

 **Portsmouth place Protocol for decision making -**

**Joint funding for NHS funded Continuing Care (children and young people up to 18 years) Updated: November 2022**

1. **Background**

This protocol was initially agreed and implemented in April 2015 in Portsmouth. It has been used in the period following this, however operational pressure and the changing nature of demand has changed the consistence of its use. As a result of more recent escalation in demand, it has been further reviewed and updated in November 2022.

Robust, evidence-based health assessment using the Needs Assessment Decision Support tool included in the Department of Health Children and Young people's continuing Care Framework2016 underpins health's funding decisions.

At the time of review in October 2022 there are 11 children/ young people (CYP) in receipt of continuing care packages 3 are funded by health only and 8 jointly funded by NHS, Portsmouth City Council Children’s Services and Education (where appropriate). There are another 11 CYP who do not meet criteria for children's continuing care who are in receipt of funding for an identified health need and 10 CYP on dynamic support register of which 1 is entitled to section 117 aftercare MHA (2005).

The NHS spend for children’s complex care (inc. Individual Funding Requests and Extra Contract Referrals) in Portsmouth was £1.7m for 2021/22.

Decisions about health needs and appropriate resources are made at Health Decision Panel following submission of a referral and supporting evidence, usually from health practitioner/clinician or children's social worker. Joint or tri-funded packages need to be approved at respective service Panels prior to oversight at High Support Needs Panel (HSNP).

Apportionment of funding in any joint or tri-funded package is discussed and agreed by the High Support Needs Panel.

The protocol for health contribution was originally developed collaboratively between senior managers in health, social care and education services during 2013 and 2014, then adopted by Portsmouth CCG (now Health and Care Portsmouth, part of HIOW ICB) in April 2015. Funding arrangements are based on systems that have been successfully implemented in several CCG's/ICB's including Oxford and Dorset.

Two different mechanisms are used to determine the proportionate funding split dependent on the nature of the health needs. One for physical health needs and one for mental health needs, autistic spectrum disorder, attention deficit (hyperactivity) disorder, learning disability and *associated* significant challenging behaviour.

1. **Children/young people with predominantly physical health needs**

The **CCHAT Tool** is a decision support tool used alongside a comprehensive assessment of child and family wishes and needs, and professional decision making, to identify **health** contribution to a homecare package for the child with complex health problems. The tool identifies the risks associated with the child’s health conditions and interventions. It calculates the hours of health support needed to help the family manage these risks at home. It focuses purely on the health needs of the child and does not consider the ability of the family to meet those needs or the needs of others in the household. Environmental factors will be addressed through comprehensive assessment and the contribution of social work, education.

CCHAT is one component of the decision-making process which include professional judgement, rationally considered and recorded.



* The Children’s Continuing Healthcare Assessment Tool (CCHAT\*) is applied to health assessments to establish a health ‘offer’ of care hours that is demonstrably linked to assessed health need
* The nominated health assessor is Solent NHS Trust Integrated Community Children's Nursing Service.
* The Place-based ICB Children's Complex Care Manager applies the CCHAT
* The ICB will fund the number of hours identified by CCHAT
* Any additional care hours required (possibly due to the ability of the family to meet the child's needs or the needs of others in the household) will be deemed the responsibility of partner agencies under the care act (2014)
* All children and young people who meet criteria for Continuing Care (as defined in legislation) will be offered Personal Health Budget (PHB) this can be notional, direct payments or via an independent broker or a mix of the above

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1. **Children and young people who require a residential placement and have assessed needs relating to autistic spectrum disorders and/or a clearly defined mental health need**
* If Children and Young People Continuing Care criteria (2016) is met for a clearly defined mental health need, a minimum NHS contribution of 10% is assured, using the OXFORD matrix, individual assessments from professionals and agreement at Health Decision Panel.
* Funding for children and young people who require a tier 4 bed, will be provided via NHS England and not Health and Care Portsmouth. On discharge the child/young person may be eligible for Section 117 aftercare funding (Mental Health Act 1983).
* Under the 2016 Framework, the eligibility criteria for Childrens and Young People's Continuing Care may be met under the 'challenging behaviour' domain. Where it is thought that intervention and health assessment indicates this to be the case, the assessment will be applied in the usual way and points awarded using the OXFORD matrix. There is a minimum of 150 points required for health funding under the continuing care domains.
* CAMHS, if involved, will assess all cases to establish explicit therapeutic requirement at time of placement (or retrospectively for urgent placements).
* Where the therapeutic input required is in excess of local available CAMHS offer or CAMHS cannot be accessed,the actual cost to commissioning therapy will be funded by the ICB.
* Where appropriate therapy is integral to the placement, guidance from the placement regarding proportionate funding will be applied.
* Initial review by CAMHS at 3 months post placement and annually thereafter.

Where health intervention or treatment is not indicated, NHS will not make a funding contribution. DST is required with supporting evidence for assessment under CYPCC.

**Young person with ASD/ADHD/LD and associated significant challenging behaviour,** identified as requiring a residential provision follow referral process for placement and HSNP (refer to panel flow for more information)

*\* Children's Complex Care Manager, Head of Integrated Children's Commissioning, Assistant Director (ICB/PCC)*

**Review**

Initial review at 3 months

Ongoing minimum yearly review or sooner if needs change. this must include a full DST, up to date care plans and outcome measures

**Continuing Care criteria - YES**

Health Decision Panel approval

\*Oxford matrix system used to determine % of health contribution

**Continuing Care criteria - NO**

Health Decision Panel approval of any additional therapy cost - where these are above existing local health provision.

Care Plans and outcome measures required at start of placement and at all reviews

**URGENT placement - YP in crisis**

With prior agreement from a senior ICB manager\*, the ICB with fund 50% of placement cost for max 10 weeks whilst assessments take place.

Decision Support Tool (DST) to be completed for Continuing Care Assessment between weeks 6-8 for ongoing funding decision by week 10

**PLANNED placement**

Decision Support Tool (DST) supports completion of Continuing Care Assessment as part of a request for placement - to enable assessment of eligibility to be completed prior to HSNP.

**OXFORD MATRIX**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Level of need** | **Points awarded** | **CYP Allocated points** |  | **Total points** | **NHS contribution %** |
| **low** | 1 |  |  | 150 | 10 |
| **moderate** | 10 |  |  | 175 | 20 |
| **high** | 50 |  |  | 200 | 30 |
| **severe** | 150 |  |  | 225 | 40 |
| **priority** | 200 |  |  | 250 | 50 |
|  |  |  |  | 300 | 60 |
|  |  |  |  | 350 | 70 |
|  |  |  |  | 400 | 80 |
|  |  |  |  | 450 | 90+ |
|  | **Total points allocated** |  |  | **NHS contribution %** |  |

**Example points awarded from DST**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Care Domain** | **Priority** | **Severe** | **High** | **Moderate** | **Low** | **Nil** |
| 1. Challenging Behaviour |  | x |  |  |  |  |
| 2. Communication |  |  | x |  |  |  |
| 3. Mobility |  |  |  |  |  | x |
| 4. Nutrition, food and drink |  |  |  | x |  |  |
| 5. Continence and elimination |  |  |  |  |  | x |
| 6. Skin and tissue viability |  |  |  |  |  | x |
| 7. Breathing |  |  |  |  |  | x |
| 8. Drug therapies |  |  |  |  |  | x |
| 9. Psychological needs |  |  | x |  |  |  |
| 10. Seizures |  |  |  |  |  | x |
| Totals  | 0 | 1 | 2 | 1 | 0 | 6 |

*N.B. Grey areas cannot be scored*

|  |  |  |
| --- | --- | --- |
| **Level of need** | **Points awarded** | **CYP Allocated points** |
| **low** | 1 |  |
| **moderate** | 10 | 1 x 10 |
| **high** | 50 | 2 x 50 |
| **severe** | 150 | 1 x 150 |
| **priority** | 200 |  |
| **Total points allocated** | **260 = 50% placement contribution** |