 **Complex Needs Panel Protocol**

1. **Introduction**

Buckinghamshire County Council and Aylesbury Vale and Chiltern Clinical Commissioning Groups are committed to ensuring they work together to meet the needs of children with complex education, health and social care needs.

The definition of complex for the purpose of this panel is a child or young person up to the age of 18 years old who requires a support package which is funded by more than one partner across Education, Health and Social Care. There should also be the Involvement of adult social care in decision making around care packages for young people aged 14 years and above in for planning to take place around transition.

The purpose of the panel is to ensure the following:

* Ensuring appropriate resources are deployed to meet the health, education and social care needs of every child referred
* Identify and agree actions around accessing the appropriate funding streams
* Commissioners work together to consider how specialist packages of support can be commissioned to support the child, where possible to remain at home or within a home environment and within the boundaries of the county
* Support children and young people to come back into County to have their needs met
* Providers work in partnership to achieve value for money and avoid additional cost beyond the Council and the CCG’s core offer i.e. the use of a specialist external placements
* Identify risks in relation to meeting assessed need of children with complex needs
* Identify gaps in provision in meeting assessed need of children with complex needs

The Complex Case Panel will ensure robust management and oversight of multi-agency resource allocation in relation to packages of support, and decision making panel will meet 4 weekly to consider that such placements:

* Are the most appropriate ways of meeting children’s needs
* Will have and will continue to have a positive impact on outcomes for children
* Are the best available use of resources
* Are only used for as long as necessary

Panel will consider cases when:

1. When there is a request for additional funding for a package of care for a child or young person by the Council or the CCGs due to their education and/or health and/or social care needs not being met by already delivered/ commissioned services
2. When there is a request for additional funding for the child or young person to be placed outside of Buckinghamshire County by the Council or the CCGs due to their education and/or health and/or social care needs not being met in county services
3. **AND** The request for funding for a child or young person requires funding from more than one source i.e. education, health and social care
4. **Membership**

The membership of the Panel should include managers with a designated commissioning responsibility from Health (CCG) and Local Authority in addition to representatives from the organisations below to advice the Panel and assist the Panel on relevant issues. Other professionals may be requested to attend a Panel where necessary.

* Service Director Education
* Service Director Children’s Social Care
* CCG Director of Commissioning and Delivery (delegated responsibility if necessary)
* Head of Service - Children’s Commissioning
* Head of SEN
* Virtual Head, LAC Education
* BHT Divisional Director Women and Children’s Services
* CAMHS Manager
* Panel Administrator

If panel members are unable to attend the panel they will provide a substitute with delegated authority to agree funding or resources.

The minimum core membership, which allows the Panel to be quorate, is the Chair and representation from all the agencies contributing to the plan.

The Panel will have a rotating chair: Service Director Education, Service Director Children’s Social Care and Director of Commissioning and Delivery - CCG

1. **Roles of Members**

All panel members are expected to play an active part in all discussions and undertake the following:

* Read referrals in advance of the Panel
* Research their own agency’s involvement with each child/young person and bring relevant information to the Panel
* Take a child centred, solution focused approach
* Agree actions with clear timescales and lines of communication, before the next Panel
* Follow-up and ensure their agency’s actions are completed in a timely way
* Where resources are committed in principle and further approvals are needed, the panel member takes accountability for seeking such approvals in accordance with their agency’s governance arrangements
* Learning achieved through the Panel is disseminated to panel member’s teams and colleagues

1. **Frequency of the Panel**

The Panel will meet every four weeks between 2pm – 4pm.

1. **Panel Process**

If an urgent decision is required for a package of support for a child/young person outside of the panel arrangement, any decision made should be regarded as an interim arrangement and must be presented to the next Complex Needs Panel.

In all cases where a request of funding is being sought the following action will be needed:

* Complete the Complex Planning for Children Panel referral form (Appendix 1)
* Book onto Panel in a timely fashion for planned placement requests and for emergency placements book onto the next available panel slot.
* Present identified resource to Panel for **funding approval**.
* Return to Panel at an agreed time to **review outcomes** of resource and whether that resource is still needed or can be stepped down.

1. **Consideration of requests by the Panel**

When discussing a request for funding the Panel will consider:

* That the viability of all internal placement options and options for support have been exhausted before any requests are brought to the panel for consideration
* The appropriateness of the request
* The reason for the package of support and the outcome it will achieve
* Whether the proposal is in the best interests of the child/ren
* The child’s views on the proposed support
* Whether there is any other provision or support service which might be able to meet the child/ren’s needs
* The proposed length of support being requested
* The cost implications of the placement

1. **Deadline for Panel Submissions**

The completed Complex Needs Panel Referral form (see Appendix 1) must be emailed to [complexneedsresourcepanel@buckscc.gov.uk](mailto:complexneedsresourcepanel@buckscc.gov.uk) by 12pm midday, 8 working days prior to the Panel meeting. This allows time for the panel administrator to ensure all sections are completed, contact the referring organisations, collate and finalise the agenda so papers can be sent out 4 working days prior to the panel. If the referral form is not received or if it is incomplete (and this is not immediately rectifiable) then the panel will be unable to consider the request.

1. **Decision making and Recording**

Decisions from the Panel will be summarised and signed off by the Chair of the Panel and representatives of each the agency contributing to the funding. The decision made at panel will be entered onto sections 8 and 9 at the end of the referral form. This will act as the official record of decision making at the panel and will be distributed to panel members. It will be the responsibility of each Agency to record the decision on their data/case management system.

1. **Administration of Panel**

The administration support for the Panel will be provided by BCC Business Support. Duties will include drawing up the agenda, querying referrals where information is missing, arranging venues, timings and circulating paperwork to panel members. It will also involve forward planning dates for young people to come back to panel for reviews on progress/ decision making made previously.

1. **Notification of Panel Decisions**

A decision will normally be made during panel and the Complex Needs Panel will agree a process for monitoring the outcomes.

The recommendations, decisions and suggested review dates will be recorded on the referral form in the ‘Recommendations of Panel’ and ‘Panel Sign Off’ sections.

1. **Link between the Complex Needs Panel and other panels**

The Complex Needs Panel will operate alongside other panels including those listed below. Where requests for support, provision and placements are made where more than one funding source is required, the referral must go to Complex Needs Panel.

* Children Resource Panel
* The Special Education Needs Advisory panel
* Special School Panel
* ARP Panel
* Out of year group panel
* Post 16 panel
* Joint Children’s Continuing Care
* Individual Funding Request Panel (CCG)

Professionals should consider where a prior panel may need to have taken place before referral to Complex Needs Panel. For example, all decisions relating to Children’s Social Care placements must go to Resource Panel before being referred on to other panels, including Complex Needs Panel. Where consideration is being given to Continuing Care eligibility, the Continuing Care Panel process will need to be followed before referral to Complex Needs Panel.



**Complex Needs Panel Referral Form**

This referral needs to be sent to [complexneedsresourcepanel@buckscc.gov.uk](mailto:complexneedsresourcepanel@buckscc.gov.uk) no later than 8 days prior to the panel meeting. **The individual making the referral is responsible for contracting relevant colleagues within Social Care, Health and Education to ensure that all relevant information is provided before the form is submitted to the Panel Administrator.**

|  |  |
| --- | --- |
| **Name of Child/Young Person** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Legal status** | CLA / CIN / CP\*  *(\*delete as appropriate)* |
| **Does the child have an Education, Health and Care Plan (EHCP)?** |  |
| **Are they open to YOS?** |  |
| **Request to panel brief description** |  |
| **Head of Service comment & signature** |  |
| **Date of referral** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Education** | **Health** | **Social Care** |
| **Name of referrer** |  |  |  |
| **Job Title** |  |  |  |
| **Contact Details (email & telephone):** |  |  |  |

Please complete the following questions as directly and concisely as possible, text boxes are expandable.

1. **Background information (a brief overview of the case history, including any key events/issues that may be pertinent in considering this request for resource allocation)**

|  |
| --- |
|  |

1. **Current provision**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Education** | **Health** | **Social Care** |
| **Presenting need** |  |  |  |
| **Current support offered** |  |  |  |
| **Breakdown of cost** |  |  |  |
| **Unmet need** |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Rationale for referral:** 2. **Summary of what is being asked for** 3. **Why this package is most appropriate, including desired outcomes** 4. **Please state what has already been tried and tested to meet need and explain why this cannot be met by existing universal, specialist and targeted services alone** 5. **Voice of the child** | | |
|  | | |
| **Outcomes to be prioritised for this young person, which will be recorded and monitored** | | |
| Objectives listed on health or social care plan or EHC | How is the intervention/ support or placement expected to meet these outcomes? | Anticipated timescale for achievement [e.g. 3 months] |
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| --- |
| **6. Exit Plan**  What is the plan for the child at the end of the intervention period? Include proposed timescale for intervention |
|  |

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| --- | --- | --- | --- | --- |
| **7. Request for funding/ support details** | | | | |
| **Type of Intervention/support/ placement** | | | | |
| Description of Support/ Intervention /Placement, Name of Provider if known*:* |  | | | |
| **Expected Duration of Intervention/Placement** | | | | |
| Anticipated Commencement Date: | |  | | |
| Expected Duration: | |  | | |
| Emergency Intervention/Support/ Placement? | | Yes / No | | |
| Extra costs needed e.g. 2:1 support, transport | | Yes / No | | |
| **Total Weekly Core Costs:** | | | | **£** |
| **Total support costs** (weekly cost x length of placement) | | | | **£** |
| **Education Contribution (SEN) Yes / No** *(\*delete as appropriate)* | | | **% of cost** |  |
| **Health Contribution Yes / No** *(\*delete as appropriate)* | | | **% of cost** |  |
| **Social Care Contribution Yes / No** *(\*delete as appropriate)* | | | **% of cost** |  |

|  |  |
| --- | --- |
| **8. Panel outcome and decision** (to be completed at the end of the panel) | |
| **Panel date:** |  |
| **Panel decision:** |  |
| **Start date:** |  |
| **End date:** |  |
| **Unit cost:** |  |
| **Other costs:** |  |
| **Total cost:** |  |

|  |  |  |
| --- | --- | --- |
| **Funding breakdown** | **% Split** | **Value** |
| **Social Care** |  |  |
| **Education** |  |  |
| **Health** |  |  |
| **Review date:** |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **9. Panel Sign Off** | | | |
| Date of Panel |  | | |
| Panel Chair |  | | |
| **Name of Agency Decision to allocate funding:** | EDUCATION | HEALTH | SOCIAL CARE |
|  |  |  |
| **Signature/ s:** |  |  |  |
| **Joint Recommendations** |  | | |
| Date: |  | | |

**Appendix 2: Panel Process**

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| --- | --- | --- |
| **Responsibility** | **Action** | **Explanation** |
| Referrer | Having consulted Head of Service make a referral as appropriate | Establish that a multi-agency response is required to resource the proposed package of support. Confirm with Head of Service that alternative panel would not be more appropriate. |
| Referrer | Complete Referral Form and ensure this is signed off by HOS | If the referrer has not already done so, the referrer will complete the referral. The individual making the referral is responsible for contracting relevant colleagues within Social Care, Health and Education to ensure that all relevant information is provided before the form is submitted to the Panel Administrator. Head of Service will provide support and guidance if required. |
| Monitor case during 2-3 week period until next panel meets | It is the responsibility of the referrer to escalate if circumstances change. |
| Panel Administrator | Administrator receives referral form via shared mailbox at least 8 working days prior to each panel | Once the referral form is completed the administrator will receive the information. |
| Check the multi-agency involvement and relevant information | The administrator will check that all sections of the referral form have been completed. Only completed referral forms will be submitted to panel. The Panel Administrator will contact the referrer in any cases where the referral form is incomplete, but it is the responsibility of the referrer to ensure all the relevant information is subsequently provided. |
| Date identified for the referral to go to panel | Panel will convene on a monthly basis |
| Receives confirmation of panel date and asks referrer that they attend where appropriate | The administrator will inform the referrer of the date and ask that they attend |
| Send out paperwork to chair and panel members | 1 week before panel the papers will be distributed, first to the chair and then to the remaining panel members. |
| Panel | Panel meeting | Panel meets, agrees package of support and funding split |
| Panel Co-ordinator | Decision sheet | Populated based on the outcome of the panel and shared with responsible officers to support implementation. |

**Appendix 3: Example Funding Profile Guide**

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| --- | --- | --- | --- | --- | --- |
| **Profile Number** | **Profile Description** | | **% Funding** | | |
| Education | Social Care | Health |
| 1 | 38 week residential school placement resulting from a SEN Statement/Education Health and Care Plan | | 100 | x | x |
| 1a | 38 week residential school placement resulting from a SEN Statement/Education Health and Care Plan. YP looked after. Access to mainstream health services will meet health needs. | | 50 | 50 | x |
| 1b | 38 week residential school placement resulting from a SEN Statement/Education Health and Care Plan. YP looked after. YP meets continuing care criteria and health needs can be met. | | 33 | 33 | 33 |
| 2 | 52 week residential school placement. YP looked after. Access to mainstream health services will meet health needs. . | | 50 | 50 | x |
| 2a | 52 week residential school placement. YP looked after. YP meets continuing care criteria and health needs can be met. | | 33 | 33 | 33 |
| 3 | YP looked after in residential children’s home and in mainstream school. Access to mainstream health services will meet health needs. | | x | 100 | x |
| 3a | Residential children’s home with special external education placement. YP looked after. Access to mainstream health services will meet health needs. | Residential component | x | 100 | x |
| Educational Placement component | 100 | x | x |
| 3b | Residential children’s home that provides an integrated education package. YP looked after. Access to mainstream health services will meet health needs. | Residential component | x | 100 | x |
| Education Placement component | 100 | x | x |
| 3c | YP looked after in residential children’s home. YP has continuing care needs and health needs can be met. Special/ mainstream school placement. | Residential Component | x | 100 | x |
| Enhanced health component | x | x | 100 |
|
| Respite component | x | 50 | 50 |
|
| Education Placement component | 100 | x | x |
|
| Enhanced support in school | 50 | x | 50 |
| 4 | Continuing Care health needs requiring high/ in-patient level care | Health component | x | x | 100 |
| Education Placement component | 100 | x | x |
| Short-break/respite component | x | 50 | 50 |
| 4a | Continuing Care health needs and is a child in need who requires respite/short break provision | | x | 50 | 50 |
| 4b | Continuing Care health needs and has significant barriers to learning that requires enhanced support in school | | 50 | x | 50 |