process
- agree complex care packages which include
 - identified assessed needs
 - plans to meet assessed needs
 - identified outcomes
 - time-scales
 - roles and responsibilities of core team members
 - review complex care packages against outcomes and time-scales within the context of the right of the child to have their needs met at the lowest tier of intervention compatible with meeting their needs and their right to social inclusion
- review complex care packages where they fail to meet outcomes
- support core team and key worker approach at an agency level
- monitor progress from the individual agency's perspective and support the transition process
- collate information about matching needs to services to monitor shortfall and report annually into the strategic planning process.

Process for Managing Complex Care Cases in Partnership

- a designated manager for each agency will be identified to agree the referral to panel and sign the referral form
- the referral and background papers must be provided to designated managers from each agency
- the referral to panel must be made on the appropriate form and accompanied by a copy of the most recent assessment and care plan
- the referral form must be signed by each agency's designated manager
- the referral form must specify the unmet need and suggest action to meet need
- the case may be presented on a number of occasions before a response is agreed
- the initial presentation will be to consider whether there is unmet need
- where the panel determine that there is unmet needs, the panel will commission staff to look at ways of meeting needs. Further presentations will propose a care plan. funding requirements and partnership arrangements
- the panel will commission services on the basis of responding to specific identified needs
- the agenda and associated case material will be circulated to all panel members 3 working days before a panel meeting
- the decision of the panel will include:
- agreed package including placement where appropriate

- lead agency
- lead manager
- investment required by each agency
- invoicing arrangements
- specific outcomes and time-scales
- arrangements for complex cases panel; review and progress and outcomes
- the panel will maintain a written record of the work of the panel and circulate this to all participants.

Composition of the Panel

The effective administration of the protocol will be supported by a Panel composed of member with professional / clinical perspectives and members with authority to make decisions and commission services. The partners to the protocol must ensure that personnel are identified to meet both the professional / clinical and commissioning agenda. Consistent membership from social services, health (PCT, Community & Mental Health Services Trust and health authority) and education is required to support the partnership agenda. The panel will be made up of representatives of all three disciplines (social services, education and health).

Funding Arrangements for Complex Care Packages

It is anticipated that in the future, funding arrangements will be met from pooled budgets. In the interim, the panel will make decisions about the funding responsibility of each agency. The approach adopted will be guided by the need to respond in partnership to the 'whole child' and agency's eligibility criteria (attached).

Where the requirements of the protocol are met, the following levels of partnership apply:

1. single agency lead placement, partner agencies will fund the costs of their service element only
2. partnership funding at bi-partite level with the third agency meeting, the costs of their service element only
3. partnership funding at tripartite level with costs shared.

The majority of complex care packages will fall within levels 2 and 3.

**Guidelines of
Health Service Support
for Children with
Health Needs**

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Continuing Health Care Policy of Southern Derbyshire Health Authority

The continuing health care policy published by SDHA is the joint agreement between agencies which sets out the formal criteria by which funding for continuing NHS health care can be obtained. These criteria are under review and this review is proceeding on a national timetable. The abolition of the Health Authority in March 2002 will require changes in these arrangements which are not yet known.

Guidelines for Levels of Health Support

These guidelines recognise two dimensions of need for NHS support to individual cases:

- the intrinsic health need of the child
- other factors such as,
 - o the needs and wishes of carers
 - o provision of other agencies
 - o the availability of a particular service locally.

NHS commissioners are allowed to fund services for patients registered with general practices in their area, irrespective of where the patient lives. The Department of Health has been asked to issue specific guidance about children originating from a particular district but registered with a GP elsewhere.

Process

- Decisions about children with complex cases, where joint funding may be appropriate, will be reached at the children's panel for complex cases in Derby for those up to 18 years of age. Discussions are taking place about a similar process for Derbyshire.
- The commissioning budget for learning disability services is held at the Health Authority. The HA's Assistant Director of Performance Improvement will therefore participate in decisions about NHS funding for young people with severe learning disabilities approaching 16 years of age and will provide support to PCTs about young children with learning disabilities.
- PCTs will participate in decisions about NHS funding for children who do not have a severe learning disability.

Child's Health Needs	Factors Influencing Access to Health Resources
<p>Band A</p> <p>Minor or controlled health need, eg,</p> <ul style="list-style-type: none"> ➤ Asthma, epilepsy, diabetes ➤ Poor hygiene ➤ Mild/moderate learning disability ➤ Mild physical disability ➤ Emotional/behaviour problems 	<p>These needs will be met locally by GPs, local health services.</p>
<p>Band B</p> <p>Health need requiring some intervention, eg,</p> <ul style="list-style-type: none"> ➤ Epilepsy requiring occasional rectal valium ➤ Physical disabilities requiring care to hygiene, positioning ➤ Emotional problems that become demanding 	<p>These needs will be met locally by</p> <ul style="list-style-type: none"> ➤ health professionals, social services or voluntary agency support ➤ may need periods of respite care
<p>Band C</p> <p>Health needs that require either nursing and/or social care support</p> <ul style="list-style-type: none"> ➤ Gastrostomy ➤ Naso-gastric care ➤ Feeding difficulties ➤ Children/young people with autism, with less severe behaviour problems ➤ Children/young people with mental health problems requiring supervision ➤ Degenerative/terminal illness 	<p>The expectation is that these needs will be met locally, with a contribution from health and / or social services when higher levels of needs and complexity are identified.</p>
<p>Band D</p> <p>Complex health needs, which can be met locally</p> <ul style="list-style-type: none"> ➤ Management of tracheotomy ➤ Severe challenging behaviour requiring supervision ➤ High dependency on physical care ➤ Uncontrolled health needs, eg, epilepsy, requiring 24hr care ➤ Severe mental health illness ➤ Degenerative/terminal illness 	<p>Parents can be supported locally with appropriate health and social services, eg, with respite care, outreach nursing services, CAMHS team.</p> <p>The aim will be to support more children locally and the panel will expect to see joint funding and consideration of local options for additional support, before agreeing to an out of area placement.</p>

Band E

Complex care needs, which cannot be locally met

- Profound disabilities
- Poor prognosis
- High dependency
- Severe challenging behaviour, eg, aggression/self-harm, sexualised behaviour
- Severe mental health illness

Band E (i)

Some of these children may have the same health needs as children in Band D, but it is not possible to deliver service locally be due to other reasons, eg, parent cannot be supported, education may not be able to provide a placement. Where it is an education or social care reason for the placement, Health services will cover the cost of the identified health service element of the placement only- where this cannot be provided by local services.

Band E (ii)

There will be some children with complex needs and family circumstances where there is a mix of health and social care reasons for the placement. For example children with severe learning disability and complex challenging behaviour. A health and social care assessment will be required, which clearly evidences the intrinsic health needs of the child. Where a young person has severe learning disabilities with comparable levels of need, which would be met 50:50 by the adult complex care panel and education are paying for the education costs of the placement, health will fund 50% of the balance. The needs of other children will be assessed on a case by case basis.

Band E (iii)

There are some children in this group whose intrinsic health needs cannot be met locally, eg, inpatient psychiatric assessment outside existing contract, other specialist therapeutic communities directly providing clinical interventions by qualified staff. Eg. Out of area treatment for eating disorders. The health service may provide up to 100% funding for this group. These responsibilities may be short or long term and are likely to reduce over time. eg. funding for clinical rehabilitation for a TBI, outside of existing contract, will reduce as health improves.

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