

NHS All Age Continuing Care

Transition from Children's and Young
People's Continuing Care to Adult
Continuing Healthcare Procedure

Version 1



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1. Background and Purpose

- 1.1. This procedure outlines the transition arrangements from Children and Young People's Continuing Care to adult NHS Continuing Healthcare to ensure appropriate planning and intervention.
- 1.2. Legislation and the respective responsibilities of the NHS, Local Authority (Social Care and Education) and other services differ between child and adult services. For children and young people, from birth to 18 (i.e., their 18th birthday), needs are assessed against a children and young people's national framework and support relies on these three agencies working together.
- 1.3. The term 'continuing care' has different meanings in child and adult services. For children and young people, Continuing Care refers to additional health support which is not routinely available from General Practitioner (GP) practices, hospitals or in the community, and it can include care jointly commissioned by a local authority (Social Care and/or Education) and health. It is important that young people and their families are helped to understand this and its implications right from the start of transition planning from children into adult services where financial responsibility may be that of a single agency.
- 1.4. The National Framework for NHS Continuing Healthcare and Funded Nursing Care (Revised 2022) and the supporting guidance and tools should be used to determine what ongoing care services individuals aged 18 years or over should receive from the NHS.
- 1.5. At age 17 years young people in receipt of Continuing Care funding should have an adult Continuing Healthcare Checklist completed and an NHS Continuing Healthcare assessment, if they meet the criteria for full consideration. An eligibility decision should be made in principle at aged 17 years with a review prior to their 18th birthday to ensure needs have not changed if the decision is the individual is eligible for NHS Continuing healthcare Funding as an adult. Appendix 1 provides an overview of the Children and Young People's Continuing Care Transition Pathway for those in receipt of Continuing Care funding.
- 1.6. NHS Cheshire and Merseyside will endeavour to ensure a smooth Transition from Children's to Adult funding streams using the principles and guidance of both the National Framework for Children and Young People's Continuing Care (2016) and The National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care (Revised 2022).
- 1.7. Eligibility for Children and Young People's Continuing Care does not pre-suppose eligibility for NHS Continuing Healthcare.
- 1.8. NHS Cheshire and Merseyside, as with all other NHS bodies, has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people, reflect the needs of the children they deal with; and to protect adults at risk from abuse.
- 1.9. NHS Cheshire and Merseyside is also required to ensure that all health providers from whom it commissions services (both public and independent sector) have comprehensive single and multi-agency effective safeguarding arrangements in place. This is to safeguard and promote the welfare of children and protect them from the risk of abuse.
- 1.10. Any safeguarding concern must be raised with NHS Cheshire and Merseyside safeguarding designated nurses and multi-agency plans implemented as per the processes in place.

2. Continuing Care for Children and Young People

- 2.1. Many children and young people in receipt of Continuing Care will remain dependent upon others for all their care throughout the whole of their lives. The aim of providing Continuing Care for this group of individuals is to enhance their quality of life and empower and support them and their families and carers to manage and understand their conditions and situations.
- 2.2. For those young people with the capacity to develop independence, the aim of Continuing Care should be to support the move from dependence to independence, with children and young people being empowered to manage their condition themselves with a full understanding of the implications of their condition.
- 2.3. Every child or young person with a package of Continuing Care who is approaching adulthood should have a multi-agency plan for an active transition to adult or universal health services or to a more appropriate specialised or NHS Continuing Healthcare pathway. This will usually be part of the Education and Health Care Plan "Planning for Adulthood."
- 2.4. Once a young person reaches the age of 18, they are no longer eligible for Continuing Care for children, but may be eligible for NHS Continuing Healthcare, which is subject to legislation and statutory guidance. It is important that young people and their families are helped to understand this and its implications right from the start of Transition planning.

3. Transition planning

- 3.1. When a young person, including a looked after child, is in receipt of Continuing Care funding, transition planning should commence at age 14 years. (See 4.1 regarding formal referral and eligibility for adult NHS Continuing Healthcare).
- 3.2. The needs of a young person, and any future entitlement to adult NHS Continuing Healthcare should be clarified as early as possible in the transition planning process, especially if the young person's needs are likely to remain at a similar level until adulthood.
- 3.3. Where a young person receives support via a placement outside NHS Cheshire and Merseyside's area, it is important that, at an early stage in the transition planning process, there is clear agreement between the organisations involved as to whom the responsible commissioner presently is, and whether this could potentially change. This should be determined by applying the principles set out in the relevant legislation. All parties with current or future responsibilities should be actively represented in the transition planning process. A dispute or lack of clarity over commissioner responsibilities must not result in a lack of appropriate input into the transition process.
- 3.4. Best Practice indicates NHS Cheshire and Merseyside and associated Local Authorities should have shared lists of all young people aged 16 years and above who may require an NHS Continuing Healthcare assessment, this will allow transition to commence promptly for the young person once they reach 17 years of age. Operational Procedures should include shared lists to meet this aim.
- 3.5. Children and young people not already known to the service but who the Local Authority think could be eligible for NHS Continuing Healthcare will need to be referred directly to All Age Continuing Care (AACC) services as part of the transition process. This could occur when the young person reaches 14 with annual updates until the young person reaches 17, however in all cases must have happened by age 17.

3.6. Parents and carers may be anxious about the transition from children's to adults services - good practice directs the approach that the ICB and Local Authorities will ensure that there are services available for support and advocacy to parents and carers should this be required, this will be facilitated through the Place teams with Local authority and the local Carers Strategy.

4. Assessment for Adult NHS Continuing Healthcare

- 4.1. Formal referral and eligibility for adult NHS Continuing Healthcare should be determined in principle as soon as practicable after the young person's 17th birthday, so that, wherever necessary, appropriate packages of care can be commissioned by adult Continuing Healthcare commissioners in time for the individual's 18th birthday. (This can be commenced after the 16th birthday if appropriate.)
- 4.2. The relevant case manager or allocated practitioner will support the young person and their family to understand the transition process and the adult Continuing Healthcare assessment process and will remain the single point of contact for the young person and their family throughout the transition period.
- 4.3. Entitlement to adult NHS Continuing Healthcare will be established using the decision-making process set out in the National Framework for NHS Continuing Healthcare and Funded Nursing Care including completion of a Checklist and if this is positive a comprehensive assessment including the completion of the Decision Support Tool. The eligibility decision will be made using NHS Cheshire and Merseyside's usual adult NHS Continuing Healthcare decision-making processes (although the usual 28 calendar day timescale between Checklist and decision does not apply for young people in transition).
- 4.4. The relevant case manager or allocated practitioner is responsible for completing and submitting a
- a) Continuing Healthcare Checklist
 - and
 - b) Fully completed consent form
 - c) Fully completed equality monitoring form
- 4.5. Checklists from Children and Young People's Continuing Care should be treated as an internal transition case as opposed to a new referral.
- 4.6. If the young person is deemed to lack mental capacity to consent to a Continuing Healthcare assessment, a best interest decision will be made regarding this, in consultation with family/carers. If the young person is a Looked After Child (LAC), consideration for advocacy support is required and their Personal Advisor should be involved in the consent and assessment process. Consideration for Deprivation of Liberty Safeguards (DoLS) must also be undertaken at this time.
- 4.7. The relevant case manager or allocated practitioner will lead the coordination of the multi-disciplinary assessment for Continuing Healthcare, this will be jointly completed with an adult Continuing Healthcare Practitioner.
- 4.8. There is a duty to perform the assessment in a timely manner to ensure a smooth transition of care. Ideally the assessment process should take no longer than 6 weeks.

- 4.9. Any entitlement that is identified by means of these processes before a young person reaches adulthood will come into effect on their 18th birthday, subject to any change in their needs.

5. Young people in receipt of an Education and Health Care Plan (EHCP)

- 5.1. As part of the EHCP process, actions for transition will be documented from age 14. Pathway planning process for Looked After Children starts no later than 3 months after a young person's 16th birthday. If a Protection from abuse process has been initiated, then this will need to be reflected in the pathway plan and the two should be closely aligned.
- 5.2. If the young person has an EHCP and is in an education placement, assessment for adult NHS Continuing Healthcare should take place early enough in the calendar year to enable final funding decisions to be made and communicated before the end of March. This will enable continuation of educational placements from the following September onwards. It is important that planning takes place in good time as an educational placement should not cease mid-way through an academic year.
- 5.3. During transition, it is important that adult All Age Continuing Care staff are represented at EHCP meetings and all other transition planning meetings.

6. Eligibility Decision – not eligible

- 6.1. If a young person is found not eligible for NHS Continuing Healthcare funding, they may be eligible for joint funding, this should be considered in line with The Joint Packages of Care Procedure. If a decision has been made that there is a case for "joint funding" this will be managed by the adult AACC teams after the 18th birthday in partnership with other funding organisations, effort should be made to complete joint or trusted assessor reviews so as not to subject the young person to multiple reviews.
- 6.2. A letter confirming this will be sent within two weeks of the decision being made to the individual / family, the current provider and adult social care with a funding end date (usually the 18th birthday) or giving appropriate notice should this be after the 18th birthday. If the young person is in an educational placement, then decisions will need to be made and communicated well in advance of 31st March.
- 6.3. The individual /parent / carer may request NHS Cheshire and Merseyside to review the decision, information regarding how to do so and the Local Resolution process will be included in the eligibility outcome letter.
- 6.4. Even if a young person is not eligible for adult NHS Continuing Healthcare, they may have certain health needs that are the responsibility of the NHS. In such circumstances, the relevant case manager or allocated practitioner will continue to play a full role in transition planning for the young person and should ensure that appropriate arrangements for transition / handover are in place for their 18th birthday. The focus should always be on the individual's desired outcomes and the support needed to achieve these.

7. Eligibility Decision – eligible

- 7.1. When a young person in transition is found to be eligible for NHS Continuing Healthcare as an adult, a letter will be sent confirming this to the individual / parent /carer, adult social care, and current provider.

- 7.2. Where a young person has been assessed as being eligible for adult NHS Continuing Healthcare when they reach 18 years but lacks the mental capacity to decide about their future accommodation and support arrangements, a best interest decision is required. This process must be compliant with the 2005 Mental Capacity Act, with regards to consulting relevant people. If there is a significant difference of opinion between the responsible commissioner and the young person's family as to what arrangements are in the individual's best interests, this needs to be resolved before their 18th birthday. Normal best practice is that such resolution is achieved through open and collaborative discussion between all parties. If there remains disagreement, timely application should be made to the Court of Protection early enough for care and support arrangements to be in place when the young person reaches 18.
- 7.3. A key aim is to ensure that a consistent package of support is provided during the years before and after the transition to adulthood. The nature of the package may change because the young person's needs, or circumstances change. However, it should not change simply because of the move from children to adult services or because of a change in the organisation with commissioning or funding responsibilities. Where change is necessary, it should be carried out in a planned manner, in full consultation with the young person and their family or representative, explaining the options available through Personal Health Budgets (refer to paragraphs 296-300 of the National Framework for NHS Continuing Healthcare and Funded Nursing Care 2022). The 'right to have' a personal health budget applies to children and young people in receipt of Continuing Care and adults eligible for NHS Continuing Healthcare.
- 7.4. The relevant case manager or allocated practitioner will liaise with an Adult AACC Commissioning Nurse to ensure they are involved in transition meetings and planning following an eligibility decision is made.
- 7.5. Adult AACC however does not have the responsibility to commission education, therefore if the young person remains in education post 18 years old the relevant case manager or allocated practitioner will liaise with the Special Educational needs and Disabilities (SEND) team regarding this.
- 7.6. A package of care should not change just because the funding stream has changed unless a provider can no longer support the young person, or the package is found to be ineffective, or not in line with the principles of the Integrated Care Board (ICB) Commissioning Policy.
- 7.7. There may be occasion where a change is required to a package of care a few months prior to the young person's 18th birthday, in these instances it is appropriate for the adult AACC Commissioning Nurse to commission this new package.
- 7.8. If equipment has been purchased specifically for the young person, this should transition with them to adult services.
- 7.9. A commissioning handover meeting should take place three months prior to the young person's 18th birthday to establish exactly what provision will be in place post 18 and how it will be funded. This meeting will take place between NHS Cheshire and Merseyside and Local Authority (plus an educational representative if the young person is still in education). Should there be a change to funding responsibilities then the 'Safe Transfer of Case Management and Funding between Organisations Procedure' should be followed.
- 7.10. For all young people that transition from Children and Young People's Continuing Care to adult AACC, the relevant case manager or allocated practitioner can be available to work with adult colleagues for advice and support if necessary.

- 7.11. The first review for NHS Continuing Healthcare would then normally take place three months after the person's 18th birthday and thereafter at least annually.

8. Young people in receipt of Section 117 Aftercare Services

- 8.1. Young people in receipt of section 117 aftercare services or detained under section 3 of the mental health act will not need a CHC checklist.
- 8.2. The relevant case manager or allocated practitioner will undertake a review of the young person within three months of their 18th birthday and liaise with adult mental health Senior Commissioning Nurses so that they are aware of the individual.

See next page for Appendix 1.

**Appendix 1: Local Standard Operating Procedures / pathways to be followed.
Children and Young People’s Continuing Care Transition Pathway for those in receipt
of Continuing Care funding.**

