Lester Aldridge

Information sheet

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Children and Young Persons Continuing Care

What is Children and Young Persons Continuing Care?

A Continuing Care package will be required when a child or young person has needs arising from a disability, accident or illness that cannot be met by existing universal or specialist services alone. Any package of Continuing Care is likely to require services from health and social care. Eligibility is not diagnosis based.

What is the impact of Continuing Care funding?

In practical terms, eligibility for Continuing Care means the NHS must provide non-means tested (i.e. free, at no cost) health provision to meet a child or young person's health needs and all of the associated costs.

Continuing Care can be provided in any setting (i.e. at home or in a care facility) and may cover the cost of residential accommodation if this is necessary to meet assessed care needs. There is a presumption, however, in favour of home-based care for children and young persons.

Social care provision provided as part of a Continuing Care package may be subject to means testing. Local Authorities have a discretionary power to charge for services.

What rules govern Continuing Care?

The National Framework ("National Framework") for Children and Young People's Continuing Care January 2016 introduced revised principles and processes for establishing Continuing Care eligibility to incorporate the SEND reforms.

There is a legal requirement for Clinical Commissioning Groups ("CCGs") to have regard to the principles and processes contained within the National Framework.

How is eligibility for Continuing Care determined?

To secure Continuing Care status, an assessment must be completed which takes into account the '*four broad areas of assessment*'. These include:

1) The preferences of the child or young person and their family.
2) A holistic assessment of the child or young person which incorporates collation of all education, health and social care assessments.
3) Reports and risk assessments from the professional's in the child or young person's multi-disciplinary team.
4) The Decision Support Tool.

Decision Support Tool for Continuing Care

The Decision Support Tool ("DST") is split into the following care domains, each of which should be assessed by a Multi-Disciplinary Team ("MDT"):

- Breathing.
- Eating and drinking.
- Mobility.
- Continence and elimination.
- Skin and tissue viability.
- Communication.
- Drug therapies and medication.
- Psychological and emotional needs.
- Seizures.
- Challenging behaviour.

Assessments should be evidence-based, and should take into account the '*four broad areas of assessment*'. The level of need in each care domain is ranked.

When should a child or young person be found eligible?

According to the DST guidance a child or young person is likely to have Continuing Care needs if assessed as having a severe or priority level of need in at least one domain, or a high level of need in at least three domains.

Should the child or young person and their family be involved?

Yes. The child or young person and their family must be involved in every stage of the process to ensure their wishes are taken into account.

How should education, health and social care agencies work together?

There should be a multi-agency understanding of needs to ensure a wider care package delivered by education, health and social care is provided. It is unlikely that the NHS will be solely responsible for all care provision and the associated cost.

Should a Continuing Care assessment always be completed?

Yes. Even though an assessment may lead to the conclusion that needs can be met by existing services, in the majority of circumstances the suitability of existing provision should only be considered once Continuing Care needs have been established or considered, otherwise there is a risk that a need may be overlooked.

The Assessment Process

A CCG should initiate the assessment process once a child or young person for whom it bears commissioning responsibility for has been referred to them.

Upon receipt of a referral, there are the following phases to be completed:

1) Assessment

The Assessment phase will often include:

a) A Pre-assessment. The purpose of this is to determine if an eligibility assessment is required within 1-2 days of referral. The pre-assessment can be bypassed at the CCG's discretion.

b) The Assessment. An MDT made up of education, health and social care professionals must be convened to complete a holistic assessment, documented on the DST. The MDT should be led by a children and young person's health assessor with the appropriate training, knowledge, skills and experience. The MDT will rank the level of need in each domain.

c) Recommendation. The Lead Assessor should finalise the DST in order to issue an eligibility recommendation to the multi-agency Panel.

2) Decision-making

A multi-agency Panel independent from those involved in the assessment will decide if, based on the MDT's assessment and the completed DST there is a Continuing Care need.

3) Arrangement of provision

Once the multi-agency Panel has agreed an eligibility recommendation, the child or young person and their family must be advised of the outcome.

If eligibility is agreed, the next stage is for a care package to be developed and costed. At this stage there will be a choice of either:

a) A directly commissioned care package. This means the CCG arranges care directly once a care and support plan which details how the identified care needs will bet met has been agreed. or

b) A personal health budget. This means the young person or their family are provided with the money required to purchase care which meets the child or young persons assessed needs directly.

A care package should be delivered and commissioned promptly.

4) Ongoing

Continuing Care needs should be reviewed 3 months after the eligibility decision and annually thereafter.

Alternatively, a review should be completed when there has been a change in health or function. A significant change may necessitate a full re-assessment of need.

How long should the assessment process take?

A decision should be provided within 6 weeks of referral unless the complexity and variety of needs to be assessed mean it would not be in the child or young person's best interests to complete the assessment process in this timescale.

What if SEND provision is required?

CCGs and Local Authorities should endeavour to coordinate the assessment and agreement of a Continuing Care package as part of the Education, Health and Care Plan ("EHCP") assessment process.

Can a Continuing Care assessment be delayed to fit the timescale for an EHC Needs assessment?

No. The assessment process should be completed and the Local Authority SEND Co-ordinator must be notified of the outcome.

What if a child or young person is in Hospital?

The timetable for assessment should be adhered to ensure a timely Hospital discharge.

What if a child or young person has palliative care needs?

The child or young person should be fast-tracked to ensure their end of life care needs are met as quickly as possible.

Can an eligibility decision be challenged?

Yes. A refusal to award Continuing Care status can be challenged in accordance with the responsible CCG's Local Resolution or Complaints procedure.

When should transition assessments take place?

For those in receipt of a Continuing Care package, or if there is evidence a child may have NHS Continuing Healthcare needs as an adult:

- The child should be brought to the attention of the CCG at age 14.
- A screening assessment to determine eligibility for NHS Continuing Healthcare should be completed at age 16-17.
- This should ensure that if eligible, a care package is in place by the time of the child's 18th birthday.

How can Lester Aldridge assist?

At Lester Aldridge, we support individuals and families throughout all stages of the Continuing Care assessment, appeals and care planning processes. We use our expertise and compassionate approach to assist those most in need to access fundamental NHS provision.

We can provide:

- An initial, free consultation to determine the merits of a claim.
- Advocacy at Checklist Assessments, MDTs and Local Resolution meetings to ensure that family views are clearly articulated, assessors consider all the relevant evidence, and the assessment process is compliant with the National Framework.
- Detailed written submissions, which forensically analyse all of the evidence against the eligibility criteria to facilitate the presentation of evidence-based arguments in support of eligibility.
- On-going support to negotiate with a CCG and Local Authority throughout the process.
- Advice at each key stage and in respect of any next steps required such as brokering a care package, whether this is to consist of directly commissioned services, or a personal health budget.

For more information please visit: www.lesteraldridge.com
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