



Walsall Clinical Commissioning Group

QUALITY AND SAFETY COMMITTEE

Agenda Item No: Item 4.2

The document below reflects a revised excerpt from the CHC policy relating to decision-making and the arrangement of care packages for children.

**MULTI-AGENCY CHC POLICY FOR
CHILDREN AND YOUNG PEOPLE IN WALSALL**

The NHS Walsall Clinical Commissioning Group Q&S Committee approved this statement on:

Date: ...23.12.2016.....

Document reference information

Version:	Version 3
Status	
Lead Director/Manager responsible	Head of Children's Specialist Services
Name of originator/author:	Children and Young People's CHC Operational Group.
Ratified by:	
Date Policy is Effective From	Immediate
Review date:	June 2017
Expiry date:	June 2018
Date of Equality and Diversity Impact Assessment	
Date of Health Inequalities Impact Assessment	
Target audience:	Children's Workforce – Walsall Partnership.
NHS Walsall/ WCH linked documents	Adult CHC Policy
Distribution of the document	To all multi-agency staff working in disability services. Also available on NHS Walsall and Walsall Community Health Websites
Implementation of the document	Circulation to all Disability Multi-agency staff and delivered through multi-agency training programme.
Document Control and Archiving	This is a revised policy.
Monitoring Compliance and Effectiveness	<ul style="list-style-type: none"> - Children and Young People CHC Operational Group - Disability Strategy Group Will monitor compliance and effectiveness and make

	recommendations to the policy accordingly.
References	All NSF for Children and Young People CHC (Department of Health March)

5.0 GUIDANCE NOTES FOR CONTINUING HEALTH CARE PATHWAY

5.1 Referral

5.1.1 All referrals are to be submitted to the CHC Co-ordinator. Any individual/ team/ key worker or parent can request a CHC assessment from the CHC Co-ordinator, who will assess all referrals against baseline eligibility criteria.

5.2 Entry

5.2.1 For each referral all current specialist assessments need to be collated in order to ensure that there is a complete holistic assessment which incorporates the views of young people and their family.

5.2.2 The CHC Nurse will identify all services which are currently involved in the care of the child/ young person through the IPM system.

5.2.3 The CHC Nurse will write to all professionals that have been involved in the care of the child/ young person requesting an up to date assessment to be submitted within three weeks of the request being made.

5.2.4 All paperwork is to be submitted to the CHC Nurse for collation within three weeks of the referral.

5.3 Multi-Disciplinary Team Meeting

5.3.1 A multi-agency Planning meeting is to be held for each individual referral. This meeting is arranged by the CHC Nurse. All services involved with the child/young person must attend. Parents/carers are to be involved in the Planning meeting.

5.3.2 The Planning meeting will identify any dormant services, and decide whether any of these services need to be activated.

5.3.3 Any safeguarding issues around the child's safety within the current service provision must be raised at this meeting.

5.3.4 Outcomes for the child and family will be identified and agreed by the team. The Planning meeting will make recommendations for an appropriate CHC package based on the holistic assessment.

5.3.5 The CHC Nurse will pass the recommendations to the lead Children's Commissioning Manager (health) as soon as possible so that the process of

outlining costs and securing providers could begin. This will also help inform the commissioning panel of potential costs and providers required.

5.4 Complex Needs Panel

5.4.1 A monthly Complex Needs (Short Break) Panel chaired by the Joint Commissioner and attended by managers from Social Care, NHS Nursing, Youth Services, Fostering, Residential Unit, SEN Education and Special School Head Teacher will meet to receive new requests for funding and to review existing packages.

5.4.2 Individual health, social care and education cases are to be presented to the panel for consideration of best resource allocation to meet assessed needs. This multi-agency panel approach should assist the CHC Nurse to produce the child or young person's continuing care options which are safe and effective, taking into account the child or young person's and their family's preferences.

5.4.3 Parents/carers are to be informed by the allocated nurse, advisor or social worker following decisions regarding the allocation of a CHC package and the proposed start date. This decision is to be confirmed in writing by the case worker.

5.4.4 CHC support may be provided by a range of resources. A Personal Budget (direct payments), residential overnights in a local authority unit or local hospice, commissioned care agency hours, buddy support, short break groups, etc. Resources will be an allocation of weekly hours / nights and monitored by the allocated CHC Nurse delivered from a local care agency.

Joint commissioner will identify the most suitable care agency / DPSO / overnight facility and an agreement will be made setting out the type of delivery to meet CHC need. If it is either a direct payment / personal budget provided direct to families or through a Direct Payment Support Organisation (DPSO) who will assist with personal carer recruitment, employment and payroll.

All Personal Budgets and care agency hours will be calculated on a weekly basis of need. A Personal Budget will give a family a full 6 months / 1 year allocation to be used / spent as the family chooses best.

5.4.5 Managing Care Hours within the Care Agency Marketplace

In line with DoH: National Framework for Children and Young People's Continuing Care 2016, the process of assessment will inform the development of options for a care package. The package of care must be shaped by the child or young person's support needs, rather than by what is offered by providers (for example, some providers have a preference for particular length

of carer shifts, which may not correspond with what is needed by the child or young person and their family).

Although delivery of support should not be wholly dependent on agency rotas and capacity, there is some necessity to manage hours in line with an agency's capacity in order to maintain continuity of carers and reduce the turnover of personal / intimate carers.

Care agency hours will be calculated on a weekly basis. All efforts will be made to keep delivery within the assessed quantity of hours to maintain regularity and consistency of the local agency workforce. It is recognized that some children may need greater flexibility with agency hours and moving hours from one week to the next may sometimes need to be agreed to meet individual need.

The banking of hours (moving hours from one week to the next) should preferably be considered at the time of setting up a care agency agreement in order to best determine what operational flexibility exists with the agency (i.e. capacity of recruitment, staff training timescales and reasonable timescales for setting staff duty rotas in advance).

Banking of hours should not occur on a regular basis without early planning as it may not always be possible to 'claim' them without ample notice so agencies may de-direct staff.

The banking of hours (hours brought forward from one week to the next) should only occur after early discussion and planning with the care agency to confirm they will have the rota flexibility to 'step-out' of the weekly schedule and increase provision. The CCG has a responsibility to manage the local agency workforce so it is available for all children who require agency support.

Unless agreed in a timely manner in advance, any banked hours held in lieu will not exceed the average weekly compliment for that specific agency. If the banking of hours is to exceed this amount, then a discussion with family, commissioner and agency must first agree a timetable of re-delivery so the agency may best plan staffing and rotas.

If families who feel a greater flexibility of banking hours are required in their child's case, then a personal budget should be offered to give family complete control on employing individual carers or a specific agency direct.

Any decisions about residential care and other social care support must of course be made by the local authority, as lead commissioner for social care, with health working alongside to identify how the child/young person's health

needs can be met. If there are concerns about home care on grounds of care, risk or capacity, interventions should be planned which will enable home care to continue whilst addressing the care, risk or capacity issues.

A package of continuing care should be put in place as soon as possible once the decision has been made, and the child or young person and their family has been informed. Where the child or young person is found to have a need for continuing care but the proposed care package varies from the preferred option of the child or young person and their family, a clear written explanation of the rationale for the decision should be provided. Ideally, the process of engagement before this point should have enabled a consensus on the appropriate package of care.

5.5 Review

5.5.1 All children and young people currently receiving CHC packages must have a specified review date which families are informed of:

- For new referrals a review date will be set at the integrated planning meeting
- For existing packages a review date will be set and co-ordinated by CHC Nurse.

5.5.2 Parents carers must be made aware that they can request a review of the package at any time, and that this request will be screened for appropriateness by the CHC Nurse.

5.5.3 A database of current care packages and review dates will be maintained by the CHC Nurse.

5.5.4 The impact of the CHC package on the child/young person will be reviewed at this meeting.

5.5.5 If it is considered that a CHC package is no longer required, the Multi-agency Planning meeting should make recommendations to the Complex Needs (Short Break) Panel who will consider whether to reconfigure the package or to decommission the entire package.

5.5.6 For any assessment/ review / transition assessment, if it is identified that the child/young person does not meet the criteria then the following actions will be taken:

- The family are informed of the outcome in writing and are advised of their right to appeal against this decision
- The family are advised that the ineligibility for CHC does not affect eligibility for assessment from Local Authority services for help with meeting needs.

- If a Local Authority assessment is required then the child's social worker will be asked (or child referred to a social worker) to assess the child / family for their current level of need and identify which services they could receive and take these recommendations to the C&YP complex needs/ short breaks panel for approval.