

**Reference:** FOI.ICB-2526/184

**Subject:** Children's Continuing Care

*I can confirm that the ICB does hold some of the information requested; please see responses below:*

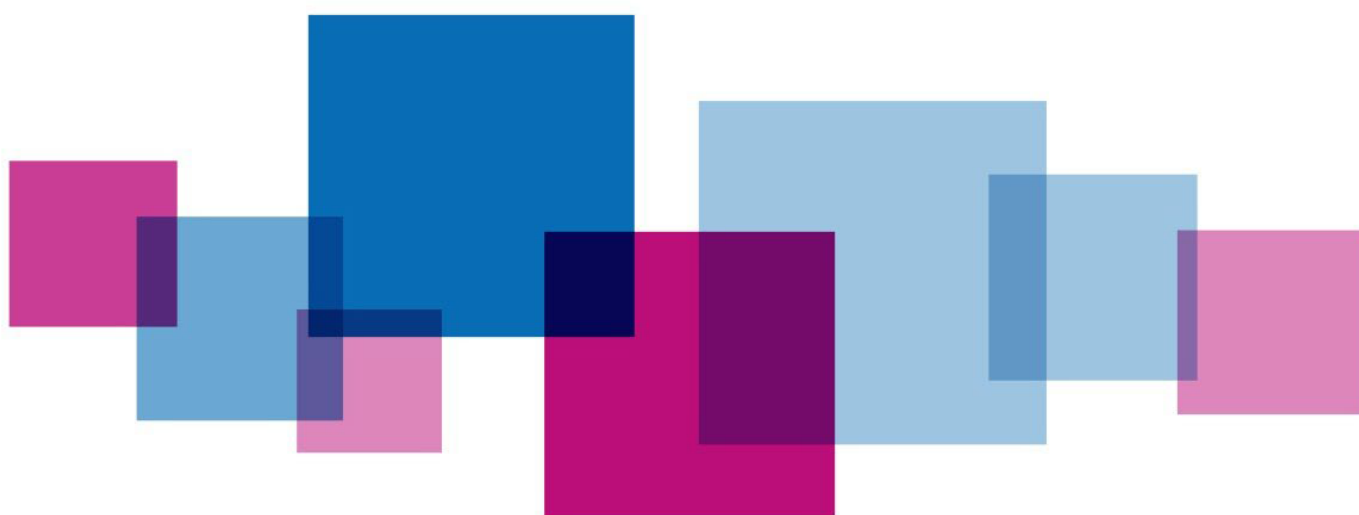
QUESTION	RESPONSE
Please find below a request for information under the Freedom of Information Act. We would be grateful if you could provide responses to the following questions in relation to children and young people aged 0-17 inclusive.	
<p>1. Please confirm the number of children and young people in receipt of children's Continuing Care funding:</p> <ul style="list-style-type: none"> <li>- During the financial year 2024/25.</li> <li>- As of 31st August 2025</li> </ul>	<p>During Financial Year 2024/25 = 27 As of 31/08/2025 = 28</p>
<p>2. Does your ICB provide funding for packages of homecare support or residential care for children with complex health needs who do not meet the threshold for Continuing Care? If yes, please provide brief details.</p>	<p>Yes, the ICB provides funding for packages of homecare support or residential care for children with complex health needs who do not meet the threshold for Continuing Care. Decisions are made on a case-by-case basis.</p> <p>One example is that the ICB jointly funds care for children with complex health needs who are S117 eligible having been previously detained under the Mental Health Act 1983.</p> <p>Another example may be where the ICB contributes to a jointly commissioned package with a Local Authority to prevent further</p>

	deterioration of a crisis situation, or to prevent an admission to hospital.
3. If yes to question 2, please confirm the number of children and young people in receipt of this funding as of 31 <sup>st</sup> August 2025.	Please note, the number of patients is less than 5; therefore they have not been included as this could potentially make the patients identifiable.
4. For the children and young people identified in questions 1 and 2, please confirm how many were jointly funded with a Local Authority as of 31st August 2025.	The ICB CYP team have a total of 11 packages of care that are funded both by LA and CCC.
5. In relation to jointly funded (ICB and Local Authority) packages of homecare support for individual children/young people, does the ICB contribution include overnight short breaks outside of the family home, either in Local Authority in-house provision or via other specialist commissioned providers?	No
6. If yes to question 5, please confirm the number of children and young people who were in receipt of this funding as of 31 <sup>st</sup> August 2025.	N/A
7. If yes to question 5, please provide the annual financial contribution: During the financial year 2024/25. As of 31st August 2025.	N/A
8. Does your ICB provide funding to a local authority (authorities) for any short break arrangements that are not individual child-specific packages? An example would be contribution to a local authority in-house or commissioned short-break respite home(s). Please provide the annual financial contribution and/or percentage of the total arrangement.	The ICB pays Children's Hospice South-West, who invoice the ICB to provide resilience stays for our families when needed at Charlton Farm Hospice. The Annual contract value for 2025/26 is £385,857.88. The ICB does not ask the provider to break down what proportion of this is specifically used for short breaks.

	<p>While CHSW is not jointly commissioned, we do have joint commissioning agreements with Bristol and South Gloucestershire councils for short break provision (some overnight stays and some daytime provision).</p> <p>I have included the information below regarding the joint commissioning agreements held between the ICB and Bristol / South Gloucestershire councils:</p> <ul style="list-style-type: none"> <li>- Section 75 Agreements: <ul style="list-style-type: none"> <li>o Bristol City Council – Short Breaks, ICB contribution £627,834 per annum</li> <li>o South Gloucestershire Council – Russell House, ICB contribution £313,000 per annum</li> </ul> </li> </ul>
<p>9. Please provide a copy of any joint funding protocols/principles your ICB has with Local Authorities in relation to children with complex health needs.</p>	<ol style="list-style-type: none"> <li>1. <a href="https://bnssghealthiertogether.org.uk/library/commissioning-policy-for-individual-funded-care/">https://bnssghealthiertogether.org.uk/library/commissioning-policy-for-individual-funded-care/</a></li> <li>2. Enclosed is the Interagency Joint Funding Protocol</li> </ol> <p>Please note: FOI requests and responses are publicly available and therefore personal information has been redacted. The ICB considers the names included in the enclosed document to be personal information and therefore has applied a section 40 (Personal Information) exemption to this information.</p>

***The information provided in this response is accurate as of 13 October 2025 and has been approved for release by Rosi Shepherd, Chief Nursing Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.***

# Interagency Joint Funding Protocol



***Please complete the table below:***

*To be added by corporate team once policy approved and before placing on website*

<b>Responsible Executive Director:</b>	
<b>Author and Job Title:</b>	<div></div> – Associated Director of Nursing and Quality <div></div> – Head of Funded Care Business
<b>Date Approved:</b>	
<b>Approved by:</b>	
<b>Date of next review:</b>	

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# Inter-agency Joint Funding Protocol

## 1 Introduction

The National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care, 2018 (the Framework) references the responsibilities of both health and social care to work in partnership to maximise effective care and support for an individual.

## 2 Purpose and Scope

The purpose of this protocol is to set out the CCG's approach to jointly funding care for adults, children and young people who are registered to a Bristol, North Somerset and South Gloucestershire (BNSSG) GP practice.

This protocol does not apply to adults entitled to Section 117 aftercare funding.

## 3 Basic principles of joint funding

### 3.1 Existing CCG commissioned services

Jointly funded provision may be delivered through NHS services such as district nursing, physiotherapy, speech and language and other NHS commissioned services.

### 3.2 Joint funding care packages

A joint package of care with the Local Authority may also be agreed if there is a particular identified health requirement which cannot be met through commissioned care. In such cases these needs will be identified within an assessment and be part of an individual's care plan. It may also be applied to those who are found to be no longer eligible for NHS Continuing Healthcare (CHC) or Children's Continuing Care (CCC) on review. Multi-disciplinary teams undertaking CHC and CCC assessments will be able to recommend where an individual may be suitable for joint funding.

### 3.3 Funded Nursing Care

Joint funding may also be met under the provision of NHS Funded Nursing Care (FNC). The decision may be made that an individual meets the criteria for FNC following an assessment of need and the generation of a checklist or as an outcome of the CHC assessment process where an individual is found not eligible for CHC, but has needs that require the oversight and input of a registered nurse within a care home. In cases where individuals are awaiting the outcome of the CHC process the CCG may decide to pay FNC prior to a CHC decision being reached if the process

has become protracted and this decision supports the ongoing stability of the care arrangements in the interim.

The process for determining FNC eligibility is set out within the CCG's CHC Operational Policy and is therefore not addressed within this protocol.

## **4 Definitions/explanations of terms used**

### **4.1 NHS Continuing Healthcare**

A package of ongoing care arranged and solely funded by the NHS where an individual has been assessed and found to have a "primary health need" as set out in the National Framework.

### **4.2 Children and Young People's Continuing Care**

A children and young people's (CYP) continuing care package will be required when a child or young person has needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone.

### **4.3 Decision Support Tool (DST)**

The DST is a national tool to bring together information from the assessment of needs and applying evidence in a single practical format to facilitate consistent evidence based recommendations and decision making regarding eligibility for NHS Continuing Healthcare.

## **5 Duties and responsibilities**

### **5.1 BNSSG CCG**

The CCG has a duty under the National Framework to consider joint funded health and social care as part of the adult CHC process. This may apply where specific needs have been identified through the Decision Support Tool that are beyond the powers of the local authority to meet on its own.

For children and young people, the CCG will support the Local Authority in commissioning joint packages of care, where there is an identified health need that cannot be met by existing commissioned universal or specialist health services.

### **5.2 Local Authority**

The Local Authority will identify cases suitable for discussion around joint funding, where an individual has specific needs that have been identified as being beyond that which the Local Authority can meet on its own. This could be because the specific needs are not of a nature that a Local Authority could be expected to meet, or because they are not incidental or ancillary to care that the Local Authority would be commissioning under sections 18-20 of the Care Act 2014.



### **5.3 CCG and Local Authority shared responsibilities**

In a jointly funded package of care the CCG and the Local Authority can each contribute to the package by any one, or more, of the following:

- a) Delivering direct services to the individual
- b) Commissioning care/services to support the care package
- c) Transferring funding between their respective organisations
- d) Contributing to an integrated personal budget

Although the funding for a joint package comes from more than one source it is possible that one provider, or the same worker(s), could provide all the support. Examples can include:

- An individual in their own home with a package of support comprising both health and social care elements;
- An individual in a care home (with nursing) who has nursing or other health needs, that are beyond the scope of FNC contributions; or
- An individual in a care home (without nursing) who has specific health needs requiring skilled intervention or support, that cannot be met by community nursing services and are beyond the power of the local authority to meet.

## **6 Joint Funding Process**

As detailed in section 3.2 a joint package of care with the Local Authority may be appropriate if there is a particular identified health requirement which cannot be met through existing commissioned care. This will in most cases have been identified as a result of a CHC or CCC assessment, and via an multi-disciplinary team discussion.

### **6.1 Joint Funding Panel**

The CCG and Local Authorities in BNSSG operate separate adult and CYP panels to consider requests for joint funding.

The overall aims of the panel process are to:

- provide a clear multi-agency decision making process which is robust, transparent and equitable;
- provide a consistent approach to providers and local authorities and provide consistent communication to joint funded individuals;
- provide quality assurance and improve commissioning value.

Where a Local Authority or the CCG identifies a case for consideration at the relevant joint funding panel, it will complete the appropriate Joint Funding Request Form.

### **6.2 Arranging the package of care**

There are several available routes through which jointly funded packages of care can be commissioned, such as:

- The CCG directly arranging care to meet the identified health needs;
- The CCG providing the individual with a Personal Health Budget so that they can arrange care to meet their identified health needs;
- The Local Authority commissioning care to meet the identified health needs and recharging the costs to the CCG;
- The CCG contributing funding to an integrated personal budget, paid by the Local Authority directly to the individual.

### **6.3 Lead commissioner arrangements**

In each case agreed at Joint Funding Panel the lead commissioning organisation will be defined. In most cases of joint funding, the relevant Local Authority will remain the responsible commissioner and as such be required to initiate and lead on all reviews in partnership with the CCG. The exception to this is where the CCG funds the majority percentage of the care package, in such cases the CCG will be the responsible commissioner.

The lead commissioning organisation will take responsibility for arranging placements and care, contracting, and case management.

The appropriate organisation will be recharged for the share of the costs by the lead commissioner as confirmed at the relevant funding panel. Funding start dates will also be agreed at the funding panel on a case by case basis:

- For an existing care package/placement that has been agreed for joint funding, the start date of the financial split will in most cases be the date of the funding panel at which the decision has been reached. On occasions, such as cases where joint funding is being sought on a retrospective element of care e.g. a crisis care package put in place to support an individual over a weekend, the panel may agree to backdate funding.
- If the package is a new package and has yet to be commissioned then the lead commissioning organisation will need to inform/confirm the partner of the start date of the package once it has been arranged.

The CCG disputes process, along with its timescales, should be followed if an agreement cannot be reached on the start date for funding.

### **6.4 Case Management**

The on-going case management responsibility of the patient will be defined at the time the patient for joint funding is agreed, but in most cases will be the lead commissioning organisation. Case management will include periodic review of the individual's care needs and the suitability of the commissioned care package.

Where there are overlapping powers and responsibilities, a flexible, partnership-based approach should be adopted, including which party will take the lead commissioning role.

## 6.5 Reviews

Jointly coordinated CCG and local authority reviews will be undertaken for any joint package of care in order to maximise effective care and support for the individual.

Joint reviews will be undertaken at least 3 months from the commencement of the joint package of care and thereafter on an annual basis or sooner if there is a change in the individual's level of need.

This review will be completed in conjunction with a CHC/CCC nurse and will follow the process for assessing for full NHS CHC:

- if the patient's needs have significantly increased then a full NHS CHC/CCC assessment will be completed to determine eligibility.
- If needs have not significantly changed then a recommendation of continuation of the shared care arrangement can be made.
- If needs have significantly decreased then a checklist should be completed & if not warranting a full NHS CHC assessment then joint funding will cease.

## 6.6 Children and Young People

- Children's Continuing care referrals that have completed CCC assessments will be discussed at the Children and young people Complex Care Panel The panel is a multi-agency panel with LA representatives from across BNSSG.
- Children's Individual Funding requests for looked after children placed out of area and other exceptional cases with complex needs will be discussed at the Children and Young People's Complex Care Panel
- Reviews for CCC eligibility and packages of support will all be discussed at the CCC panel with the relevant LA representative.

## 7 Dispute Resolution

The CCG acknowledge that there will be occasions where there may be differences of opinion regarding CHC/CCC joint funding

Following a quorate panel decision, the CCG would not expect to receive a dispute from the LA in relation to an eligibility decision or appeal outcome.

However, in exceptional circumstances when this may arise, the CCG/LA agreed Adults and Children's Disputes Resolution Protocol would then be followed.

### 7.1 Funding Pending Resolution

Neither the CCG nor the Local Authority will unilaterally withdraw from funding an existing package. Funding will continue without prejudice until the dispute is resolved

### 7.2 Dispute Resolution around funding contributions

If a dispute is raised at a time when services are jointly funded by both the CCG and a Local Authority, then this funding arrangement will continue without prejudice until the end of the dispute resolution process.

The procedure for consideration of disputed joint funding is set out below. Joint funding can be defined as being either:

- NHS-funded Nursing Care (FNC) – adults.
- A joint package of health and social care – adults and children.

Joint funding cases relating to adults will be presented to the CCG's Joint Funding Panel which will convene monthly. Joint funding cases relating to children will be presented to the CCG's Children's Continuing Care Panel which convenes monthly.

In most case the likely cause of dispute in relation to joint funding will be one of the following:

- Dispute around the requirement for joint funding – this situation would arise where the two organisations cannot reach agreement about whether the care should be jointly-funded.
- Dispute around the apportionment of health and social care funding – this situation would arise where the both organisations agree that there is sufficient cause for joint funding but disagree on the apportionment of funding responsibility.
- Dispute around payment of refunds.

The CCG and Local Authority will operate a 4-stage process for managing a disagreement around joint packages of care for an adult or child. This process is similar to the dispute process adopted for eligibility as set out above. The underpinning driver for any dispute process is that a suitable resolution is achieved at the earliest possible point. The process is set out in detail below.

### **Initial - Joint Funding Panel/Children's Continuing Care Panel**

The joint funded application and associated supporting documentation are submitted by the organisation wishing to request a joint funded care package. The application and supporting evidence are discussed at the relevant panel as outlined above and agreement is reached on:

- The requirement for joint funding; and/or
- The apportionment of health and social care funding.

In the event that a consensus view on joint funding and/or apportionment of funding is not reached, any further evidence required to support the application will be sought and the case will be brought back to the next panel. The CCG is responsible for administration of the Joint Funding Panel/Children's Continuing Care Panel.

### **Stage 1 – Case returned to the Joint Funding Panel/Children's Continuing Care Panel**

The aim of reviewing the case again at a second Joint Funding Panel/Children's Continuing Care Panel is to review all available evidence, including any new evidence in order to reach a consensus view on the joint package of care.

The CCG and LA expect the majority of disagreements from an initial panel meeting to be resolved at this stage and to require no further escalation. All parties will approach the reconvened panel meetings with the genuine aim of considering the available evidence in a fresh light.

In the event that the reconvened panel is unable to reach a consensus view on requirement for joint funding and/or apportionment of health and social care funding, it will be necessary to formalise the disagreement as disputed and a Formal Dispute Resolution Meeting will be required to take place within 10 working days of the reconvened panel meeting.

The CCG will be responsible for arranging the Formal Dispute Resolution Meeting within 10 working days of the second panel meeting.

The organisation raising the dispute will be expected to set out in writing two days before the Formal Dispute meeting, the precise nature of their concern, so that this can be considered in the Formal Dispute Resolution Meeting.

### **Stage 2 – Formal Dispute Resolution Meeting**

Formal dispute resolution will be achieved via a meeting between the CCG and Local Authority at Associate Director level. All previously submitted information and any relevant supporting information, including the written rationale from the organisation raising the dispute, will be scrutinised in order to reach a decision. Senior clinical, or social care practitioner input may be requested to attend to support the resolution process. Terms of reference for the meeting need to be agreed by both parties. This meeting is minuted and the CCG will provide the necessary administrative arrangements to support the meeting. The minutes will be formally signed off by both parties.

It is expected that the need for formal dispute resolution will not often be required. The CCG will monitor the frequency of requests for formal dispute and where regular patterns are identified involving individual teams or practitioners this will be discussed with them, and where necessary their organisations, to address any practice issues or training requirements.

In the event that agreement on joint funding and apportionment of funding is not reached at this stage, it will be necessary to escalate the formal dispute to a Final Formal Dispute Resolution Meeting. The Final Dispute Resolution Meeting will take place within 10 working days of the Formal Dispute Resolution Meeting and the CCG will be responsible for arranging the meeting.

### **Stage 3 – Final Formal Dispute Resolution Meeting**

It will be the responsibility of the Director of Quality & Nursing (CCG) and the appropriate Director in the LA to attempt to resolve the dispute where the previous stages of the process have been unable to reach an acceptable resolution for both organisations.

All information pertaining to the process and the minutes of the Formal Dispute Resolution Meeting will be shared ahead of the meeting for consideration. Terms of reference for the meeting need to be agreed by both parties. This meeting is minuted and the CCG will provide the necessary administrative arrangements to support the meeting. The minutes will be formally signed off by both parties.

In the event that agreement around joint funding and apportionment of health and social care funding is not reached, it will be necessary to request Independent Arbitration, which the CCG will arrange to be concluded with 20 working days.

### **Stage 4 – Independent Arbitration**

The CCG will approach a number of CCG's and local authorities to identify an area with capacity to consider the case within the 20 working days timeframe. The CCG and Local Authority identified will wherever possible will be from the same geographical area. Terms of reference for the meeting need to be agreed by both parties.

The aim of the Independent Arbitration process will be for the independent CCG and LA to consider all available information and provide a recommendation on joint funding and apportionment of health and social care funding. The CCG and LA will agree to abide by the recommendation of the independent arbiters.

It is expected that the identified CCG and LA arbiters will consider the case as part of a reciprocal agreement in which the CCG and one of the three LA's will provide a similar service if required in future. However, should the process require a specific commissioning arrangement to fund the arbitration, the CCG and local authority that are in dispute will agree to split the costs incurred on a 50:50 basis. Written confirmation of the proposed costs will be shared in advance and agreement will be required from both organisations before proceeding to independent arbitration.

Following the Independent Arbitration process both organisations previously in dispute will undertake a joint review of the case in order to identify areas of improvement required to ensure that similar cases can be resolved at a lower level in future. It will be important to consider how lessons learned from the case can be reflected in joint training that is delivered to health and social care staff.

Following stage 4 all parties reserve the right to challenge any decision via legal proceedings'

