

Complex Needs Funding Panel

Multidisciplinary Team Guidance

CNF 3

1. **Background**
   1. This guidance applies to requests for resources for children with continuing care health needs and/or complex needs that cannot be met by the normal resources of two or more education, health or social care service.
   2. The guidance should be read in conjunction with the Complex Needs Funding (CNF) Panel terms of reference, which includes the criteria for continuing care eligibility and for support by the pooled budget for children with complex needs.
   3. The CNF panel will only consider requests for resources following a multi-disciplinary team (MDT) meeting that has fully considered and recorded the:

* assessed needs of a child
* the allocation and effectiveness of locally available resources by education, health and or social care services
* the full range of potential additional solutions to address any unmet need
* a clear and fully costed and time-bound proposal for addressing any unmet need

1. **Principles**
   1. The young person and their parents should be invited to the MDT meeting unless it is not appropriate to do so. In this instance, the rationale for exclusion must be recorded in the note of the meeting.
   2. Professionals already attend multidisciplinary meetings to respond to particular needs, for instance child protection core groups, looked after children core groups and continuing care meetings. It can be appropriate for one of these meetings to act as a CNF MDT meeting rather than convening an additional meeting.
   3. There are a range of other professional meetings which are convened to consider a child’s needs, whether this be within the early help arena or single agency procedures. It will be for the lead professional to decide whether to make use of one of these meetings as the CNF MDT.
   4. All requests to the CNF Panel must evidence the convening of a CNF MDT, including who has been involved.
   5. A community based intervention is most likely to meet the young person’s needs in the long term and therefore should be explored in detail first. Should the recommendation be for the young person to be removed from their community, there must be an explicit exit plan created with a timescale set for their return.
   6. Innovative responses to address unmet need must be considered, including the use personal budgets within social care, health and education.
2. **Purpose of the MDT**
   1. The purpose of the meeting is to explore in detail the current understanding of the child’s needs from all perspectives, to assess the effectiveness of interventions and to explore what additional resource may be required to meet the identified need.
   2. The meeting will complete the CNF request form if it is agreed that the preferred resource requires additional monies from either the continuing care or pooled complex needs budgets.
   3. The meeting will be reconvened to review the effectiveness of the new intervention. These reviews will then inform CNF Panel reviews of interventions.
3. **Process**
   1. Support for continuing care health needs requires a specific assessment process (see XXX), which includes and MDT meeting. Continuing care needs can be met in three ways, all of which will require a request to be made to the CNF panel for a decision:
4. a specific health service is commissioned by the Clinical Commissioning Group (CCG)
5. needs may be met by the pooled short breaks budget, if the child is eligible
6. needs may be met as part of a wider package funded by the pooled budget for children with complex needs (see XXX, below)
   1. Where two agencies are unable to meet a child’s needs within their usual resources, or professionals believe that this may be the case, the lead professional will convene a complex needs multidisciplinary meeting.
   2. The representatives of each participating agency should be authorised to represent their employer.
   3. A record of the meeting must be taken and it is the responsibility of the convening professional to ensure that this is done. The note will record who attended, who gave their apologies, a summary of the identified needs and an outline of the resources utilised so far. It will then record the discussion of options to meet need and the decision regarding the preferred approach. This note will be circulated to everyone invited to the meeting, within agreed information governance and data protection protocols.
   4. Agencies not currently involved with the child and their family can be invited to the meeting. A managerial representative will attend to ensure a full exploration of both need and options can take place. It is acknowledged that each agency has its own remit and criteria for becoming involved but this should not preclude participation in this meeting.
   5. Should the MDT agree that a funding request for either continuing care or pooled resources need to be made to the CNF panel, the MDT will complete the CNF request form. The form will include an outline of the approaches already tried/in place plus detail regarding the options considered in the meeting and the reason why some were discounted.
7. **MDT Meeting Outline Agenda:**

* Introductions and identification of the MDT lead professional
* Outline of current situation: identified need and resources utilised. Each agency to outline their involvement and role.
* Discussion of the effectiveness of current interventions.
* What is the unmet need?
* What are the intended outcomes of any future approach?
* Exploration of additional resources/approaches – what might meet the unmet need? What existing resources haven’t already been tried? Could other agencies become involved?

*If all existing resources/approaches have been exhausted:*

* What are the evidence-based alternatives that could meet the need?
* What is the preferred option/approach, and what is the rationale?
* How much time will the option/approach need?
* How will outcomes and outputs be measured?
* What is the exit/step-down plan for the child?
* Completion of CNF Request form.
* Review of outcomes meeting date.