

**Salford Children's Services and Salford Primary Care
Trust**

**Interagency Protocol for Children and Young People
with Severe and/or Complex Needs**

Date of Issue: Final: April 29th 08
Amended: April 11th 2011

Interagency Protocol for Children and Young People with Severe and/or Complex Needs

1.0 Aim

This protocol has been developed for Salford City Council (SCC) and Salford PCT regarding partnership working between agencies for children and young people up to the age of 18 years (19 years in the case of C and YP with Statements attending a school setting) with complex, persistent and severe behavioural, medical and mental health needs. (National Framework for Children and Young People's Continuing Care, April 2011) and those with persistent, severe and/or complex special educational needs (SEN) that cannot be met by co-ordinating input from agencies existing mainstream services. It applies to a child who's additional and/or SEN needs will only be met via funding from more than one agency. Where children require additional funding from a single agency there will be a system within the agency to deal with this:

Education	–	SEN Panel
PCT	-	Head of Children's Commissioning and Joint CAMHS Commissioner
Social Care	-	Social Care Commissioning Manager – once Head of Service for LAC has agreed no internal placement is suitable or available

2.0 Objectives

This agreement between PCT and SCC Children's Services Directorate (education and social care) is for children and young people with complex, persistent, severe learning, behavioural, medical and mental health needs regarding:

- assessment.
- Provision of services, including specialist residential or foster care for the above young people.
- Assessment; Decision-making (Joint funding between the PCT and SCC Children's Services Directorate)

3.0 Agreement

This Protocol is between Salford PCT and SCC Children's Services Directorate as a move towards meeting the needs and associated risks for this vulnerable group of children and young people.

4.0 Responsibilities for Standard Services

Standard services are services which are commissioned and provided through mainstream funding by health, education, social care, youth justice, housing, leisure and community services, the voluntary sector, community services, other statutory services and partnerships.

These include for example:

- Health – primary, secondary, tertiary;
- Local authority – social care, education services, housing, youth services;
- Other statutory sector services – police, probation and the prison service;

-
- Partnerships – Youth Offending Service, Sure Start etc.

4.1 Health

The PCT is responsible for commissioning and funding a range of services to meet the assessed needs of people who require continuing physical or mental health care. The range of services the PCT is expected to commission and fund includes:

- **Primary Health Care:** including G.P's, Health Visitors, School Nurses
- **Secondary Health Care:** including Community Paediatricians, Allied Health Professionals including therapy/rehabilitation services, multi-disciplinary assessments including Child Developmental Assessments, Equipment, CAMHS, Community Nursing Team to meet the needs of acutely ill children, those with chronic conditions/disabilities as well as palliative care.
- **Tertiary Health Care:** Hospital In-patient Services and Specialist Out-patients.
- **Health promotion and prevention as a statutory function will remain – as confirmed by the law,** although responsibility for the commissioning of this service may transfer to another authority following the scheduled demise of PCTs in 2013.

4.2 Children's Social Care

Children's Social Care is expected to provide or ensure a range of services are available to meet the social care assessed needs of the individual subject to agreed levels/priorities. The range of services Children's Social Care can be expected to arrange and fund includes:

- Assessment of needs under Common Assessment Framework, Initial Assessment and Core Assessment, Carers Assessment.
- Social Work case management for children who are looked after, children who have a child protection plan, and children with higher level or complex needs.
- Provision of accommodation for children who are looked after. This includes age appropriate basic care to promote health, safeguarding, enjoyment and achievement, making a positive contribution, achieving economic well being and promotion of family relationships.
- Provision of adoption and post adoption services
- Provision of services to prevent the need for a child to be looked after (family support, short breaks)
- Provision of services to prevent the need for a child protection plan (social work support, family support, co-ordination of child in need plan, Family Action.
- Provision of services to promote inclusion including information and advice to families, aids and adaptations, short breaks, home care and family support.

4.3 Education

Education is a compulsory universal service and generally C & YP attend a mainstream school/setting. In terms of C & YP with SEN, the majority will have their needs met in a mainstream setting with or without a Statement as part of a graduated response to meeting their needs. The Authority determines SEN and suitable SEN provision on an individual basis in the context of a provision based model of action and intervention, rather than in the context of deficits in the child/young person's functioning. There are a small number of C & YP with Statements with such severe, complex and/or profound and multiple SEN who require a specialist school setting and attend the Authority's own special school provision, or in exceptional circumstances require an outside specialist school placement either on a day or residential basis. The Authority's policy is to provide or purchase a graduated range of high quality settings to meet a continuum of needs.

5.0 Interagency working

All children may have involvement from standard services from one, two or three statutory functions. It is expected that all services will work together effectively using the interagency processes of common assessment, lead professional coordination and multi-agency meetings. In cases where needs are escalating and standard services are struggling to meet the child and families needs this pathway will be triggered. Recognition of escalating needs is required in order to ensure early intervention with the aim of developing a package that averts crises locally.

6.0 Identifying additional needs

C and YP are likely therefore, to require one of the following provisions will be discussed at the Complex Needs Panel:

- An out of authority residential school (38 or 52 weeks).
- An out of authority children's home with or without education on-site.
- A welfare placement in a secure unit.
- Specialist Health Provision – In patient.
- A significant package of additional support to enable child or young person to remain in existing provision.
- Specialist health provision within an educational setting either within or outside Salford provision.

NB: In general, the Authority is likely to consider that there is a need for residential provision for a child with SEN where there is multi-disciplinary agreement that:

- the child has severe and/or complex, or multiple SEN that cannot be met in local day provision; or
- the child has severe and/or complex or multiple SEN that require a consistent programme both during and after school hours that cannot be provided by parents/carers with support from other agencies; or
- the child is Looked After by the Authority and has severe and/or complex social and learning needs; or
- the child has complex medical needs as well as learning and/ or social needs that cannot be managed in local day provision.

If these conditions apply, a multi-agency plan should be put in place that enables joint funding from the PCT and SCC Children's Services Directorate.

Procedure to be followed to apply for complex needs funding:

Step	Action	Notes
1	Unmet need is identified. Agency identifying this unmet need appoints Lead Professional to act as application co-ordinator	Health – a Consultant Paediatrician / Specialist Nurse Education – SEN Caseworker or Principal Officer, SEN. Social Care – child's Social Worker or Young Person's Pathway Adviser.
2	Detailed professional assessment takes place if not already completed	Common assessment/core assessment, statutory assessment of SEN/Continuing Care Assessment.
3	Single agency agree need cannot be met within existing provision and consult other agencies	Social Care – Commissioning Manager (advised by Head of Looked After Services) Education – Commissioning Manager, SEN Health – Head of Children's Commissioning
4	Multi agency meeting held to complete "outcomes driving commissioning" assessment	Usually co-ordinated via the social work team. Case can be raised at Panel at this stage for advice, eg, who needs to be involved
5	Co-ordinator prepares application and ensures that other agencies provide the necessary assessments and documentation. Screening tool is completed. Consult Panel administrator for time and date of next Panel	<u>Documents required:</u> <ul style="list-style-type: none"> • Complex Needs Panel screening tool • ODC assessment • Current statutory assessment advice and Statement • Complex Needs Panel application form • STARLAC Assessment • Core assessment if child not already looked after or only recently become looked after • Continuing Care Assessment, if applicable <u>Other supporting documents:</u> <ul style="list-style-type: none"> • Supporting letter from a health consultant • Psychological assessment (permission needed if

		<p>prepared for care proceedings)</p> <ul style="list-style-type: none"> • Latest statutory SEN review notes and/or updated EP assessment/opinion • Document providing brief family history and chronology of events if not included on main application form
6	Co-ordinator's senior manager checks all application documents before forwarding to Panel Chair, 8 working days before Panel is held. Incomplete applications will not be considered.	<p><u>Application must make clear:</u></p> <ul style="list-style-type: none"> • Current assessment – all relevant agencies • Unmet need identified (ODC) • Brief family history and chronology • Psychological assessment, other health needs assessment or supporting letter from consultant if Health funding is sought
7	Application co-ordinator attends Panel and presents information on child's needs plus any options already identified for meeting these needs	<p>Where provision is already identified, details on cost need to be provided. Has Service Manager Commissioning already quality assured the provision? Should they attend Panel?</p>
8	Multi-agency panel make recommendations regarding the assessment and service provision	
9	The panel will agree where an enhanced response is required and make recommendations as to how this should be taken forward	<p>Details of the decision will be minuted and appropriate letters sent out. Minutes also circulated to: Service Manager Commissioning; Head of Service LAC Principal Officers, SEN</p>
10	Where joint funding is indicated, the Commissioners on the Panel will decide appropriate apportionment	<p>All decisions circulated to:</p> <ul style="list-style-type: none"> • Contracts Manager (PCT) • Finance officer in PCT and Children's Services Directorate • Principal Officers, SEN
11	Date for initial review to be set for 3 months	Co-ordinator can give verbal update unless there have been significant changes

7. Multi-agency Panel

7.1 Role and remit

The Panel will:

- meet monthly;
- maintain an overview of children and young people with the most severe and/or complex needs and support an increased awareness across the agencies of the presenting needs;
- aim to ensure a consistent and co-ordinated multi-agency response both within standard services and in enhanced responses;
- collate data to inform service commissioning, including re-design;
- monitor effectiveness of local services;
- ensure greater transparency of decision making;
- support clarity on funding;
- monitor progress towards integrated working with the aim of continuing to improve this;
- aim to ensure early response to prevent escalation and subsequent costly out of area placements;
- report to C&YP Trust Board, as required.

7.2 Membership

The Panel is made up of senior representatives from:-

- Primary Care Trust Commissioning
- SEN Team Commissioning
- Social Care Commissioning

and invited representatives as appropriate.

Appendix 1

Triggers for identifying partners
--

Health (Continuing Care) Contribution

1. The nature or complexity or intensity or unpredictability of the child's health care needs (and any combination of these needs) means that regular supervision is required by a member or combination of members of a Healthcare Multi-Disciplinary Team, who will retain clinical accountability.
2. The child has particular or intensive health needs that require trained health professional supervision to support the routine use of health care equipment, or in the event of the care being delivered in the child's own home, the family carer may be trained to provide some of the care at a level equivalent to that of a registered health professional.
3. The child has a rapidly deteriorating or unstable medical, physical or mental health condition and requires regular intervention by a member of a Healthcare Multi-Disciplinary Team, such as the Consultant, palliative care nurse/specialist, therapist or other healthcare professional team member.
4. The child is in the terminal stage of illness with severe problems of symptom control that require intervention from a health care professional.
5. In terms of need in determining eligibility, the child has evidence of impaired capacity (impaired cognitive functioning including orientation and memory), mental ill health, confusion, challenging behaviour and complex needs, which cannot be managed in the community by existing services and requires care in a specialised environment and requires supervision of a Consultant or members of the Psychiatric Multi-Disciplinary Team.

Social Care Contribution

1. The child needs to be looked after or is about to be looked after and has needs which cannot be met in foster care (including IFA placement) or in-house/partnership residential care. If not already Looked After the child must be discussed at Access to Care panel before being presented to this panel.
2. The child is looked after in foster care or in-house/partnership residential care and needs substantial support to maintain the placement because of complex medical needs or severe behavioural difficulties.
3. The child remains within the family but needs substantial support to remain there because of complex needs or severe behavioural difficulties.

Education

1. The child has a Statement of SEN due to persistent, severe and/or complex learning and/or behaviour social and emotional needs that cannot be met by co-ordinating on a multi-disciplinary basis input from existing mainstream services and requires an outside specialist placement on a residential basis.

-
2. The child has severe and/or complex challenging behaviours including mental health problems that require a consistent programme both during and after school hours.
 3. The child has persistent, severe and/or complex health needs that requires specialist health input over and above what is ordinarily provided within a mainstream or specialist setting.