

Draft

**Cambridgeshire County Council and  
Clinical Commissioning Group (CCG)  
Personal Budget Policy  
For  
Children and Young People aged 0-25 with  
Special Educational Needs and Disabilities**

**Version 1.0**

## 1.0 Introduction

- 1.1 The SEND Code of Practice (2014) defines a Personal Budget as an amount of money identified by a Local Authority (LA) and/or Health to deliver parts of the provision set out in an Education, Health and Care (EHC) Plan. Families and/or the young person over the age of 16 will be able to request a Personal Budget as part of the planning process for the EHC Plan or at an annual review of the EHC Plan. A Personal Budget may contain elements of Education, Social Care and Health funding. In this policy we will set out the joint commissioning arrangements for determining the funding available for Personal Budgets and how and to whom these will be available.

Personal Budgets should be based on clear and agreed outcomes that are to be set out in the EHC Plan.

There are four ways that parents and young people can choose to control their Personal Budget (see 1.5).

Personal Budgets extend choice and control for some parents and young people through personalising services and resources to meet the outcomes agreed. It builds on the personalisation that is an essential part of the assessment and planning process that should be available for all children and young people with Special Educational Needs and Disabilities (SEND).

- 1.2 The following policy relates to the duties Cambridgeshire County Council has in relation to:
- The Children and Families Act 2014 (section 49).
  - The Statutory Guidance and Code of Practice for Special Educational Needs and Disability 0-25 years, 2014 (9.92-9.121).
  - The Special Educational Needs (Personal Budgets) Regulations 2014.
  - The Community Care, Services for Carers and Children's Services (Direct Payments) Regulations 2009.
  - The National Health Service (Direct Payments) Regulations 2013.
- 1.3 It has been developed including views from parents/carers, children and young people, schools, Health providers, Health commissioners, Social Care and Education. It draws on the experience of parents and carers who currently receive Personal Budgets, including Direct Payments for social care and parents who have been involved in developing a Personalisation Outcomes Evaluation Tool (POET) with In Control and Lancaster University<sup>1</sup>.
- 1.4 The exact elements which could be included in a Personal Budget, relating to an individual child/young person will be outlined in the EHC Plan along with an allocation of funding. Services which are supplied as part of a block contract would not be offered as a Direct Payment. This would also apply to other areas where it is difficult to separate an individual cost from an overall amount, such as special school and specialist provision costs.

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<sup>1</sup><http://www.in-control.org.uk/what-we-do/poet-%C2%A9-personal-outcomes-evaluation-tool.aspx>

The EHC Plan will offer a Personal Budget for certain aspects of the provision detailed in it, if parents or young people wish to request for this. The request can be made either at or during a Statutory Assessment (at the draft Plan stage), or when an EHC Plan is being reviewed/re-assessed.

- 1.5 Personal Budgets are designed to make clear the services a child/young person should receive based on assessed need and identify whether the elements of provision that the LA and Health have agreed can be offered as a Personal Budget. The statutory regulations state:

*“There are four ways in which the child’s parent and/or the young person can be involved in securing provision:*

- *Direct payments – where individuals receive the cash to contract, purchase and manage services themselves*
- *An arrangement – whereby the local authority, school or college holds the funds and commissions the support specified in the Plan (these are sometimes called notional budgets)*
- *Third party arrangements – where funds (direct payments) are paid to and managed by an individual or organisation on behalf of the child’s parent or the young person*
- *A combination of the above”<sup>2</sup>*

*“Direct payments may only be made to an intended recipient if the person:*

- (a) appears to the local authority to be capable of managing direct payments without assistance or with such assistance as may be available to them;*
- (b) where the recipient is an individual, is over compulsory school age;*
- (c) does not lack capacity within the meaning of the 2005 Act to consent to the making of direct payments to them or to secure the agreed provision with any direct payment.”<sup>3</sup>*

Personal Health Budgets follow different guidance (further information can be found in Appendix 4). Personal Health Budgets were initially available for people who were eligible for NHS Continuing Healthcare, who had a right to ask for a Personal Budget from April 2014 and this became a ‘right to have’ a Personal Health Budget from October 2014. There will be a greater offer of Personal Health Budgets from April 2015. A Personal Health Budget can be spent on any care or services that are set out in the care and support plan that has been put together with the NHS team or voluntary organisation working with the person and that has been agreed by the CCG.

- 1.6 Parents can manage a Personal Budget up to the end of year 11 of school, after this the young person has responsibility, as long as they have the mental capacity as defined by the Mental Capacity Act; where there is any doubt that a young person lacks this capacity an assessment must be carried out under the Mental Capacity Act and should it be determined that a young person lacks capacity a best interest

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<sup>2</sup> The Statutory Guidance and Code of Practice for Special Educational Needs and Disability 0-25 years (2014)

<sup>3</sup> The Special Educational Needs (Personal Budgets) Regulations (2014)

decision must be made on their behalf in line with the Act. The outcome of this might include the parent/carer or a third party managing funding on the young person's behalf.

- 1.7 The aim of Personal Budgets and Direct Payments is to increase an individual's independence and choice by giving them control over the way services they receive are delivered. Direct Payments, either fully or partly, fund services to meet eligible needs and progress towards outcomes agreed by those drawing up the Plan (parents, school etc.) specified by the LA and Health. The allocation of funding must provide value for money whilst being sufficient to enable users to purchase services to meet their needs (as set out in their EHC Plan) and must be spent on services which meet the outcomes as laid out in the Plan. They are only applicable for certain aspects of the EHC Plan and require the parent or young person to take responsibility for management; an example of this would be in managing the employment of individuals who may be offering care or support.

## **2.0 How does it work?**

- 2.1 When an EHC Needs Assessment results in the issuing of a Plan, the Personal Budget process will be discussed with the family at the time of drafting, to see if this is something they will be eligible for and would like to request. An indicative Personal Budget may be suggested at this stage. Some families may already be accessing a Personal Budget in terms of care, and these will continue throughout the statutory process and be incorporated, as relevant, in the final EHC Plan.

Anyone who has a child or young person with an EHC Plan, or is in Year 11 in school or college with an EHC Plan, can request a Personal Budget to meet their needs as outlined in the EHC Plan. In the following circumstances a request would have to consider the following:

- If the child or young person (below 19 years of age) is in long term foster care the foster parents may access a Personal Budget if there is agreement as part of a Care Plan.
- Whether the child or young person (below 19 years of age) has a Child Protection Plan; any use of a Personal Budget would have to be part of the Plan agreed at the Multi-Professional Core Group meeting. If it was felt that the use of it was not meeting the aims of the Plan, and may compromise the safety of the child or young person, it would not be agreed.
- Any vulnerable adult safeguarding issues identified during the assessment. These will be addressed using the Safeguarding of Vulnerable Adults processes.

If a young person is over the age of 19 and receiving support from Adult Social Care, they will access Self Directed Support which is an Adult Social Care equivalent of a Personal Budget, this will be automatic and will not need to be requested.

- 2.2 The multi-agency meeting during which the Plan will be drafted will outline the needs and outcomes identified for the child/young person and detail the provision to meet these. At the multi-agency meeting the exploration of a Personal Budget and a decision whether a family/young person wishes to pursue this will take place. The person centred planning will outline which services may contribute to delivering the outcomes including the community, child/young person and their family.

- 2.3 The financial element of the EHC Plan will be costed and agreed by the LA and the CCG through the County Resourcing Panel (CRP) to ensure that the Direct Payment does not cost more than other services provided by the LA or Health. The EHC Plan brings a cycle of *assess- agree - allocate - plan and review* which will be on-going for all pupils with SEND.

Young people approaching 18 years old, who will require support from Adult Services, will have their Personal Budget agreed at the appropriate Adult Resource Panel. As part of the cycle of *assess- agree - allocate - plan and review* funding may be modified to take account of any change in needs.

- 2.4 The Personal Budget will be outlined at the same time as the nomination of the name of the school, setting or college.
- 2.5 If nominated, and mutually agreed, a Personal Budget can be managed for an individual by another person/organisation via a Direct Payment. This has to be agreed with the parent or young person. The choice to do this can be withdrawn at any point by the parent/young person by either writing to ask for it to cease or by nominating an advocate to do this for them. The LA will immediately stop making the payment to the relevant person/organisation and agree a suitable alternative. Options such as using a broker to help manage the budget or reverting to the LA and Health to broker support may also be considered. The approval, for a third party, would only occur with individuals/organisations approved by the LA/CCG for this purpose.
- 2.6 If a young person is over the age of 19 and has been assessed as eligible for Adult Social Care support they will be allocated a Personal Budget for their Social Care needs. A financial assessment is completed that determines whether the individual will pay a contribution to the cost of their support.

Individuals who find planning or managing money difficult can ask someone they trust to act as their agent. Some people who receive a Direct Payment will become direct employers. The Council provides specific support to Direct Payment employers via a contracted support organisation.

The circumstances in which a Direct Payment can be ended are outline in a Direct Payment agreement, they include:

- Inadequate or illegal arrangements for securing support services in the support plan
- The service user has not kept to the terms and conditions of the agreement
- The Direct Payment is not being spent on the support services outlined in the support plan
- The service user has moved away from Cambridgeshire.

Other circumstances for ending a direct payment include:

- The service user decides they no longer want a direct payment
- The service user is at risk because a Direct Payment cannot meet their need.

If the Direct Payment is ended by the Local Authority, four weeks written notice must be given to the service user informing them that the payment will end. A service user who wants to end their direct payment must give four weeks' notice to the Local Authority.

- 2.7 If a Direct Payment is agreed, each agency participating will place money into a central fund which parents or the young people may access. If the person is over 19 and accessing Adult Social Care support this will need to be a separate bank account in the young person's name.

Health funding may be paid via Direct Payments through the LA or from the CCG directly (if appropriate), through a notional budget with providers or through a third party agency.

- 2.8 Parents and/or the young person will be expected to sign a Direct Payment Contract before the payment is made. This will outline the parameters of use of the payments and how it should be managed. It will also outline other conditions such as any employed people having to have an enhanced Disclosure and Barring Service check and appropriate agreed training in health care tasks.
- 2.9 If a parent/young person wants to use a Direct Payment to pay for support staff in school/College this discussion should occur at an early stage as possible, as the permission of the setting manager, school Headteacher or College Principal would be required. Any staff employed in schools/Colleges would have to follow the institution's code of conduct, for instance in speaking to others, dress code and following policies and practices. Where agreement cannot be reached, with the setting manager, school Headteacher or College Principal, the Direct Payment will not go ahead. However work will continue with the child's parent or young person and the school, college or early years setting to explore other opportunities for the personalisation of provision in the EHC plan.
- 2.10 Although there will normally be a set amount of money paid in agreed instalments, there may be one off payments. An example of this is for specific equipment and this could be paid via the Direct Payment mechanism. A value for money judgement will be made in these circumstances. The equipment would need to meet assessed need, professional specifications and clinical recommendations. Maintenance of the equipment may be required by the family and the funding or process for this should be agreed prior to the purchase of equipment. If used in a school agreement of the setting would need to be secured.

### **3.0 What is Included in a Personal Budget?**

- 3.1 If agreed, the following aspects could be included in a Personal Budget if requested by a parent or young person (over the compulsory school age):
- **Health** – Currently those children who are eligible for Children's Continuing Care funding. It may also apply to long term health needs from April 2015, however this funding will be to meet health needs and outcomes which cannot be met by through commissioned services.
  - **Children's Social Care** - Most children with Special Educational Needs do not receive support from Social Care, either because they do not meet the

criteria or because they choose not to use it. Some children, predominantly with a disability do access support from Social Care and this can be included within a Personal Budget. The Personal Budget would include funding arising from the assessed needs of Children in Need and individual funding necessary to provide the family of a child with a Short Break or family support, if eligible.

- **Adult Social Care** – The budget would include funding arising from eligible assessed needs in the Community Care Assessment.
- **Education** – This would include parts of, or all of, element 3 funding by the LA. Element 3 is the amount above that every pupil receives and the initial £6,000 of individual targeted school provision which the school directly provides. At the discretion of the Headteacher/College Principal it could also include all/parts of element 1 or 2 funding. If the pupil is in a specialist College or special school it will not be possible to include all or part of this element because this will then be part of the overall provision.

#### **4.0 Managing and Using a Personal Budget by receiving a Direct Payment**

- 4.1 Parents will have control of the management of the agreed Direct Payment. The control of the Direct Payment will transfer to the young person by the end of Year 11 (or 19 if the young person is accessing Adult Social Care), unless unable to do so under the Mental Capacity Act, or unless the young person requested the family manage the funding on their behalf. A Social Worker or Mental Health Worker will make a decision about mental capacity in terms of the young person's capacity to manage a Direct Payment at that point in time. This process would only be applied if a Direct Payment is requested and would focus on the management of the Direct Payment and ability to make decision about this, in terms of meeting the outcomes and provision in the EHC Plan.
- 4.2 If help is required in managing a Direct Payment this can be sought from the Direct Payment Support Service (Penderels Trust). In these circumstances the Direct Payment would only be agreed, if this support had been secured. The decision over this would fall under a mental capacity assessment or if the parent/young person requested assistance.
- 4.3 Clear information about services and provision available in the area to which a Personal Budget could be targeted will be available via the Local Offer.
- 4.4 A Personal Budget could be used in creative ways, rather than in clearly defined areas to meet the provision and outcomes listed in the EHC Plan e.g. advocacy.
- 4.5 Monitoring of the Direct Payment will occur to ensure the outcomes and provision in the EHC Plan continues to be met, as well as monitoring how the money is being spent with regards to the EHC Plan. At the minimum there will be a six monthly review by Care, with one of these being part of the Annual Review by all parties. However more regular reviews can occur, as required.
- 4.6 If a Direct Payment is not used to meet the provision/outcomes set out in the EHC Plan it will be withdrawn, funds recovered and the CCG/LA would commission services to meet the needs of the child or young person.
- 4.7 Parents or the young person will be expected to keep their spending within the

allocation specified in the Direct Payment.

## **5.0 What Happens if Things Change?**

- 5.1 If a family or child/young person circumstances change in any way these will be taken into account as part of the regular review of needs. This regular review will occur as part of the *assess, plan, do and review* cycle in terms of a child/young person's development. On a formal basis this will occur as part of the Annual Review, but can occur for individual elements more frequently than this. If this occurs then the funding maybe modified to take account of the change. If a significant change in needs occur, then a review sooner than annually will occur to amend the EHC Plan.

## **6.0 Ceasing Direct Payments**

- 6.1 Direct Payments could cease if:

- a) The person is in the categories listed in Appendix 3.
- b) They are found not to be used for the specific purpose outlined in the EHC Plan.
- c) If the recipient no longer wishes to use Direct Payments to provide the provision, they will cease as soon as this request is received in writing and alternatives can be arranged.
- d) The use of Direct Payments is having an adverse impact on other services provided by the LA and Health or having an impact on the provision for other children and young people with an EHC Plan.
- e) There has been no consent from a young person post statutory school age to receive them.
- f) Any person managing the Direct Payment on behalf of the individual is not working in that persons best interest.
- g) Where requested monitoring information is not supplied and monitoring arrangements are not complied with.

- 6.2 In these circumstances notice in writing will be given by the LA, along with the rights of appeal, by the recipient saying they wish to do so. The appeal will be heard by the Commissioning Board.

## **7.0 Operational Details**

- 7.1 Operational details will be set out in the EHC Plan once a Personal Budget has been agreed.

## **8.0 The Appeals Process**

- 8.1 If a request for a Personal Budget for special educational provision, Health or Care is refused the reasons for this will beset out in writing and inform the parents or the young person of their right to request a formal review of this decision.

Where the disagreement relates to the special educational provision to be



secured through a Personal Budget the child's parent or the young person can appeal to the First-tier Tribunal (SEN and Disability), as with any other disagreement about provision to be specified in an EHC plan.

Decisions in relation to the health element (Personal Health Budget) remain the responsibility of the CCG or other health commissioning bodies and where they decline a request for a Direct Payment, they must set out the reasons in writing and provide the opportunity for a formal review.

In Adult Services where it is thought that the support plan will expose the service user or other people to unacceptable levels of risk the Risk Management Process (RMP) will be followed. Having followed the RMP the service user and / or their representative are not satisfied with the outcome, the Council's complaints and representations procedure will be discussed.

- 8.2 There is no right to appeal to the SEN First Tier Tribunal if the parents or young person is not satisfied with the outcome of the Personal Budget process.
- 8.3 Due legal process regarding any appeals will be followed as laid out in the Children and Families Act 2014 and/or Code of Practice relating to the Personal Budgets for SEN and Disability aspects of this legislation.

## **9.0 Appendices**

### **9.1 Appendix 1: What a Personal Budget can be used for**

#### **Social Care:**

A Personal Budget is the total amount of funding allocated to meet a person's assessed and eligible need for Social Care and can be taken as a Direct Payment, a service provided by Social Care. Or mixture of the two.

Social Care offers a Personal Budget to eligible disabled children and young people to meet their assessed Social Care needs (short breaks, access to the community, personal care, independent training and inclusion). These assessments are either completed by a Social Worker or for young people under 18 through parent's self-assessment when accessing the Short Break Local Offer.<sup>4</sup>

If families choose LA owned or commissioned services as part of their Personal Budget, the cost of this is deducted at source and as such the identified cost is not released in cash terms.

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<sup>4</sup>[http://www.cambridgeshire.gov.uk/info/20068/special\\_educational\\_needs\\_and\\_disabilities/448/social\\_care\\_for\\_disabled\\_children/5](http://www.cambridgeshire.gov.uk/info/20068/special_educational_needs_and_disabilities/448/social_care_for_disabled_children/5)

## **What a Direct Payment can be used for**

### **Social Care:**

- Providing assistance with personal care
- Contracting with an agency, or someone who is self-employed, to provide care services
- Buying equipment agreed by Social Care
- Assistance to purchase Short Breaks
- Assistance with essential domestic care tasks, which are essential to meet the assessed needs of the child and is evidenced in your overall care / support plan
- Assistance to access facilities to promote social inclusion, including leisure or social activities.

### **Education:**

- Transport - if the child/young person is eligible for SEN Home to School transport as per the LA's policy
- IT – if the child/young person meets the criteria for IT assessment and meet the eligibility for IT equipment as set out in the IT Equipment policy
- Additional courses and work experience - if the child/young person's EHC Plan contains outcomes that can be met through additional vocational courses or through supported work experience/training.

### **Health:**

- Purchase Continuing Care support

## **What a Direct Payment can't be used for**

### **Social Care:**

- To buy permanent residential care
- To purchase any overnight Short Break outside of the child's home without the permission of Social Care. Any agreements will be recorded within the child's/young person's care plan.
- To purchase any residential care for longer than 28 consecutive days or 120 nights in a 12 month period
- To buy services owned by the LA or any other LA
- To buy health-related services or equipment that should be provided by the NHS
- To make major adaptations to the home that would come under the Disabled Facilities Grant
- To use Direct Payments to employ a partner or a close relative who lives in the same household unless Social Care services are satisfied that someone's needs could not be met any other way.

### **Education:**

- Fees for early years places, independent and specialist independent schools and colleges
- Funding for additional adult support (Teaching Assistants) where the funds have been delegated to schools for all or part of the allocation
- Funding for commissioned places in special schools or specialist provision.

### **Health:**

- To buy therapy
- To buy universal health services i.e. GP or Paediatrician

## 9.2 **Appendix 2: Support and Aspiration – Introducing Personal Budgets**

Please see attached document.

## 9.3 **Appendix 3: Who is Excluded from Holding a Direct Payment?**

Statutory guidance states the following people will be excluded from receiving a direct payment:

- A person who is subject to a drug rehabilitation requirement.
- A person who is subject to an alcohol treatment requirement, as defined by section 212 of the Criminal Justice Act 2003.
- A person who is released on licence under Part 2 of the Criminal Justice Act 1991 subject to a licence condition requiring the offender to undertake offending behaviour work to address drug-related or alcohol related behaviour.
- A person who is required to submit to treatment for their drug or alcohol dependency by virtue of a community rehabilitation order.
- A person who is subject to a drug treatment and testing order imposed under section 52 of the Powers of Criminal Courts (Sentencing) Act 2000.
- A person who is subject to a youth rehabilitation order imposed which requires the person to submit to treatment pursuant to a drug treatment requirement.
- A person who is subject to a youth rehabilitation order imposed which requires the person to submit to treatment pursuant to an intoxicating substance treatment requirement.<sup>5</sup>

## 9.4 **Appendix 4: Cambridgeshire and Peterborough Clinical Commissioning Group – Personal Budgets for Children and Young People**

### **Purpose**

The purpose of this document is to clarify how personal health budgets (PHB) for children and young people will be assessed, agreed and managed within Cambridgeshire and Peterborough Clinical Commissioning Group (CCG).

This document will also outline how PHBs and the Special Educational Needs and Disability (SEND) elements of Children and Families Act 2014 will work together within Cambridgeshire and Peterborough CCG.

The aim is that these processes will become a streamlined and integrated to prevent duplication and fragmentation in assessment and service provision for children, young people and their families.

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<sup>5</sup> The Special Educational Needs (Personal Budgets) Regulations 2014

The CCG's PHB Policy and Process document is the overarching policy for PHBs within the CCG however there are differences in the Continuing Care process for children and young people and therefore this document is an appendix to the CCG PHB Policy.

## **Background**

Children and Young People's eligibility for a personal health budget is no different to that of a person over the age of 18. A person who has been assessed as eligible for Continuing Health Care (CHC) has the right to have a personal health budget from October 2014 to meet their Continuing Health Care needs. This right is to be extended in 2015 to those individuals who have a long term condition.

The assessment and eligibility of individuals 18 years old and over is set out in the National Framework for NHS Continuing Healthcare and NHS funded nursing care (Department of Health 2013)

<https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

The process for assessment and eligibility for those under 18 years is set out in the National Framework for Children's and Young People's Continuing Care (Department of Health 2010) (a government web link is not available at this time) The 2 frameworks have some significant differences in approach and eligibility criteria.

The children and young person's Framework *'sets out an equitable, transparent and timely process for assessing, deciding and agreeing bespoke packages of continuing care for those children and young people under the age of 18 who have continuing care needs that cannot be met by existing universal and specialist services alone. It describes how local organisations, including PCTs (now CCGs) and local authorities, should work together to assess need and put in place packages of continuing care.'*

The assessment process for children and young people is that of a multi-agency, holistic assessment which considers the child's physical, psychological and emotional well-being, alongside their developmental and learning needs and the needs of their family. Due to this difference in approach it is unlikely that any child or young person who is eligible for health funding through continuing care would solely be the responsibility of health to fund and therefore a more integrated approach to personal health budgets for children and young people will be adopted, this will also be part of the SEND reforms and Education Health and Care (EHC) plans.

## **The Child or Young Person and their Family**

The child and young person are central to this process and their needs remain the focus. Therefore assessments, whilst recognising the place of the child with their family and the needs of the family should have a clear emphasis on the 'voice' of the child and young person, both where they have the ability and capacity to have a voice and where they do not. Children can tell us in a variety of different ways, when they are happy, when they feel loved and when they do not, it is these cues that it is important to capture when assessing the needs of the child and young person and agreeing a package of care.

In elements of this document where it states the 'family' this will also include the young person where they have capacity. For example when planning their care or the appeals process.

## **Assessment for Continuing Care**

Children and young people who may have continuing care needs can be identified through a range of professionals and routes, such as Early Support, specialist paediatricians and nurses and through Social Care and education involvement, ideally children who have complex health needs will be supported through an Early Support approach. This mirrors how children and young people who have Special Educational Needs and Disabilities can be identified for an EHC plan.

There is currently a different pathway for the assessment of continuing care for children and young people who are registered with GP's in Peterborough and Borderline Local Commissioning Groups (LCG) from children who are registered with other GPs within Cambridgeshire and Peterborough CCG. Within this document this will be described as the Peterborough Pathway and the Cambridgeshire Pathway. Unfortunately the boundaries of these 2 groups within health do not match the boundaries of Peterborough City Council and Cambridgeshire County Council. However, if there is any confusion by families or professionals about which pathway or process they should be following then a list of practices and which LCG they belong to is available as part of the Local Offer.

In Peterborough a request for a Continuing Care assessment should be made to Cambridgeshire and Peterborough CCG, to Jo Rooney either by secure email to [jorooney@nhs.net](mailto:jorooney@nhs.net) or on 01733 777192 or 01733776148

In Cambridgeshire a request for a Continuing Care assessment should be made to Cambridgeshire Community Service (CCS) Continuing Care Team, to the Lead Nurse Children's Continuing Care Team on 01223 884335 or 01480 423160 or by email to [CCS-TR.ChildrensContinuingCare@nhs.net](mailto:CCS-TR.ChildrensContinuingCare@nhs.net).

The family will need to have consented to an assessment and the sharing of information prior to the request for assessment.

A child or young person will be identified as requiring a continuing care assessment where local universal and specialist services are unable to meet the child and family's needs. The child or young person will have needs or behaviours, which are complex, intense, unpredictable and which present a level of risk to themselves or others.

If a child or young person is being considered for an EHC plan and the local authority are aware of specialist health involvement then a request for a Continuing Care assessment should be made as soon as possible.

If a request for a Continuing Care assessment is received for a child or young person who does not have an EHC plan or Statement of Educational Needs then the CCG or the Lead Nurse for Continuing Care Team will seek permission from the family for a referral to the Local Authority for both a social care assessment and for consideration of an EHC plan.

Where possible the Continuing Care assessment will use existing assessments by health professionals and others alongside multi-disciplinary meetings or reviews which have already been organised for the child or young person. This is in order to not to ask the family to repeat their story unnecessarily or overload them with additional meetings and appointments.

Eligibility for health funding through Continuing Care is decided by using a Decision Support Tool this covers 10 areas, which are called Care Domains. There are descriptions within each care domain of different levels that range from low needs to severe and priority needs. The Care Domains are

- Challenging Behaviour
- Communication
- Mobility
- Nutrition, food and drink
- Continence and elimination
- Skin and tissue viability
- Breathing
- Drug therapies and medicines
- Psychological and emotional
- Seizures

Eligibility is likely if the decision support tool evidences, complexity, unpredictability and intensity of the health care needs of the child or young person, which would lead to either 1 severe, or 1 priority, or 3 highs within the care domains.

Eligibility for Continuing Care should be decided in a multi professional and multi-agency meeting and this type of meeting is also part of the process of developing an EHC plan. Therefore if the assessment for Continuing Care has not been completed prior to the request for an EHC then the eligibility should be considered at this meeting. However, if it is not possible for eligibility to be decided in this way then the assessment that has been completed by either the CCG or by the CCS Continuing Care Team will be presented at a multi-agency 'Panel'.

Panel – is a decision-making meeting and is a group of professionals from a range of agencies such as: health services or the CCG, the Local Authority, social care and education. There are different levels and types of panel which are based on the level of decision-making that is required relating to budgets and complexity. Panel processes are different within Cambridgeshire and Peterborough but a decision regarding eligibility for health continuing care cannot be made at these panels unless there is representative present from the CCG or the CCS Continuing Care Team.

Once eligibility for Continuing Care has been decided, a Care Package will need to be agreed this is based on the health, social and educational needs assessments and therefore this will also be discussed in a multi-agency panel.

The family should be informed in writing of any decision regarding eligibility for Continuing Care and this should also include details of how to appeal, either the eligibility decision, the proposed care package, budget or the decision not to allow a PHB.

Appeals from either Cambridgeshire or Peterborough should be made in writing to

Jo Rooney

1<sup>st</sup> Floor

City Care Centre

Thorpe Road

PE3 6DB or email [jorooney@nhs.net](mailto:jorooney@nhs.net)

Details of the appeals process will be given at the end of this appendix.

### **Packages of Care**

Once a child or young person is found eligible for Continuing Care the package of care can be provided as a Commissioned Service, a Personal Health Budget (PHB) or a combination of both. For children and young people the PHB is likely to be part of a joint package and could form the basis of the health funding within an EHC plan personal budget.

### **Commissioned Service**

A commissioned service is provided differently in Cambridgeshire and Peterborough.

Cambridgeshire – a service is provided via a combination of home based services from CCS Continuing Care Team or through the Local Authority provision for residential short breaks which are partly funded from Cambridgeshire and Peterborough CCG. The CCG can also jointly fund for individual children; Link Carers and out of county residential and specialist educational placements.

Peterborough – based on individual agreements for each child, the CCG can jointly fund, Outreach home based and community support, Link Carers and residential short breaks from the local authority. The CCG can also jointly fund for individual children; home based care from agencies and out of county residential and specialist educational placements.

### **Personal Health Budgets**

In order for a PHB to be agreed the CCG require a clear identification of the child or young person's health needs and how these will be met through a PHB, families are asked to develop a support plan with clear objectives – this is a clear element of an EHC plan and this is one of the reasons that the processes for PHBs and EHC plans will work together. The plan should be co-produced by both the family and professionals. Families will be provided with assistance to complete a support plan if required.

The support plan should be clear about the health needs of the child or young person and how these needs will be met through a personal health budget. There will also need to be a consideration of any clinical or safety risks and how these will be managed. The support plan



will also need to identify any contingency arrangements that will be needed to ensure that the support plan is achievable. The support plan will also need to identify any training needs for carers and how this will be provided, alongside any equipment needs. If equipment is to be part of a PHB or EHC plan, a clinical professional recommendation will be required to ensure that the equipment can safely meet the child's needs. Any servicing or additional disposables requirements should also be included.

Personal Health Budgets can be offered in a variety of ways which echo those of the Local Authorities (LA) Personal Budgets. The guidance and restrictions on PHBs are covered within the CCG Personal Health Budget Policy of which this is an appendix.

A PHB can take the form of;

- Direct payments, either through a joint package with the local authority or directly from the CCG. The family are then responsible for any carers that they employ to deliver the support plan and for providing reporting information to the CCG and the LA
- Third party – the money is paid to another organisation who can then manage the employment functions for any carers that are required to provide the support plan. This will include recruitment, payroll and tax, insurance and the reporting requirements.
- Notional Budgets – this where the CCG or the LA commission a service on behalf of an individual child. However, the family are aware of either the amount of money or care hours that has been allocated as part of the support package and can manage how that package is delivered, in order to provide them with a degree of flexibility and choice.

### **Allocation of the budget**

There are a number of tools that have been developed in relation to both PHBs and LA personal budgets, tools such as the Manchester Tool or the Resource Allocation System (RAS) However, for children and young people an indicative budget will be calculated using the number of care hours that are required and the level of intervention that is required – are the health care tasks routine or are they more complex and unpredictable requiring a greater level of care and training. The indicative budget is not the agreed budget and maybe altered as the support plan is developed.

### **Appeals Process**

Once an appeal has been made in writing to the CCG (contact details below) the family will be contacted to arrange a face to face meeting to discuss their appeal and concerns.

Jo Rooney  
1<sup>st</sup> Floor  
City Care Centre  
Thorpe Road  
PE3 6DB or email [jorooney@nhs.net](mailto:jorooney@nhs.net)

Depending on the nature of the appeal there are several courses of action available.



- If the family feel the assessment is not an accurate portrayal of the child's needs:
  1. The CCG can ask professionals for additional information and assessments and then review the decision support tool.
  2. And/or arrange for a multi-disciplinary meeting to discuss the child's health needs, the family will be invited to participate in this meeting.
  3. Or ask for a new assessment to be completed by a different service. Within Cambridgeshire and Peterborough this may mean asking the Peterborough service to complete a reassessment on a Cambridgeshire case and the Cambridgeshire service to reassess a Peterborough child. Alternatively, it may be necessary to ask for another area outside of Cambridgeshire and Peterborough to review the assessment and to make a recommendation regarding eligibility. This is called a Peer Review.
  
- If you are not happy with the proposed care package or the level of the PHB funding:
  1. The CCG can consider the case with any additional information or assessments that the family would like to provide at a multi-agency panel. The family may also be asked to their support plan and the outcomes identified within it, in order to support their appeal.
  2. A Peer Review (as above) could also be offered.
  
- If a family's request for a PHB has been declined by the CCG:
  1. The family's request will be considered, with any additional information provided or requested by the family or the CCG by the Clinical Management Executive Team.

An appeal is different to a complaint, if you wish to complain about the service you have received please see the box below or visit the website at <http://www.cambridgeshireandpeterboroughccg.nhs.uk/have-your-say/Making-a-complaint.htm>

## **Making a complaint**

### **Please let us know**

Cambridgeshire and Peterborough CCG always welcome suggestions on how we can make improvements. We would like to hear from you if you are not happy with the standard of service, care or treatment we provide. So that we can improve our services, it is important that you let us know if you have any concerns.

We encourage our staff to help you deal with any concerns or complaints in a friendly, confidential manner and they will do their best to resolve your concerns or queries on the spot or as quickly as possible.

If you don't want to speak to a member of staff, you can contact the Patient Experience Team:

Patient Experience Team  
 Lockton House  
 Clarendon Road  
 Cambridge  
 CB2 8FH

If once all the processes for local resolution of an appeal or complaint has been exhausted, the family are still dissatisfied with the response they have received then they will be given the details of the Parliamentary and Health Service Ombudsman. These details are also available at:

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/have-your-say/Making-a-complaint.htm>

#### **‘Sign Off’ – Process for PHB or EHC Plan**

Once the support plan for a PHB or an EHC has been completed, this will need to be ‘signed off’ within the CCG for the identified health elements and funding by the Designated Clinical Officer. The mechanism for this is still not clear at this time but initially (September 2014) this is likely to be done at a multi-agency panel within both Cambridgeshire and Peterborough.

#### **Reviews**

Reviews of Continuing Care are completed at a minimum of annually but it may be agreed that this will be more frequent at the beginning of a package of care or if the child’s health care needs are variable. The purpose of a review is both to consider whether a child or young person is still eligible for Continuing Care and whether the care package meets their needs.