

Children's Continuing Care Information and Eligibility Guidance

What is Children's Continuing Care?

Children's continuing care is where a child or young person has needs arising from disability, accident or illness¹ that cannot be met by existing universal or specialist services alone. There will be identifiable healthcare needs where commissioned or bespoke services are required.

The National Framework for Children's and Young People's Continuing Care recognises that all children aged 5-16 should receive compulsory education and for many there will be a social care need. For this reason most packages will have elements of health and local authority funding.

The Referral process

The referral process can be completed by any professional who works with the child. To aid decision making eligibility checklist to use as a guide to help assess if a continuing care referral is appropriate. If so, the next step is to gain consent from the family and complete the referral form and send both to the child health team.

Where possible, copies assessments which identify the needs of the child should be sent with the referral.

Process

- Step 1 **Complete the eligibility checklist.**
The eligibility checklist is for practitioners to identify children where it may be appropriate to make a Continuing Care referral.
- Step 2 **Information for children and families, and consent to share information.**
Explain the process to the family, and provide them with an information pack. If the family agree to a referral, please complete the consent to share information section within the referral form.
- Step 3 **Referral Form, assessments and risk assessments.**
Please complete the referral form attached. Please send copies of any relevant assessments and risk assessments which are available and add to the current holistic picture of the child's needs.

The referral form needs to be sent to:

Child Health Team
2nd floor, Ridley House
Newcastle Upon Tyne
NE3 3LS
Fax 0191 223 6502
Email: NECSU.CHTadmin@nhs.net

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What happens next?

The child health team will look at the information. There needs to be sufficient information within the assessments to have a holistic picture of the child's needs. If there is not, additional assessments will be requested from the multidisciplinary team working with the family.

There is an expectation that the assessment process will be completed in 28 days, the 28 days start once all the relevant assessment information has been received by the child health team.

Once there is sufficient information available, a meeting will be arranged to agree whether the child is eligible for continuing care. The decision around eligibility is based on comparing the information on the assessments to the decision support tool. Continuing care is likely to be considered if the child scores 3 highs, one severe or one priority.

If they are eligible, a support plan will be completed. This identifies the healthcare outcomes and how they can best be met. Where possible the views of the family are central in the development of the plan, if the family are not in agreement with any part of the plan this will be documented.

The Child Health Team will work with the family and the team around the child to try and stream line the meetings with any ongoing processes that are already in place.

Decision making panels

The support plan will be presented at a multi- agency decision making panel.

Fast Track process

This is for children where there is a primary health care need arising from a rapidly deteriorating condition which maybe entering a terminal phase, with an increasing dependency. The fast track referral needs to be completed by a healthcare professional.

Advice can be sought from the Child Health Team about the type and scope of services which are available to be commissioned for an emergency situation.

Eligibility Guidance

The following are notes to help determine if there is a need for a continuing care referral.

- 1) Does the child have healthcare needs which may delay or prevent the usual discharge from hospital? If yes, please contact the child health team as soon as possible to discuss.
- 2) Is there an unmet health care need? This would be a need that cannot currently be met by existing universal or targeted service and needs a bespoke commissioned package.

(There is no definitive list of what is and what not a healthcare task is. As a guide the care will usually entail a complex task or an element of decision as to which intervention is most appropriate)

The need must apply to the child and not the parents or siblings.

3) Is there a reasonable likelihood that the child will reach the eligibility criteria?

The National Framework for Children's and Young people's continuing assessed needs in healthcare domains. For a child to be eligible for children's continuing care they are likely to have 3 highs, 1 severe or 1 priority.

The following information is a guide around the domains and likely triggers, if the child meets a trigger a referral is worth considering. This is not intended to replace the process.

NB if the child hits one or two triggers in the list below, they may not meet the criteria.

Care Domain	Possible triggers to score high or above within the domains	Comments
Challenging Behaviour	<p>Challenging behaviour is culturally abnormal behaviours of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in jeopardy, or behaviour which is likely to seriously limit use of or result in the person being denied access to ordinary community facilities.</p> <p>The assessment of needs of a child/young person with serious behavioural issues will usually have included a specialist assessment which includes an overall consideration of the risk(s) to themselves, others or property with specific attention to aggression, self-harm and self-neglect and any other behaviour(s).</p>	
Communication	<p>Even with frequent or significant support from family/carers and professionals, the child/young person is rarely able to communicate basic needs, requirements or ideas, even with familiar people.</p>	

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Care Domain	Possible triggers to score high or above within the domains	Comments
Mobility	<p>The child is immobile Or at a high risk of fracture due to poor bone density Or involuntary spasms placing themselves and carers at risk; Or Extensive sleep deprivation due to underlying medical/mobility related needs – occurring every one to two hours (and at least four nights a week).</p>	
Nutrition Food & Drink	<p>The child is risk of choking and requires a skilled management planned and an additional intervention e.g. oral suction to prevent aspiration. Or medical intervention for a severe eating disorder Or problems relating to a feeding device which require skilled assessment and review the child is on Total Parental Nutrition</p>	
Contenance or Elimination	<p>Contenance care is problematic and requires timely intervention by a skilled practitioner or trained carer e.g. long term problems with faecal impaction or a problematic bowel care regime Or intermittent catheterisation; Or has a stoma that needs extensive attention every day.</p> <p>Requires peritoneal dialysis or haemodialysis.</p>	
Skin & Tissue Viability	<p>Open wound(s), which is (are) not responding to treatment and require a minimum of daily monitoring/reassessment; or active skin condition, such as sever eczema or specialist burn treatments, which require a minimum of daily monitoring or reassessment; or Specialist dressing regime, several times weekly, which is responding to treatment and requires regular supervision. Life-threatening skin conditions or burns requiring complex painful dressing routines over a prolonged period.</p>	

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Care Domain	Possible triggers to score high or above within the domains	Comments
<p>Breathing</p>	<p>Is able to breathe unaided during the day but needs to go onto a ventilator for supportive ventilation. The ventilation can be discontinued for up to 24 hours without clinical harm</p> <p>Have periods where the child stops breathing.</p> <p>Severe, life-threatening breathing difficulties, which may require essential oral pharyngeal and/or naso pharyngeal suction, day or night;</p> <p>a tracheostomy tube that requires essential suction by a fully trained carer, to maintain a patent airway;</p> <p>Unable to breath independently and requires permanent mechanical ventilation;</p> <p>has no respiratory drive when asleep or unconscious and requires ventilation and one-to-one support while asleep, as disconnection would be fatal;</p> <p>a highly unstable tracheostomy, frequent occlusions and difficult to change tubes.</p>	
<p>Drug Therapy & medicines (Please complete medication sheet)</p>	<p>Has a drug regime that requires management by a registered nurse (within prescription) at least weekly, due to a fluctuating and/or unstable condition or symptom management;</p> <p>Sleep deprivation caused by severe distress due to pain requiring medication management – occurring four times a night (and four times a week).</p>	
<p>Psychological and Emotional Needs</p>	<p>These children are likely to need inpatient services.</p> <p>Rapidly fluctuating moods of depression, necessitating specialist support and intervention, which have a severe impact on the child/young</p>	



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	<p>person's health and well-being to such an extent that the child/young person cannot engage with daily activities such as eating, drinking, sleeping or which place the child/young person at risk;</p> <p>acute and/or prolonged presentation of emotional/psychological deregulation, poor impulse control placing the young person or others at serious risk, and/or symptoms of serious mental illness that places the young person at risk to his/her self and others; this will include high-risk, intentional self-harming behaviour</p>	
Seizures	<p>Tonic/clonic seizures more than monthly that need skilled intervention that <u>may</u> require administration of medications or oxygen by registered nurse or skilled carer.</p> <p>Essential airway management during a seizure as above and or at least airway management.</p> <p>Severe uncontrolled seizures, daily or more, resulting in unconsciousness that does not respond to treatment outlined in an established protocol, and results in a high probability of risk to his/her self or others.</p>	