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**Request for Children’s Continuing Care/Additional Health Support**

To consider funding needs which cannot be met by existing commissioned services

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| 1. | Children and young persons details including parental contact (D.O.B, address, NHS number)  Name:  DOB:  NHS Number:  Address:  Telephone Number  Parent or person with PR  Name:  Contact details: |
| 2. | GP details – please specify if not currently with a Telford GP why you believe responsibility to be with Telford and Wrekin CCG. |
| 3. | Additional information – who holds parental responsibility, care status, school, EHCP in place Yes/No. |
| 4. | Ethnicity if known: |
| 5. | Consent from family/those with parental responsibility for the request including collation of reports from all agencies and details to be held on electronic record:  Name:  Signature: Date: |
| 6. | Lead professional making request – name designation and contact details  Name:  Designation:  Contact details:  Signature:  Date of application: |
| 7. | Other lead professionals (must have a health lead professional as a minimum include social worker and SEND officer if relevant)  Name:  Designation:  Contact details: |
| 8. | Nature of application/funding request Continuing Care – physical needs, mental health needs, LD, specialist therapeutic health intervention/provision (including ECHP additional request) tier 4 step down including Section 117, placement – social care and/or educational. |
| 9. | Are the following documents available to request and up to date – social care assessments including LAC, mental health assessments, physical health assessments, care plan, EHCP/ECHNA requests. CETR’s. Please list: |
| 10. | Child and family views and wishes can be section A of EHCP |
| 11. | Proposed outcomes: |
| 12. | Overview summary of physical, emotional and behavioural health needs – please include diagnosis, prognosis, risks, severity and information regarding breathing, eating and drinking; mobility, elimination, psychological and emotional, challenging behaviours, seizures, skin and tissue viability, drug therapies and communication plus any other related needs.  Please continue on an additional sheet if required and note here: |
| 13. | Social care views and current provision. |
| 14. | Education views and provision. |
| 15. | How is health providing services to meet the needs and what are the unmet health needs. |
| 16. | Proposed health provision and rationale as linked to outcome – with any specificity and costings where available (if placed or proposed to be placed please include provider details, if considering out of area what could be commissioned to support remaining in area). |

**Guidance Notes:**

* This referral is not acceptance of the responsibility, it is a request to assess and consider;
* Any forms without consent to share information will be rejected;
* Referrals will be triaged – risks remain with the agencies to manage whilst this is in progress e.g. safeguarding.