


MEETING DATE:	8 October 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.9	
AUTHOR:	Tara Harness	
JOB TITLE: DEPARTMENT:	NHS Continuing Healthcare – Children’s Lead/ Interim Designated Clinical Officer - SEND	

ANNUAL REPORT FOR CHILDREN’S CONTINUING CARE, NORTH LINCOLNSHIRE

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	Vulnerable Peoples Group
FREEDOM OF INFORMATION:	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i> Public

1. PURPOSE OF THE REPORT:					
This is the third annual Children’s Continuing Care report for North Lincolnshire CCG. It provides a brief synopsis of the position of Children’s Continuing Care in North Lincolnshire, and provides a summary of activity for 2014/15 funding, and describes recent service developments in the area.					
2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:					
Continue to improve the quality of services					
Reduce unwarranted variations in services					
Deliver the best outcomes for every patient	x				
Improve patient experience	x				
Reduce the inequalities gap in North Lincolnshire					
3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP					
4. IMPACT ON RISK ASSURANCE FRAMEWORK:					
<table border="1" style="display: inline-table;"> <tr> <td style="width: 25%;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%;">No</td> <td style="width: 25%; text-align: center;">x</td> </tr> </table>	Yes		No	x	
Yes		No	x		

5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	x
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6. LEGAL IMPLICATIONS:

Yes		No	x
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7. RESOURCE IMPLICATIONS:

Yes		No	
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The report sets out the use of the allocated budget in 2014/2015.

8. EQUALITY IMPACT ASSESSMENT:

Yes		No	x
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9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	x
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10. RECOMMENDATIONS:

The CCG Governing Body is asked to: -

- Receive and note the Annual Report for Children’s Continuing Care in North Lincolnshire

Annual Report for Children's Continuing Care, North Lincolnshire

Author: Tara Harness

Date: May 2015 Draft V2



- **Summary**

This is the third annual Children's Continuing Care report for North Lincolnshire CCG. It provides a brief synopsis of the position of Children's Continuing Care in North Lincolnshire. It provides a summary of activity for 2014/15, funding and describes recent service developments in the area.

- **BACKGROUND INFORMATION AND IMPLICATIONS**

Children's Continuing Health Care is currently managed for North Lincolnshire CCG through the Yorkshire and Humber Commissioning Support Unit (CSU). Children's Continuing Health Care follows the national framework and is defined as;

'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. Continuing care does not cover children and young people with care needs that may be met appropriately through existing universal, targeted or specialist health services.'

Continuing care affects a relatively small numbers of children, approximately 5000-6000 per year nationally, however the cost of continuing care is disproportionately high. Children's Continuing care is often seen in terms of high cost, low volume provision.

In March 2010 the Department of Health published the 'National Framework for Children and Young People's Continuing Care'. The framework is intended to provide a systematic approach to assessing and reviewing the on-going health needs of children, 0-18 years of age, which require support over and above those that could be met by existing universal or targeted services. As such, the National Framework sets out guidance for the assessment and agreement of eligibility for continuing care and places responsibility for implementing the framework firmly under local health commissioning organizations - however, unlike adult continuing care, the guidance strongly emphasizes how no commissioned care package should be solely funded by 'health'. The National Framework was revised in 2014 to reflect the changes being made to the way Special Educational Needs and Disabilities and the move to Educational, Health and Care Plans identify and provide resource to meet the needs of children and young people aged from 0-25 years whilst in education.

To enable the effective administration of Children's Continuing Care in North Lincolnshire the CSU works in partnership with the Local Authority Integrated Disability Team and Children's Community Nursing Team and takes a lead in;

- Coordinating the assessment for children and young people who may be eligible for Continuing Care
- Working with children, young people and their parents / carers to assess their needs and plan how unmet needs can be met
- Commissioning appropriate care packages of support
- Monitoring commissioning care packages and
- Providing appropriate interagency and child/young people / family reviews.

In North Lincolnshire, children's and young people's complex and continuing health care needs that fall beyond the services already commissioned, are usually described in one of three below categories;

- Children with multiple learning disabilities and complex health care needs who are assessed under the national children's continuing care
- Children who meet the Continuing Care threshold, mainly under the behavioural domain, and become to the CCG's attention through the requirement to commission an out-of-area residential / therapeutic placement
- Children with complex health needs who do not reach the national published Continuing Care threshold, however schools report they are unable to meet their health needs within their existing resources.

Table 1 describes the CCG spend for children and young people with complex or continuing care needs between 1st April 2014 and the 31st March 2015, illustrating how £521,243.18 was used to provide additional services for 26 children and young people (CYP).

Of the 26 CYP, 7 met the continuing health care criteria due to physical/ degenerative difficulties. The funding required for these CYP in 2014/15 was £222,599.02 and includes, home based support from commissioned private agencies, and short break provision (for example, Cromwell House, Grimsby). A number of the CYP receive jointly funded packages (NL LA). The costs published in Table 1 relate solely to the CCG contribution.

Table 1: CCG Spend on Children's Continuing Health Care

CCG Spend on Continuing Health Care	Number of Packages	Cost Range of Packages	Average Cost of Package	Total Spend
Continuing Health Care Packages	7	£2,350.49 - £70,858.52	£31,814.15	£222,599.02
Continuing / Complex Health Care Packages – Joint Funded Out-of-County Residential Placements	6	£68,465.73-£80,568.32	£49,668.37	£289,010.21
Complex Health Care Packages which fall outside of Continuing Care				
Specialist CAMHS (Learning Disability)	4	£200.00-£3,438.70	£1,423.24	£5,692.95
LAC out of area Health Assessments	5	£262.00-£1000.00	£557.20	£2,786.00
Medical needs support for pre-school age	1	£1,259.54	N/A	£1,259.54
School packages ending 31-07-14	3		£385.00	£1,155.00
Total Spend				521,243.18

Table 1 also illustrates how 6 CYP were supported by the CCG, all of whom reached the Children's Continuing Care criteria under the behavioural domain. The majority of these children are Looked After Children and are all in receipt of therapeutic residential care and are funded through a three-way split between North Lincolnshire the local authority education, social care and NL CCG. The commissioning of support and care for these CYP is led by the Local Authority, under the governance of the External Placements and Integrated Complex Care Panel (EPICCP). To ensure health' monitoring of these children / young people and placements, the CSU works closely with Clinical Psychology from RDASH CAMHS to help assess and review these children. These effective 'placements are regularly reviewed by the EPICCP and they tend to be long term. The EPICCP regularly reviews these cases in terms of 'twin-track' planning that is undertaken in all cases to plan for safe and supported return to the North Lincolnshire area. The Responsible Commissioner Guidance is adhered to.

A further 3 CYP were supported in 2014/15 in schools, who did not meet the Children's Continuing Health Care but whose health needs were complex and education establishments' required additional support to meet the health needs of these children. Funding for this population group was managed through a Medical Needs Panel, in which in the majority of cases match funding was also sought from NL LA and Schools. The NL Medical Needs Panel was disbanded for September 2014 as schools now have an obligation to make reasonable adjustments with allocated funding to meet the needs of children/young people with a medical need. Health support is now provided out of core commissioned services for example the Community Children's Nursing Team, Specialist Paediatric Nurses and the Children's Therapy Services.

- **Recent Developments**

In January 2014 the CSU began a review of the Children's Continuing Care processes and identified that a discrete, time-limited piece of work was required to further develop systems, processes and supportive services, to meet the many challenges that were being faced. These challenges included;

- The process associated with children's continuing care was not working seamlessly and was resulting in breaches in the identified timescales for assessment, commissioning and review of care packages, mainly due to the misunderstanding of key co-dependent agencies /professionals roles and responsibilities within the pathway.
- Lines of roles and responsibilities of the Nurse Assessor were being blurred , due to each agency and staff group not fully understanding their roles and responsibilities. As such the CSU Nurse Assessor was being pulled into some 'provider' functions (for example, often acting as a Lead Health Professional).
- Capacity issues within the Children's Community Nursing Service were unable to support the desired pathway of Continuing Care administration, management or provide the necessary, proactive support for parents and care agencies
- Some models of practice, for example commissioning individual support packages for children and young people in Special Schools was fraught with difficulties
- Unilateral decisions and assumptions were being made from CCG and Local Authority, with a lack of evidence of a shared commitment and commissioning of individual packages

- There were concerns that Children's Continuing Care was being seen as a source of funding, rather than a process which helps to meet the needs of children and young people whose needs cannot be met by current commissioned universal / targeted and / or specialist services health services
- Some provider agencies were of varying quality and management of these agencies was taking considerable time
- Parents, social workers and other key professionals were unclear as to the parameters of applying for additional funding / hours, which resulted in referrals and demands being made for, for a variety of health and social care issues on a regular basis.
- Local Authority contribution to packages of care was sporadic.
- There was a lack of a shared vision across all partners, including parents, as to the parameters of Children's Continuing Care, as such, instead of a support service for parents, who would at all times retain parental responsibility, eligibility for Children's Continuing Care was sometimes seen as parental 'right' which dissolved parental responsibility.

As a result of the review the following outcomes were achieved:

- A Children's Complex and Continuing Care Nurse within the revised CCN team has been appointed. This individual takes the lead professional role for Children's Continuing Care. As such, the Nurse Assessor has moved to a more objective, commissioning / strategic role.
- A Children's Nurse Educator within the CCN team a jointly funded role with the local authority and has been appointed since December 2014.
- The implementation of a revised model of support within North Lincolnshire's special schools has ceased the need for packages of Children's Continuing Care being extended into schools.
- The revised Children's Continuing Care Policy has been used as a working draft policy for all new referrals and reviews since it's compilation.

- **Continuing Care Policy**

Over the past 12 months the CSU has been working to the working draft of the Children's Continuing Care policy – see below,



Draft Continuing
Care Policy - Engine R

During the period 2014/15 there has only been two consented referrals for assessment made to the Children's Continuing Care service. Neither case was eligible upon assessment. However, application of the working policy has led to referrals being made with more of a focus on the child/young person's healthcare needs rather than diagnosis and following multi-agency recommendation. A more integrated approach to the assessment has occurred in both cases and also in the discussions around the identification of children/young people who may require future consideration for adult Continuing Healthcare beyond the age of 18 years.

Although both cases were deemed non-eligible the assessment helped form a foundation for services to review the child/young person involved and amend/update their care plans accordingly. A financial contribution from health was made to the short break package that required increasing post discharge of one child.

It is suggested that this policy is revised in December and fully endorsed by April 2016 to ensure that it is tested with the SEND reforms and other referral scenarios beyond those which have already significant support in place. For example discharge after accident/injury, sudden deterioration and/or end of life, whereby the policy is adhered to and the necessary changes/adaptations are made, based on experiential learning. It is acknowledged that not all the necessary appendices are completed yet. It is acknowledged that the following stages are outstanding, each of which are at varying stages towards the completion. These include;

- Consultation with parents – *parental feedback is sought after assessment has been performed or a review has been undertaken*
- Wider consultation in the local authority – *plans have been made to develop a training package for all health and social care practitioners and providers in respect of children’s continuing care and transition planning. The Children’s Nurse Assessor holds a qualification in teaching and assessing.*
- Practitioner consultation – *following all assessments and reviews a discussion is held between children’s continuing care and the Integrated Service for Disabled children at weekly Resource Allocation Meeting (RAM)*
- Health Equity Audit

- **Future of Mainstream School Funding for managing health care needs**

In April 2014 the Department of Education issued, “Supporting pupils at school with medical conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England”, which for the first time emphasizes the responsibilities of schools in managing children with health care needs and identifies that;

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

In light of the revised statutory guidance for schools and the introduction of EHCP it was recommended that the Medical Needs panel and the associated funding stream, was disbanded. A North Lincolnshire medical needs policy for schools has been drafted, which emphasis the national position and does not imply the CCG to any additional commissioning responsibilities. The Children’s Continuing Care Nurse assessor continues to provide health input into the Medical Needs Policy focus group with The Peoples directorate, Local

authority. Having recently being part of a small task group to develop the evaluation tool to be used in schools following the introduction of the policy.

SEND

There are clear links with the SEND agenda and CYP Continuing Care. The SEND agenda and Children's Continuing Care is integrated in relation to NL CCG see (NL SEND Annual Report 2014-15). Under the Children and Families Act 2014, Clinical Commissioning Groups (CCGs) and other health bodies are required to co-operate with the local authority in jointly commissioning services, ensuring there is sufficient capacity contracted to deliver necessary services, drawing the attention of the local authority to groups and individual children and young people with SEN or disabilities, supporting diagnosis and assessment, and delivering interventions and review. The CCG have a specific duty to arrange the health provision specified in a child or young person's Education, Health and Care Plan

Transition to Adult Services

The CCG must co-operate with the local authority in supporting the transition to adult services and must jointly commission services that will help meet the outcomes in the EHC plan.

Designated Clinical Officer

A Designated Clinical Officer (DCO) should be appointed to support the CCG in meeting its statutory responsibilities for children and young people with SEN and disabilities. The role of the DCO is to: act as a point of contact for local authorities, schools and colleges when notifying parents and local authorities about children and young people they believe have, or may have, SEN or a disability, and when seeking advice on SEN or disabilities; act as point of contact for local authorities, schools and colleges seeking health advice; support schools with their duties under Supporting Pupils at School with Medical Conditions guidance

