



Assessment and Care Planning of Service Users in their Own Homes, in Supported Living or in Residential or Nursing Homes.

Staff Operational Procedures & Guidance.

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INTRODUCTION:

Assessment and Care Planning arrangements in the Southern HSC Trust (SHSCT) are governed by legislation and DHSSPS Guidance including Circular (ECCU1/2010), *Care Management, Provision of Services and Charging Guidance*.

The Circular provides updated guidance on;

- The care management process, including assessment and case management of health & social care needs,
- Provision of services, including placement of service users in residential & nursing homes (including right to a choice of accommodation) and
- Charging for personal social services provided in residential & nursing homes.

For the purposes of this document, the term care management is used to describe the whole concept which embraces the key functions of:

- Case finding, i.e. making information available to the public and service users and
- Carers about the range of services available and potential sources of help;
- Screening and determining the level of assessment to be undertaken when a person is referred;
- Undertaking a proportionate, person-centred assessment of the individual's needs,
- Having due regard to the needs of carers;
- Developing and implementing a care plan and a care package (which may comprise a range of services) to meet identified needs; and
- Monitoring, reviewing and adjusting the care plan and care package as required.

This document outlines the specific actions required at each stage of the case management process, the person(s) responsible for those actions and the documentation to be used is the Case Manager/ Keyworker. A Case Manager/ Keyworker is a practitioner who, as part of their role, undertakes case management, i.e. the individual who maintains a single, overview of the needs and progress of a service user who MAY have complex needs or be in contact with several practitioners or agencies; embedding a common language of assessment; care planning; response; and improving trust, communications and information sharing between the service user, carers (as appropriate), practitioners and service providers. The terms Case Manager/ Keyworker, care co-ordinator or lead professional and, in the context of NISAT, have all been used to describe this role.

The Northern Ireland Single Assessment Tool (NISAT)

The NISAT supports the exercise of professional judgement in the care management process; and the earliest possible provision of safe and effective health and social care. NISAT is designed to capture the information required for holistic, person-centred assessment.

Within this operational guidance the use of NISAT documentation applies only to OPPC, Physical Disability & Sensory Impairment and Learning Disability care managed service users.

Promoting Quality Care (PQC) - Guidance on Risk Assessment and Management in Mental Health and Learning Disability Services

The PQC guidance aims to embed risk assessment and management into daily practice and ensure that all individuals who require treatment, care and support from secondary mental health and learning disability services receive this, based on an individual assessment of their care needs. It highlights good practice in the assessment and management of risk for all service users.

Within this operational guidance the use of PQC applies only to Mental Health/ Dementia and Learning Disability* case managed service users (*where appropriate).

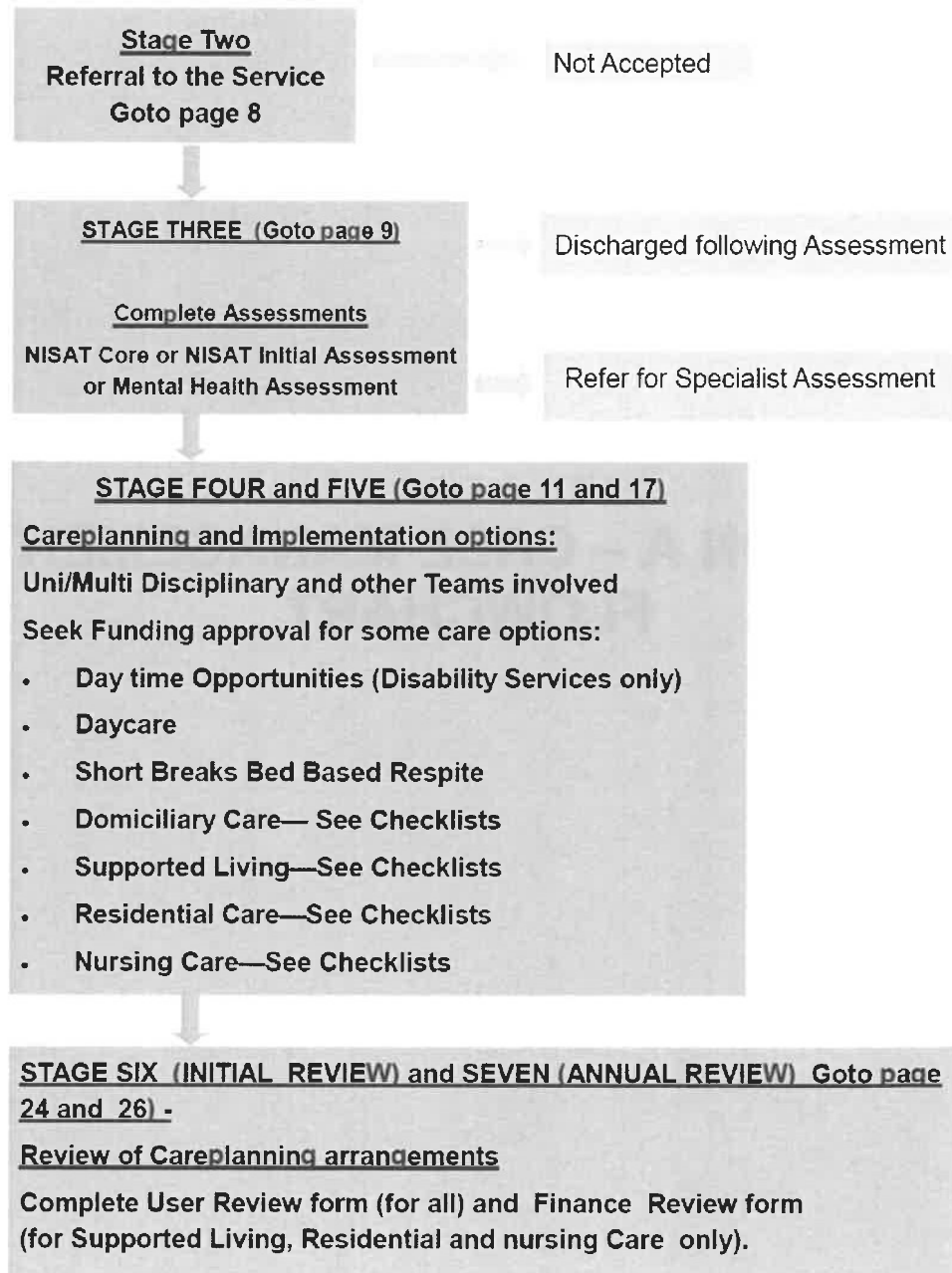
SERVICE USER/PATIENT GROUPS COVERED BY THIS PROCEDURE/GUIDANCE:

The view of the DHSSPSNI is that everyone, regardless of whether their needs are short or long term and whether these are complex or not, has the right to access the care management process and receive appropriate levels of advice and support.

This procedure/guidance describes the activity included within the concept of Care Management of advocating and co-coordinating services for individuals who have complex or frequently or rapidly changing needs, which require a range of support services. This will include service users accessing services in Residential or Nursing Homes, in Supported Living and in their own homes who are referred for Care Management.

SECTION A – CASE MANAGEMENT FLOWCHART

Case Management Care pathway



SECTION B – CASE MANAGEMENT PROCESS

1.0 Stage 1 - Case Finding – Identification of Complex Needs

Case finding is the process the Southern HSC Trust follows in proactively publicising the Care Management Process with referrers, service users and carers. Arrangements for assessment and service delivery are published to assist those who are likely to need them and to referring agents to make appropriate referrals.

1.1 Roles and Responsibilities

All Trust staff give and explain, relevant (user friendly) accessible information to service users, carers and referral agencies about the care management process and the help/support available.

Case Manager/ Keyworkers are to ensure that:

- Relevant information is given upon their receipt of a referral.
- Additional information is made available and explained as appropriate.
- Case records reflect that information has been given.
- Case records reflect consent to care

1.2 Documentation to be used

- Trust Case Management Leaflet published on SHSCT External Website and available to relevant groups/person(s)/referring agents.

2.0 Stage 2 - Referral Processes including Screening & Allocation

2.1 Referral Forms

- In OPPC - the NISAT Contact Screening pro-forma will be used.
- In Adult Mental Health, Physical Disability, Sensory Impairment (PDSI) and Learning Disability Services referral information will be recorded on the standard Referral Pro-forma.

2.2 Referral Screening & Allocation - Roles and Responsibilities

All Referrals **must** be screened by a professionally qualified and registered staff member. If accepted the referral will be allocated by the Team Leader to a Case Manager/ Keyworker for the completion of a NISAT Core and/or PQC Assessment. If the new referral meets the basic criteria for assessment for SHSCT services the referrer is informed that the referral has been accepted. The process of referral follow-up including possible time frame and assessment is explained to the referrer by the allocated worker.

If it is established that the referral is inappropriate, the reason for this is explained to the referrer and an alternate course of action suggested and documented by the professional staff member screening the referral.

All Case Management referrals must follow the specific existing referral pathways within each Programme of Care.

Information systems are to be updated by Administration staff to inform Performance Management Targets.

2.3 Documentation to be used for Referral Screening & Allocation

- For OPPC: Referral is recorded by referral agent/recipient on NISAT Contact Screening Form.
- For Physical Disability, Sensory Impairment (PDSI), Learning Disability and Mental Health Services - Referral is recorded on the Standard Referral Form
- Letter to client advising of Assessment

3.0 Stage 3 - Multidisciplinary Assessment

3.1 Roles and Responsibilities

Roles and Responsibilities of Case Manager/ Keyworker

The Case Manager/ Keyworker will explain their role and responsibilities to the service user/representative and obtain consent both to proceed with assessment and to consult with other disciplines. Case Manager/ Keyworker to provide the service user/representative with the Case Management information leaflet and We value your views form.

Case Manager/ Keyworker will agree with the service user/carer which professionals may have access to information gathered, and also explain the duty to pass on information, without consent, where legally obliged to (e.g. where public interests / Trust Adult Safeguarding / Child Safeguarding Procedures require this).

Case Manager/ Keyworker initiates NISAT Initial Assessment and/ or Core and Complex (as required) or Mental Health Services Assessment (in Mental Health Services) and commissions specialist assessments as appropriate to each individual service user. The Holistic Risk Assessment Form must be completed by the Case Manager/ Keyworker where specific risks have been identified in either the Core or Complex Assessments. Within Mental Health and Learning Disability the Regional PQC Risk Assessment must be completed or the Dementia Risk Assessment should be completed.

After completing the Assessment and/or Risk Assessment it may be necessary to report concerns with the Regional Out of Hours Social Work Service, the Case Manager/ Keyworker should populate the prescribed form (RESWS-Res-Nursing Care_2015)

The Assessment is to include a discussion on the management of finances, including the financial implications of moving into a care placement with referrals being made to Benefits Advice Agencies and or Advocacy Bodies as appropriate. The Case Manager/ Keyworker issues to the service user/representative the information booklet entitled "*Guidance on Paying for Care in a Residential /Nursing Home*".

Case Manager/ Keyworker shares the outcome of assessments with the service user/representative and offers separate carers assessment for any carer(s).

Case Manager/ Keyworkers must ensure assessments of need contain information on the service user's financial resources including income and benefits in order to ensure they are in receipt of full entitlement. This will inform and support the development of a holistic care plan to meet assessed need and will identify what contribution the service user may have to make towards the provision of a domiciliary care service. Staff should refer to the provisions of the Home Help Model Scheme for guidance.

Referrals to the Trust Finance Department for a financial assessment (Financial Referral/ Admission Form 2) of service users accessing Residential/Nursing Care are the responsibility of the Case Manager/ Keyworker arranging the placement. This should be done in advance of the placement, See Stage Four.

Information systems are to be updated.

Roles and Responsibilities of Administrative Staff

- Issue letters regarding outcomes of referral and screening
- Issue letters seeking assessments
- Updating information systems
- Opening files

3.2 Documentation to be used

- For OPPC, Physical Disability & Sensory Impairment (PDSI) and Learning Disability service users NISAT Initial Assessment /Core /Complex assessment is completed by Case Manager/ Keyworker
- For OPPC, Physical Disability & Sensory Impairment (PDSI) and Learning Disability, Mental Health service users NISAT Carers assessment completed by Case Manager/ Keyworker.
- For Mental Health use Mental Health Services Assessment
- For Adult Mental Health, Learning Disability and Dementia Services PQC Documentation is completed by the Case Manager/ Keyworker.
- Regional PQC Dementia Risk Assessment
- Profession Specific Specialist Assessments completed by each specialism.
- NISAT Specialist Assessment Summary
- Holistic Risk Assessment completed by Case Manager/ Keyworker

- RESWS-Res-Nursing Care_2015
- Information booklet: Guidance on Paying for Care in a Residential /Nursing Home issued by Case Manager/ Keyworker.
- We Value your views
- Trust Information Leaflet

4.0 Stage 4 – Care Planning

4.1 Roles and Responsibilities

Roles and Responsibilities of Case Manager/ Keyworkers

Agreeing the Care Plan

Case Manager/ Keyworkers must agree the priority needs identified in the Core NISAT Assessment or Mental Health Services Assessment (in Mental Health Services) with the service user. The service user and his/her family should be assisted to identify “good outcomes” in relation to how care needs including non-assessed needs can be met. This will ensure the care plan adopts a person centred focus. The care plan must identify risk and how this will be managed. Self-Directed Support / Direct Payments must always be discussed and offered to the service user and their family as an option for them to consider.

Service users and their families should be encouraged to examine if and how, available personal resources can be used to develop person centred care plans intended to enhance the service user's quality of life. Key Worker will assist in this process by identifying the support available from the Trust in meeting agreed care plan outcomes.

The service user and their family should be helped to identify individual/family/community resources available to achieve the agreed care plan outcomes. Some of these will not necessarily have a financial cost attached to them. The service user and their family should be informed of all registered health and social care services in Northern Ireland including nursing homes, residential care homes and domiciliary care agencies as available on the RQIA website, Register of Services section.

[http://www.rqia.org.uk/what we do/registration inspection and reviews/service provider directory.cfm](http://www.rqia.org.uk/what_we_do/registration_inspection_and_reviews/service_provider_directory.cfm).

And SHSCT Share point, which contains a list of Domiciliary, Residential and Nursing home providers. (Follow the link)

<http://sharepoint/pr/perfimp/scc/SitePages/Contracts.aspx>

If funding is required, for Domiciliary Care, Supported Living, Residential or Nursing Care, from the Trust each Case Manager/ Keyworker will need to seek approval from their Line Managers and/ or a funding panel.

Choice Assurance Form

Where the agreed care plan outcome is to seek a residential/nursing home placement Case Manager/ Keyworkers will be required to follow the Trust "Choice Assurance Procedures". These are designed to ensure the service user and his/her family are supported to identify their first, second and third preference homes. The 1st stage in the procedure is to record these choices on the relevant "Choice Assurance" Form.

The Trust will maintain a record of service user preferences in relation to home placements as per existing procedures. Service users will be offered the option to transfer to their home of 1st preference whenever they have reached the top of the Trust waiting list and a place becomes available.

Temporary placements should have an exit plan and any which exceed 8 weeks must be approved by the Head of Service. When completing the Choice form the Case Manager/ Keyworker should complete the Agreement to Pay form (RA11).

Bed Based Short Break Admissions (previously known as Respite)

Short Breaks to be considered when the Case Manager/ Keyworker has reflected that in the Carers Assessment. Appropriate Short Breaks e.g. shared care, residential or nursing care is commissioned according to the core assessment of need and the appropriate category of care identified. The Case Manager/ Keyworker will need to forward the current: Assessment, Care Plan and Risk Assessment and arrange for current medication to be sent to the Short Break provider prior or on the day of admission. For some service users it will necessary to forward a list of equipment that is used by the service user in their home.

The Case Manager/ Keyworker will need to complete the Charging for Respite Form, Agreement to pay and update the TEAMS Short Breaks monthly return. The monthly return is forwarded to the Finance Department at the end of each month.

Extra Statutory Authority (ESA).

Should the service user wish to transfer to a Home in England, Scotland or Wales then an ESA will be required. When an ESA is being considered the ESA process should be followed by Case Manager/ Keyworkers. All placements to discussed with the HOS in advance of placement agreement.

Following recent changes in legislation (DAWN insert) it is now legal for clients to place from elsewhere in Britain in N.Ireland, however the commissioning and monitoring role remains with placing authority unless a local arrangement is agreed.

Financial Considerations for Case Manager/ Keyworkers.

Service users should be enabled to manage their own financial affairs wherever possible. Where a service user lacks capacity to manage their financial affairs it is expected that a relative, friend or responsible person nominated by the service user would usually do so.

The Trust may assume this role where there is no one else available or willing to become appointee. In this case the Case Manager/ Keyworker should indicate on the Financial Referral/ Admission Form if an appointee is required.

The SHSCT Corporate Appointee is the only Trust staff member permitted to undertake this role and may do so where a service user lacks capacity to manage their financial affairs and there is no family member/representative available to undertake this role.

The service user or their representative will be assisted by the Case Manager/ Keyworker to complete the appropriate Agreement to Pay (Form 1), Referral/ Admission to Care Form (form 2) and 3rd Party Agreement Top Up (Form 3 where applicable).

Case Manager/ Keyworkers will be forwarded copies of the service user's financial assessment from the Finance Department near to admission or closely following admission to residential/nursing care. This information will be used to assist service users in making choices about the costs associated with this level of care. The information will also inform the development of their person centred care plan including care plans of those service users choosing a community care option.

Once agreed, the care plan should be written up, and signed off by the service user and their family as well as the Case Manager/ Keyworker. The final care plan must be shared with all appropriate individuals.

The Case Manager/ Keyworker will agree the service user's pattern of financial expenditure within the care plan for a four weekly period.

The Case Manager/ Keyworker must inform the Trust Corporate Appointee or whoever manages the service users finances of the costing associated with the service user's care plan.

Roles and Responsibilities of the Finance Department

Financial Income Assessment staff will undertake financial assessments. Information on benefits outside the assessed charge and balance on Patient Private Property Accounts (PPP) will be shared with Case Manager/ Keyworkers to support a care planning process that addresses quality of life issues. Sharing financial information with Case Manager/ Keyworkers is highly confidential and cannot be shared with anyone who is not a Trust employee or does not require the information in the interest of their role. The sharing of financial information for purposes other than as laid out is a breach of the Data Protection Act (1998).

Charging for Residential Accommodation Guidance (CRAG) requires that a person is charged for residential/nursing accommodation. The Trust is therefore required to complete a financial assessment in order to establish the assessed contribution of the service user towards their care. Service user contributions are based on assessment of individual means and personal situation. SHSCT current practice is to assess from date of admission.

Service users and their families will be advised in writing by the Finance Department of the weekly cost of the bed and their assessed contribution shortly after admission. The Financial Assessment Officer will complete financial forms 4 to 6.

Where it is not possible to conduct the financial assessment prior to admission, service users and their families will have already been informed of the range of assessed charges. The Finance Department will issue an initial assessment at basic costs until a full assessment is completed.

The Trust Finance Department will advise service users and their families not to pay any additional monies above the agreed regional rate unless such additionality has been previously discussed and agreed with the Case Manager/ Keyworker. The Trust finance department will forward notification letters to the relevant benefit agencies in respect of the pending admission.

The Corporate Appointee will ensure the weekly personal allowance specified in the service user's agreement is paid to the service user's account in the home or service user's PPP account in the Trust every 4 weeks in arrears.

In the case of statutory supported living residents, the responsibilities of the corporate appointee are delegated to the appropriate nominated officer. (*Reference 3.4 Management of Tenants Finance in Supported Living Procedure*)

Roles and Responsibilities of the Community Contracts Team (CCT)

The role of the Community Contracts Team (CCT) is to ensure that appropriate contract arrangements are in place to underpin the placement and support good

governance. Guidance may also be given on regional rates and information on those homes/facilities that charge in excess of regional residential/nursing home rates. The CCT will also provide advice on contract terms, RQIA Minimum Standards and Regulations where requested.

For those service users placed at 'specialist rates' agreed in excess of the regional tariff and which are deemed necessary to support the needs of the service user, the Community Contracts Team (CCT) will put in place an Individual Placement Agreement. This Agreement will outline what the excess rate includes in line with *Circular HSC(F) 19/2012 'Requirement for Appraisals and Business Cases'*. Case Manager/ Keyworker must provide the detail of the additionally to the CCT to support this process.

The CCT will be responsible for checking the following as part of normal operating procedures when contacted:-

Residential/Nursing Homes

The CCT will check if there is a contract in place with the chosen Residential/Nursing Home and that the home is offering the correct category of care for the proposed service user. The CCT will also review their records to ensure that there are no existing issues which would prevent the placement from proceeding e.g. failure to comply notices from RQIA. The CCT may not always be aware of all issues, for example SAI's etc., but those that are known will be shared at this point.

Where there is not a contract in place with the SHSCT, the CCT will contact RQIA to ensure that the home is appropriately registered for the proposed category of care relative to the placement, and also if there have been any enforcement notices issued against the home. If the home of choice is located outside of the SHSCT area, the CCT will contact the host Trust to ascertain if there are any current contract compliance or quality matters pending which may prevent a new placement.

Finally, the CCT will make contact with the relevant Home Manager/Owner to confirm that they are willing to sign the SHSCT contract for Residential/Nursing Care. Where this is agreed, the contract can be issued electronically (PDF) for signature and return. Please note that placements cannot proceed until a signed contract is received by the contracts team from the home.

Where a home is unwilling to agree to sign the SHSCT contract, guidance will be sought and a decision made on the proposed placement, informed by relevant information available at that time. It is essential that care management staff contact the Community Contracts Department at the earliest opportunity within the placement process – this will allow smooth placement transition arrangements.

Supported Living Placements

The CCT will also facilitate supported living placements by checking whether or not a suitable contract is in place, the rate payable is correct and if the Provider is registered with RQIA as a Domiciliary Care Provider and that the facility is offering the correct category of care for the proposed service user. The CCT will also review their records to ensure that there are no pre-existing contract compliance issues or enforcement notices issued by RQIA. Advice and guidance may also be given on contracted volumes of service, the type of contract in place and any service restrictions.

Where there is not a suitable contract in place, it may be necessary for a meeting to be held with the relevant Head of Service and the CCT to review options available and ensure arrangements are in line with relevant procurement legislation and policy guidance. As above, it is imperative that Case Management staff contact the CCT at the earliest opportunity within the placement process.

4.2 Documentation to be used

- SHSCT Service User Care Plan completed and copied to service user and other relevant individuals by Case Manager/ Keyworker.
- Mental Health Recovery Care Plan
- Direct Payments/Personal Budget Documentation completed by Case Manager/ Keyworker.
- Referral & Consent for NNAT Assessment form completed by Case Manager/ Keyworker.
- Notification to Benefits completed by the Financial Assessment Officer
- Application for approval of placement / completed by the Case Manager/ Keyworker in line with directorate arrangements.
- Performance Management Data Collection Form completed by Case Manager/ Keyworker
- ESA Documentation (where appropriate)
- Choice Assurance Form
- Short Breaks return form
- Charging for Respite Form

The Suite of Financial Forms to be completed and forwarded to the Case Manager/ Keyworker:

1. Agreement to Pay Charge for Residential & Nursing Home Accommodation completed by Case Manager/ Keyworker
2. Finance Referral/ Admission Form completed by Case Manager/ Keyworker
3. Undertaking to Pay Top-up for Residential & Nursing Home Accommodation (3rd Party) completed by Case Manager/ Keyworker
4. Declaration of Means – Residential & Nursing Home Accommodation completed by Financial Assessment Officer
5. Letter of Authorisation completed by Financial Assessment Officer

6. Non-Disclosure of Financial Assets Form completed by Financial Assessment Officer.

For Bed Based Short Breaks:

Case Manager/ Keyworker completes the: Charging for Respite form, Agreement to pay and updates THEIR TEAMS monthly Short Breaks Return.

5.0 Stage 5 – Management & Implementation of the Care Plan

5.1 Roles and Responsibilities

Case Manager/ Keyworkers will identify and secure the agreed Trust resources recorded in the care plan. Some differences in processes will apply depending on the agreed care option. Monitoring the implementation of the care plan will be an on-going task taking account of fluctuating need and circumstances. Arrangements for monitoring should be part of the service specifications. It is the Case Manager/ Keyworker's responsibility to ensure these arrangements are followed. The service user, family and service providers all have a part to play in formal and informal monitoring. The main focus of monitoring should be on whether the agreed care plan outcomes are met.

Case Manager/ Keyworker should ensure the current Assessment, Care Plan and Risk Assessment/s are shared with the Service User and Carer and forward the same to service providers involved in care delivery.

Please see below for further information regarding specific care options:

5.1.1 Residential/Nursing Home Placements

Roles and Responsibilities of Case Manager/ Keyworkers

Where the care outcome agreed is a Home placement, Case Manager/ Keyworkers will commission the placement in line with both "Charging for Residential Accommodation Guidance and Circular HSC (ECCU) 1/2010.

Case Manager/ Keyworkers must ensure that the Home is registered for the appropriate Category of Care to meet the service users assessed needs prior to placement. *(Note placements can only be made in accordance with the category of care noted on the Certificate of Registration at the time of placement).* The Case Manager/ Keyworker must check with the Community Contracts Team that there is a contract in place *[Home Placements /Supported Living Placements]. Ref: Section 3].*

Families must be made aware that if a home is unwilling to sign up to the contract then the placement may not go ahead.

HSC Trusts are required to contract for placements at the most competitive rate available for accommodation which it considers suitable for meeting the service user's needs and considers the regional tariff fair and affordable. Service users or their families however may sometimes choose to access accommodation that is more expensive than accommodation contracted by the Trust.

Whilst the aim must always be to facilitate choice for service users, HSC Trusts have a parallel responsibility to secure best value for money and protect the public funds for which they are accountable. Where a more expensive home is chosen a Third Party Agreement must be entered into and must be informed by a risk assessment of the third party's commitment and capacity to sustain an agreement. At present service users are not permitted to make additional payments or "Top Ups" for residential/nursing care from their own protected resources although this is currently under review. Consequently a "Third Party Agreement to Pay Form" must be signed by another person willing and able to pay the Top Up. Any Third Party Top Up must be agreed between the Case Manager/ Keyworker and the Third Party prior to admission and the appropriate Third party Agreement to Pay form completed by the Case Manager/ Keyworker.

- "Top Up" or "Third Party Contribution/Top Up" can be defined as the difference between the rate paid by the Trust and the Home's Charge as outlined in their Patients'/Residents' Guides at the time of placement or relates to a charge for enhanced services levied during placement, agreed by both the Trust and the Third party.
- A "Third Party" is defined as "Any person who has agreed to be responsible for the payment of any difference between the Home's weekly charge and the rate paid by the Trust."
- "Enhanced Services" are defined as any services provided by the Home at the date of placement to enhance the core care package being purchased by the Trust. This might include for example a larger than standard room. These are distinguished from additional services in that they are an element of the on-going package.

Individual Agreements (Written):

Case Manager/ Keyworkers must ensure service users accessing residential or nursing care are provided with a written guide setting out the terms and conditions of the accommodation provided.

The service user's personal financial resources can be used to commission from a list of additional services provided by the home. These will be set out in the homes "Individual Agreement", accompanying scale of charges and transport policy and should be reflected in the development of the service user's Person Centred Plan and written into the "Individual Agreement". Alternatively the service user may choose to commission services from external providers.

These are additional services separate from the care package that are available for the Resident to purchase on an ad-hoc basis, such as confectionary, hairdressing, newspapers as well as more significant tariff costs such as transport, holidays and supervision outside the Home. The agreement should be easy to read and understand.

The individual user agreements must outline all charges being funded via service user's personal monies (including use of DLA) and must be agreed in advance with families/relatives, the Home and the Trust. Case Manager/ Keyworkers are not required to sign the User Agreement. This is a key part of the case management process.

It is the Home Owner's responsibility to ensure that they have all appropriate policies in place that are in line with relevant requirements and guidance (in this case including RQIA's guidance). The Home's Policy and its application will then be tested through RQIA's inspection process.

RQIA will check a required policy is in place, that it takes account of departmental policy, minimum standards, regulations and other guidance, and seek assurances that there is awareness, training and compliance with the policy within the home.

Case Manager/ Keyworkers are not expected to comment on the home's policies but might be required to consider the reasonableness of the application of the policy if they notice concerns or safeguarding issues.

In some situations the multidisciplinary assessment may identify the service user has complex needs requiring weekly care home fees in excess of the regional tariff. Case Manager/ Keyworkers must seek the agreement of their Line/Senior Manager before agreeing the placement and agree a Specialist Contract with the Contracts Department, See below.

Case Manager/ Keyworker should ensure the current Assessment, Care Plan and Risk Assessment/s are shared with the Service User and Carer and forward the same to service providers involved in care delivery.

Roles and Responsibilities of Community Contracts Team

The role of the Community Contracts Team (CCT) is to ensure that appropriate contract arrangements are in place to underpin the placement and support good governance. Guidance may also be given on regional rates and information on those homes/facilities that charge in excess of regional residential/nursing home rates. The Community Contracts Team (CCT) will also provide advice on contract terms, RQIA Minimum Standards and Regulations where requested.

For those service users placed at 'specialist rates' agreed in excess of the regional tariff and which are deemed necessary to support the needs of the service user, the Community Contracts Team (CCT) will put in place an Individual Placement Agreement. This Agreement will outline what the excess rate includes in line with Circular HSC(F) 19/2012 'Requirement for Appraisals and Business Cases'. Placement staff must provide the detail of the additionally to the CCT to support this process.

The CCT will be responsible for checking the following as part of normal operating procedures when contacted:-

CCT will check if there is a contract in place with the chosen Residential/Nursing Home. The team will also review their records to ensure that there are no existing issues which would prevent the placement from proceeding e.g. failure to comply notices from RQIA. The contracts team may not always be aware of all issues, for example SAI's etc., but those that are known will be shared at this point.

Where there is not a contract in place with the SHSCT, the Community Contracts Team will contact RQIA to ensure that the home is appropriately registered for the proposed category of care relative to the placement, and also if there have been any enforcement notices issued against the home. If the home of choice is located outside of the SHSCT area, the team will contact the host Trust to ascertain if there are any current contract compliance or quality matters pending which may prevent a new placement.

Finally, the CCT will make contact with the relevant Home Manager/Owner to confirm that they are willing to sign the SHSCT contract for Residential/Nursing Care. Where this is agreed, the contract can be issued electronically (Via PDF) for signature and return. Please note that placements cannot proceed until a signed contract is received by the contracts team from the home.

Where a home is unwilling to agree to sign the SHSCT contract, guidance will be sought and a decision made on the proposed placement, informed by various relevant information available at that time.

It is essential that care management staff contact the Community Contracts Department at the earliest opportunity within the placement process – this will allow smooth placement transition arrangements.

Roles and Responsibilities of the Finance Department

The Finance Department will provide regular updates on PPP account balances and update Case Manager/ Keyworkers on any change in benefits received for those

service users whom the Trust acts as corporate appointee. Sharing financial information with Case Manager/ Keyworkers is highly confidential and cannot be shared with anyone who is not a Trust employee or does not require the information in the interest of their role. The sharing of financial information for purposes other than as laid out is a breach of the Data Protection Act (1998).

The corporate appointee will ensure the weekly personal allowance specified in the service user's agreement is paid to the service user's account in the home or service users PPP account in the Trust every 4 weeks in arrears.

The Finance Department will process all ad hoc payment requests from the Case Manager/ Keyworker upon the receipt of an appropriately authorised Private Patient Account Payment Request Form. Case Manager/ Keyworkers/Key Workers should ensure residents are offered choice in suppliers of all goods and services to ensure value for money. It should be noted that a request for equipment should be accompanied by an OT assessment where appropriate. Estimates/quotations are required to be forwarded to the Finance Department for all proposed purchases with a minimum of 3 estimates/quotations for any spend in excess of the agreed limits with the finance PPP account procedures.

5.1.2 Supported Living Placements

Roles and Responsibilities of Case Manager/ Keyworker

Supported living placements offer opportunities for people with disabilities to live in their own home as an alternative to residential care. Where the outcome of the care planning process is to seek a supported living tenancy for the service user the Case Manager/ Keyworker will follow the referral pathway agreed by the relevant Directorate. This will include liaison with the NI Housing Executive / Housing Association to secure a tenancy within the identified Supported Living Scheme. The Case Manager/ Keyworker / Key Worker will check with the Contracts Department that there is a contract in place and there is a tenancy agreement that clearly details the charges to the service user.

The Case Manager/ Keyworker is responsible for the completion of the financial services agreement (FSA see Section 5 of *Management of Tenants Finance in Statutory Supported Living Procedure*). Case Manager/ Keyworkers will be responsible for authorising expenditure over £100 when asked by Supported Living staff or the service user assuming financial support is required.

Case Manager/ Keyworker should ensure the current Assessment, Care Plan and Risk Assessment/s are shared with the Service User and Carer and forward the same to service providers involved in care delivery.

Individual Service Agreements (written)

Each tenant should have a user guide in line with Domiciliary Standards 2008 and a service agreement prior to admission or within five days of admission. The service agreement should include the following items: commencement date, type of care being provided, arrangements for financial transactions explanation of the service provision and other additional charges which may be applied by the provider e.g food, heating, electricity, transport, service charges. (Full list of requirements contained in Domiciliary Standards, Standard 4, 2008). Case Manager/ Keyworkers are not required to sign the User Agreement.

Case Manager/ Keyworkers are not expected to comment on the providers policies but are required to consider the reasonableness of the application of the User agreement if they notice concerns or safeguarding issues.

Roles and Responsibilities of Community Contracts Team

The CCT will facilitate supported living placements by checking whether or not a suitable contract is in place, the rate payable is correct and if the Provider is registered with RQIA as a Domiciliary Care Provider. The CCT will also review their records to ensure that there are no pre-existing contract compliance issues or enforcement notices issued by RQIA. Advice and guidance may also be given on contracted volumes of service, the type of contract in place and any service restrictions.

Where there is not a suitable contract in place, it may be necessary for a meeting to be held with the relevant Head of Service and the Contract Team to review options available and ensure arrangements are in line with relevant procurement legislation and policy guidance.

As above, it is imperative that Case Manager/ Keyworkers staff contact the CCT at the earliest opportunity within the placement process.

Contracts will ensure where there is not already a contract in place that the chosen home is willing to sign up to the Terms and Conditions of contract prior to formalising placement arrangements. They will issue appropriate documentation to agreed provider/s.

Roles and Responsibilities of the Finance Department

When a supported living tenant is assessed as requiring assistance to manage their Finances a maximum of **£1,500** should be held within the service user's personal

bank account with all additional monies being transferred to the Trust PPP account. This is the responsibility of Supported Living facility managers. The Finance Department will issue quarterly statements to the Supported Living facilities to inform managers of service user balances held within the Trust PPP Accounts.

The Finance Department will process all ad hoc payment requests from facility managers upon the receipt of an appropriately authorised Patient Private Property Account Payment Request Form. Case Manager/ Keyworkers should ensure Tenants are offered choice in suppliers of all goods and services to ensure value for money. It should be noted that a request for equipment should be accompanied by an OT assessment where appropriate. Receipts are required for all purchases with a minimum of 3 quotations for any spend in excess of the agreed limits with the finance PPP account procedures.

5.1.3 Domiciliary Care Plans

Roles and Responsibilities of Case Manager/ Keyworkers

Case Manager/ Keyworkers will discuss with the service user the preferred days/times when they would wish domiciliary care staff to deliver the agreed service. They will then begin the commissioning process in respect of assessed services agreed within the care plan. The service user and/or their family will be supported to coordinate any privately commissioned services.

Arrangements to initiate family and voluntary/community sector services will be agreed. The responsibility for ensuring these arrangements should be agreed and recorded. Details of all directly provided services must be entered onto the DC1 request form by the Case Manager/ Keyworkers and forwarded to your Team leader/panel for approval and then to the Trust Care Bureau. The Trust Care Bureau will forward the DC1 to the selected provider to initiate the domiciliary care service.

Case Manager/ Keyworkers will confirm the delivery arrangements with the selected provider and advise the service user of these.

Where the service user has chosen to commission their own care services the Case Manager/ Keyworkers must complete the Direct Payment forms and forward to the Traders Payments Department, Lurgan Hospital to be processed. Case Manager/ Keyworkers will assist the service user in setting up the care package.

Monitoring the implementation of the care plan will be an on-going task taking account of fluctuating need, circumstances and commissioning Domiciliary care during bank holiday periods. Arrangements for monitoring should be part of the service specifications. It is the Case Manager/ Keyworker's responsibility to ensure these

arrangements are followed. The service user, family and service providers all have a part to play in formal and informal monitoring. The main focus of monitoring should be on whether the agreed care plan outcomes are met.

Case Manager/ Keyworker should ensure the current Assessment, Care Plan and Risk Assessment/s are shared with the Service User and Carer and forward the same to service providers involved in care delivery.

Roles and Responsibilities of Community Contracts Team

The CCT will provide advice on contract terms, RQIA Minimum Standards and Regulations where requested and support the Contract Compliance process.

5.2 Documentation to be used:

- Individual Agreement (Residential or Nursing) Documentation completed by the provider and signed for/ by the service user/representative and the Home.
- Supported Living Service Agreement completed by the home and signed by the service user or representative.
- Application for appointment to Act on Behalf of Someone Else (BF56) "Social Security (Claims and Payments) Regulations (NI) 1987" completed by the Appointee.
- Application to the Office of Care & Protection for the Appointment of a Controller Article 107(1) "The Mental Health (Northern Ireland) Order 1986" completed by Case Manager/ Keyworker.
- DC1 Request form forwarded to Team Leader or Panel for approval
- DC1 Commissioning Form completed by the Case Manager/ Keyworker or as a delegated task and forwarded to Trust Care Bureau
- Letter to Service user's and/or Service user's Family regarding Assessed Charge completed by Finance Department.(*Residential/Nursing Home cases only)
- Patient Private Property Account Payment Request Form.
- Completion of Financial Services Agreement by the Case Manager/ Keyworker.
- Completion of Transport Assessment with specific reference to level of Supervision required and by type of staff by Case Manager/ Keyworker.

6.0 Stage 6 – Initial Review

6.1 Roles and Responsibilities

Roles and Responsibilities of Case Manager/ Keyworkers

The Case Manager/ Keyworker must review the care plan **within 12 weeks** from the commencement of the care package e.g. domiciliary (DC1 or Supported Living) or permanent placement. In OPPC permanent placements are to be transferred to the Care Home Support Team after eight weeks.

This review must include the following:

- Seeking the views of members of the multidisciplinary team and service providers to inform the review process and its outcomes;
- Ensuring the service user and the views of carers are central to the review process and its outcomes; engaging the services of an independent advocate where appropriate.
- Identification of changing needs or circumstances including financial needs.
- Initiation of any required referrals for professional or specialist assessment.
- Revision of the care plan to take account of changing needs and circumstances;
- Ensuring services are meeting the needs of the service user as outlined in the care plan.
- Provide service users a copy of their updated care plan and, if they decline same, the decision is recorded;
- Obtaining consent from the service user to share relevant information from the review and the updated care plan with those involved in delivering the care and/or services, as required, and with the carer, where applicable.
- Ensure the home or facility is paid appropriately and in a timely manner.

Care reviews must include discussions regarding the use of finances aimed at ensuring the service user's finances, including their personal allowance, are spent as they would choose and that choice is solely the service user's own decision.

All Care Reviews should include any Third Party Top Up increases and changes to the service user's "Individualised" Agreement" since the previous review. Any changes to the Third Party Top Up require an updated "Top Up Undertaking to Pay" form. These increases must have been discussed with the Case Manager/ Keyworkers prior to implementation.

Any changes in the resident's income/assets, temporary absences and deaths/discharges must be reported on a timely basis to the Finance Department by the Home or Facility on a Change of Circumstances Form and Admission/ Discharge form by the Case Manager/ Keyworker. The Home is contractually obliged to immediately report to the Case Manager/ Keyworker and the finance department all temporary or permanent changes in circumstances however it is the Case Manager/ Keyworkers/key worker responsibility to inform both Finance and the Home of any deaths/discharges which occur whilst the resident is in hospital. Case Manager/ Keyworkers should ensure that the service users' family/representatives are clear on their responsibilities in respect of the cancellation of beds.

The Case Manager/ Keyworker must complete the Record of Review Meeting pro-forma.

Roles and Responsibilities of Community Contracts Team

The CCT will provide advice on contract terms, RQIA Minimum Standards and Regulations where requested, support the Contract Compliance process and any exceptional contracts meetings. Contractual breaches should be processed via the Trusts CC1 process.

Roles and Responsibilities of Finance Department

The Finance department will notify the Head of Service when a service user's finances reach £10,000. The Head of Service will request a review of the service users' person centred care plan to ensure needs are appropriately met.

The Finance department will notify the Case Manager/ Keyworker if any invoices are not paid by the appointee or service user during after first three months.

6.2 Documentation to be used:

The following documentation must be used for the initial review and completed or reviewed by Case Manager/ Keyworker:-

- Record of Review Form (Person Centred Review Form) completed by Case Manager/ Keyworker.
- Change of Circumstances Form completed by Home or Facility
- Residents/Tenants Finance Review Form completed by Case Manager/ Keyworker
- Promoting Quality Care Review Form (Mental Health, Learning Disability and Dementia Services only) completed by Case Manager/ Keyworker.
- Patient/Service user Manual Handling Risk Assessment Form - Community Setting completed by Case Manager/ Keyworker.

7.0 Stage 7 – Annual Review

7.1 Roles & Responsibilities:

Roles and Responsibilities of Case Manager/ Keyworkers

The Case Manager/ Keyworker must schedule a formal meeting to review the care plan within **12 months** from the commencement of the care package.

This review must involve the full multidisciplinary team and include the following:

- Seeking the views of members of the multidisciplinary team and service providers to inform the review process and its outcomes;
- Ensuring the service user and the views of carers are central to the review process and its outcomes; engaging the services of an independent advocate where appropriate.
- Identification of changing needs or circumstances including financial needs.
- Initiation of any required referrals for professional or specialist assessment.

- Revision of the care plan to take account of changing needs and circumstances;
- Ensuring services are meeting the needs of the service user as outlined in the care plan.
- Provide service users a copy of their updated care plan and, if they decline same, the decision is recorded;
- Obtaining consent from the service user to share relevant information from the review and the updated care plan with those involved in delivering the care and/or services, as required, and with the carer, where applicable.
- Determine if care management is still required and, if not, alternative arrangements are made;
- Ensure the home or facility is paid appropriately and in a timely manner.
- Agree the date for the next review which must be held within 12 months or earlier if required.

Care reviews must include discussions re use of finances aimed at ensuring the service user's finances including their personal allowance is spent as they would choose and that choice is solely the service user's own decision.

All Case Management reviews should include any Third Party Top Up increases and changes to the service user's "Individualised' Agreement" since the previous review. These increases must have been discussed with the Case Manager/ Keyworkers prior to implementation.

Any changes in the resident's income/assets, temporary absences and deaths/discharges must be reported on a timely basis to Finance by the Home/Case Manager/ Keyworker on a Change of Circumstances Form. The Home is contractually obliged to immediately report to the Case Manager/ Keyworker and the finance department all temporary or permanent change in circumstances however it is the Case Manager/ Keyworkers responsibility to inform both Finance and the Home of any deaths/discharges which occur whilst the resident is in hospital. Case Manager/ Keyworkers should ensure that the service users' family/representatives are clear on their responsibilities in respect of the cancellation of beds.

Case Manager/ Keyworkers to check details in the finance review form with the Finance Department prior to the review, this may include discussion regarding non-payment of fees by the appointee or service user. The Case Manager/ Keyworker may need to explore non-payment of fees with the appointee but the finance department are responsible for collecting unpaid fees.

The Case Manager/ Keyworker must complete the Record of Review Meeting pro-forma.

Roles and Responsibilities of Community Contracts Team

The CCT will provide advice on contract terms, RQIA Minimum Standards and Regulations where requested, support the Contract Compliance process and any exceptional contracts meetings.

Roles and Responsibilities of Finance Department

The Finance department will notify the Head of Service when a service user's finances reach £10,000. The Head of Service will request trigger a review of the service users person centred care plan to ensure needs are appropriately met.

The Finance department will forward details of the annual financial assessment for users in permanent or temporary residential/nursing home placements to the respective Case Manager/ Keyworker.

7.2 The following documentation must be used for the annual review and completed or reviewed by Case Manager/ Keyworker:-

- Record of Review Form (Person Centred Review Form) completed by Case Manager/ Keyworker.
- Change of Circumstances Form completed by Home /Case Manager/ Keyworker
- Residents/Tenants Finance Review Form - completed by Case Manager/ Keyworker.
- SHSCT Service User Care Plan Reviewed and copied to service user and other relevant individuals by Case Manager/ Keyworker.
- Promoting Quality Care Review Form (Mental Health, Learning Disability and Dementia Services only) completed by Case Manager/ Keyworker.
- Patient/Service user Manual Handling Risk Assessment Form - Community Setting completed by Case Manager/ Keyworker or appropriate professional staff.
- NNAT Review Record.

8.0 - Monitoring/Review of Service users Finances

8.1 Roles & Responsibilities:

Roles and Responsibilities of Case Manager/ Keyworkers with Service Users in All settings.

The Residential Care Homes Minimum Standards (2008) clearly outlines in Standard 15.7 that the provider has *"records of, and receipts for, all transactions undertaken by*

the staff on each resident's behalf, and of the expenditure of allowances kept by the home on the resident's behalf are maintained and kept up-to date." It is therefore the Provider's responsibility to ensure that they have all appropriate policies in place that they are in line with relevant requirements and guidance.

RQIA will check if the required policy is in place, that it takes account of departmental policy, minimum standards, regulations and other guidance, and seek assurances that there is awareness, training and compliance with the policy within the Home. All expenditure on behalf of the service user must be receipted as per RQIA standards and in line with the SHSCT contractual obligations.

Where the service user has been assessed as lacking capacity and where the Trust act as appointee the following should be applied. Requests are made to the Case Manager/ Keyworker for expenditure of service user monies that falls outside the agreed care plan e.g. for purchases over £100, for example: holidays, purchase of equipment etc. should identify the need and be accompanied by a detailed breakdown of costs involved. Case Manager/ Keyworkers will consider the following:

- That this expenditure is appropriate.
- The level and purpose of the expenditure?
- Does the level of expenditure require approval at Team Leader/Manager level?
- Is this in response to an assessed need?
- Who has been involved in assessing and agreeing the need?
- How does the request reflect the content of the agreed care plan? This includes: activities / purchases intended to enhance quality of care (e.g. social activities such as holidays, etc.)
- Are the costs reasonable and does the service user have the necessary resources to fund the expenditure?

Requests from Case Manager/ Keyworker and/or Residential Nursing Homes/Supported Living Facilities for money from the service user's account should be consistent with the agreed outcomes outlined within the Person Centred Care Plan.

Where the request for money from the service user's account is in relation to gifts to family members, the Case Manager/ Keyworker should ensure that the service user is aware of and consents to this. The Case Manager/ Keyworker should determine if the relative is in regular contact with the service user and it is preferable that a history of gifting exists. This is of particular importance in situations where the service user no longer has capacity to consent to the gift as it provides some indication of previous wishes at a time they retained capacity.

Where such requests fall out-side of the agreed objectives of the care plan it will be necessary to provide justification / rationale for such payments to ensure they are consistent with enhancing the service user's quality of life. All payments from the

service user's account to someone other than the service user must be recorded on the prescribed application form and must be approved by the relevant Head of Service.

In addition to the above, the following procedures relate to expenditure requests over £1000.

PRE-EXPENDITURE:

Where an individual/Residential Nursing Home/Supported Living Facility requires money prior to expenditure the following procedure must be adhered to

- The level and purpose of the expenditure is agreed in advance.
- 3 quotations are obtained by the facility and/or an Occupational Therapy (OT) Assessment for specialised equipment
- The payment is approved by the Trust in line with agreed Directorate procedures
- Itemised receipts for purchases are submitted to the Case Manager/ Keyworker for the payment of expenditure
- Case Manager/ Keyworker forwards to the Finance Department for payment using the PPP Account Request Form.
- Finance Department will send an acknowledgement letter to the individual/Residential Nursing Homes/Supported Living Facilities along with the payment detailing what it is for.

Financial payment request forms must be fully completed and authorised at the appropriate level as per PPP Account Finance Procedures.

POST EXPENDITURE:

The following procedure must be adhered to where the individual / Residential Nursing Home/Supported Living Facility incurs the expenditure and seeks reimbursement from the Trust/corporate appointee following expenditure.

- The level and purpose of the expenditure is agreed in advance.
- 3 quotations obtained by the facility and/or OT Assessment for specialised equipment
- The payment is approved by the Trust in line with agreed Directorate procedures
- Itemised receipts for purchases are submitted to the Case Manager/ Keyworker for the payment of expenditure
- Case Manager/ Keyworker forwards to the Finance Department using the prescribed form.

- Finance Department will send an acknowledgement letter to the individual/Residential Nursing Homes/Supported Living Facilities along with the payment detailing what it is for.

Roles and Responsibilities of Finance Department

The Finance Department will process all ad hoc payment requests from Case Manager/ Keyworkers and facility managers upon the receipt of an appropriately authorised Private Patient Account Payment Request Form. Case Manager/ Keyworkers should ensure Tenants are offered choice in suppliers of all goods and services to ensure value for money. Invoices/Receipts are required for all purchases.

8.2 Office of Care & Protection (OCP) & Official Solicitor Roles & Responsibilities.

Introduction

Most people who suffer from mental disorder are quite capable of looking after their property and affairs. The law recognises this fact and assumes that a person is capable until the contrary is proved. However when a person is deemed incapable of managing his financial affairs because of mental disorder, the law, in particular, the Mental Health (Northern Ireland) Order 1986, [from here on referred to as the 'Order'] permits the appointment of another person to take charge of these affairs. The "Patient" is the name given by the Order to a person who is suffering from mental disorder and whose financial affairs are subject to the Court's control. A "**Controller**" is the name given to those appointed by Court to manage a Patient's financial affairs.

The Order places the responsibility for managing the financial affairs of Patients on the High Court in Northern Ireland. Within the High Court system, it is the Office of Care and Protection (Patients Section) which deals with the appointment of Controllers and the management of Patients' financial affairs. This Office is more commonly known as 'OCP'.

What is the OCP?

The OCP is a section of the Family Division of the High Court. The practice and procedure of the OCP is defined in the Patients Affairs Rules which are set out in Order 109 and Appendix D of the Rules of the Court of Judicature [SR1986 No. 1841]. If the Court is satisfied that there is a need for a Controller to be appointed and has received medical evidence confirming the Patient's incapacity, it will make an Order appointing a Controller. This Order gives details of the specific powers conferred on the

Controller, which are usually quite limited. Additional Orders or authorities may be issued by the Court from time to time, varying or extending the Controller's power.

What is the role of the OCP Master?

The Master is the judicial officer of the Court who is authorised to exercise any discretion, power or other function of the Court. The Master may also, in particular cases; refer a question to a judge for a decision. The Master can authorise someone to do anything which appears necessary or expedient with respect to the property and affairs of the Patient. For example, he/she can authorise:

- The transfer and investment of money
- The release of monies to meet bills
- The sale or purchase of property; or alteration of title
- The making of gifts
- The making of a Will and
- The carrying on of a business

What are the powers of the OCP?

The Master of the Office of Care and Protection can take and delegate responsibility for the management of a person's property and affairs. This includes everything a person could do if he was well enough to administer his property and affairs for the benefit of himself, his family or dependents.

What powers does the OCP not have?

The Office of Care and Protection does not have any power to decide where a Patient should live or any decisions relating to medical care.

How does OCP perform its duties?

The Office of Care and Protection will generally appoint a 'Controller' to deal with the day-to-day management of the Patient's financial affairs. This can be a relative, a friend, or perhaps a professional advisor or solicitor.

Every Controller shall annually, or at such other intervals as the court may direct, deliver the accounts operated on behalf of the Patient to OCP. These accounts will be inspected and if appropriate, be 'passed' by OCP.

What happens if there is no-one suitable or willing to act as Controller?

If no relative or friend is willing to act or if there is a disagreement between them as to whom should act, the Master may appoint an officer of the Court or the Official Solicitor as the last resort as the Controller. If there are limited assets, instead of appointing a

Controller, the Master may authorise someone to manage the property and affairs of the Patient under a 'Short Procedure Order'.

What powers will the Controller have?

A Controller can do all the things in relation to the property and affairs of the Patient as the court orders, directs or authorises him to do. If the court is later satisfied that the patient has become capable of managing his property and affairs the controller will be discharged by the court.

What is the role of the Official Solicitor?

The Office of the Official Solicitor is provided for by section 75 of the Judicature (Northern Ireland) Act 1978. The principal purpose of the office is to represent the interests of certain persons who are under a legal disability (i.e. "Patients") where no one else is suitable, willing or able to.

Article 109 [8] of the Court of Judicature Rules provides authority for the Master (Care & Protection) to invite the Official Solicitor to act as a Controller for a Patient when there is no one else available to assume this role. The Official Solicitor and her Office have therefore a close working relationship with the Master (Care & Protection) and OCP Patients Office.

Aside from acting as a Controller, the Official Solicitor's work also includes the following:

- Providing legal assistance to the Office of Care and Protection in connection with the estates of Patients where someone other than the Official Solicitor is appointed as Controller.
- Representing the interests of persons under a legal disability in family or other civil proceedings
- Taking responsibility for other miscellaneous matters (such as consent to medical treatment cases) where the court feels that the assistance of the Official Solicitor would be an advantage.

What other protections for the patient's property and finances are available within the Provisions of the Mental Health (Northern Ireland) Order 1986?

The court may arrange a visit by a 'Lord Chief Justice General Visitor' to investigate any particular matter relating to the capacity of the patient to manage his property or affairs and then report to the court.

In addition Health and Social Care Trusts have some powers in relation to the property of a person in accommodation for which s/he is responsible.

Under Article 116(1) of the Order, these powers apply to a person incapable by reason of mental disorder of managing and administering her/his property and affairs who resides in accommodation for which the Regional Board is responsible. The power does not apply where a controller has already been appointed.

SECTION C) DEFINITIONS / GLOSSARY

Assessment

A person-centred process whereby the needs of an individual are identified and their impact on daily living and quality of life is evaluated, undertaken with the individual, his/her carer and relevant professionals.

Case management

Is a whole concept which embraces the key functions of: case finding; case screening; undertaking proportionate, person-centred assessment of an individual's needs; determining eligibility for service(s); developing a care plan and implementing a care package; monitoring and reassessing need and adjusting the care package as required

Care package

A combination of services designed to meet a person's assessed needs.

Care plan

The outcome of an assessment. A description of what an individual needs and how these needs will be met.

Care planning

A process based on an assessment of an individual's need that involves ascertaining the level and type of support required to meet those needs, and the objectives and potential outcomes that can be achieved.

Care worker

A person who is paid to deliver care to an individual

Carers

People who, without payment, provide help and support to a family member or friend who may not be able to manage at home without this help because of frailty, illness or disability

Main carer

The individual who, without payment, takes primary responsibility for providing help and support to a person who may not be able to manage at home without this help because of frailty, illness or disability.

Case finding

Includes proactively publicising information about health and social care services and how to access them in an accessible, informative and 'user friendly' manner which will assist both those who are likely to require support and/or services, and referring agencies (including General Practitioners) in making appropriate referrals.

Case Manager/ Keyworker

A practitioner who, as part of their role, undertakes case management, i.e. the individual who maintains a single, overview of the needs and progress of a service user who may have complex needs or be in contact with several practitioners or agencies; embedding a common language of assessment; care planning; response; and improving trust, communications and information sharing between the service user, carers (as appropriate), practitioners and service providers. The terms Case Manager/ Keyworker, care co-ordinator or lead professional and, in the context of NISAT, Key Worker have also been used to describe this role.

Direct Payments

Money paid by HSC Trusts that allows individuals to arrange for themselves the social care services required to meet their needs as assessed.

Disablement

In relation to persons, means that they are substantially and permanently handicapped by illness, congenital deformity, sensory impairment or any other prescribed disability.

Domiciliary/homecare

The range of services put in place to support a person in their own home.

Financial assessment

The process by which HSC Trusts assess a service user's capital and income to determine the balance of how much he/she will be expected to pay towards the cost of their care in a residential care or nursing home, and how much will be funded by HSC Trusts. This is sometimes also known as a 'means test'.

Hospital discharge

The process of leaving hospital after admission as an in-patient

Independent sector providers

Includes private, voluntary and community organisations and social economy enterprises

Intermediate care

A short period (normally no longer than six weeks) of intensive rehabilitation and treatment to enable people to return home following hospitalisation; or to prevent admission to a long term residential care or nursing home; or intensive care at home to prevent unnecessary hospital admission.

Long term condition

Illnesses which last longer than a year, usually degenerative, causing limitations to one's physical, mental and/or social wellbeing. Long Term Conditions include Diabetes, COPD, Asthma, Arthritis, Epilepsy and Mental Health problems. Multiple long term conditions make care particularly complex.

Monitoring

On-going oversight of people's needs and circumstances to ensure the quality and continued appropriateness of support and services to meet the agreed outcomes for the individual and, where appropriate, his/her carer(s). The person receiving the

services, his/her authorised representative and carer(s), where appropriate, and service providers all have a part to play in formal and informal monitoring

Normal hours

Services provided during office hours or the normal working day, usually 9:00am to 5:00pm; Monday to Friday.

Nursing home

Means, with specified exceptions, for example, a hospital, any premises used, or intended to be used, for the reception of, and the provision of nursing for, persons suffering from any illness or infirmity.

Out-of-hours

Services provided outside of the normal working day, but not including "night-sitting" services, live-in or 24-hour services.

Patient Private Property Account (PPP)

This account is where each individual residents balance is held by the trust and is managed by the finance department.

Personal care

Includes the provision of appropriate assistance in counteracting or alleviating the effects of old age and infirmity; disablement; past or present dependence on alcohol or drugs; or past or present mental disorder; and, in particular, includes:

- (a) action taken to promote rehabilitation;
- (b) assistance with physical or social needs; and
- (c) counselling,

but does not include any prescribed activity.

Person-centred assessment

an assessment, which places the individual at the centre of the process and which responds flexibly and sensitively to his/her needs.

Private Funder

resident of a residential care or nursing home who arranges and pays for their own care under a private contract.

Representative an individual who is authorised to act or advocate on behalf of another.

Residential care home

an establishment is a residential care home, with specified exceptions, for example, a hospital, if it provides or is intended to provide, whether for reward or not, residential accommodation with both board and personal care for persons in need of personal care by reason of –

- (a) old age and infirmity; (b) disablement; (c) past or present dependence on alcohol or drugs; or (d) past or present mental disorder

Respite care

Temporary residential care, nursing home or social accommodation provided to an ill or disabled person to allow a carer a break from caring. Respite care may also be delivered in the service user's own home. The term **short breaks** has also been used.

Review a planned procedure to determine whether or not the services supplied continue to meet the needs of the individual.

Screening Examining a referral to determine the most appropriate response and the further level of assessment that is required.

Self-care/Self-management

With appropriate support, many people can learn to be active participants in their own health and social care, living with and managing their conditions and meeting their own needs. This can help to prevent complications, slow down deterioration and even avoid getting further conditions and increased needs. The majority of people with long term conditions fall into this category - so even small improvements can have a huge impact. The development of direct payments for social care is an important development in the area of self-care/self-management.

Self-funder an individual who is assessed as able, or declares themselves able to meet the full cost of his/her care.

Service user a person who is receiving or is eligible to receive health and social care services. They may be individuals staying in their own homes, living in residential care or nursing homes, or being cared for in hospital.

Sitting service a service, which provides someone to sit with a person to allow the carer to take a break.

Specialist assessment

an assessment undertaken by a clinician or other professional who specialises in a branch of medicine or care, for example, stroke, cardiac care, bereavement counselling.

SECTION C) LIST OF APPENDICES / SUPPORTING DOCUMENTATION.

Stage 1

- Case Management Leaflet

Stage 2

- In OPPC - the NISAT Contact Screening pro-forma will be used.
- In Adult Mental Health, Physical Disability, Sensory Impairment (PDSI) and Learning Disability Services referral information will be recorded on the standard Referral Pro-forma.
- Letter to client advising of Assessment

Stage 3

- For OPPC, Physical Disability & Sensory Impairment (PDSI) and Learning Disability service users NISAT Initial assessment/Core/Complex assessment is completed by Case Manager/ Keyworker
- For OPPC, Physical Disability & Sensory Impairment (PDSI) and Learning Disability, Mental Health service users NISAT Carers assessment completed by Case Manager/ Keyworker.
- For Mental Health use Mental Health Services Assessment
- For Adult Mental Health, Learning Disability and Dementia Services PQC Documentation is completed by the Case Manager/ Keyworker.
- Profession Specific Specialist Assessments completed by each specialism.
- NISAT Specialist Assessment Summary
- Holistic Risk Assessment completed by Case Manager/ Keyworker
- RESWS-Res-Nursing Care_2015
- Information booklet: Guidance on Paying for Care in a Residential /Nursing Home issued by Case Manager/ Keyworker.
- Regional PQC Dementia Risk Assessment

Stage 4

- SHSCT Service User Care Plan completed and copied to service user and other relevant individuals by Case Manager/ Keyworker.
- Direct Payments/Personal Budget Documentation completed by Case Manager/ Keyworker.
- Referral & Consent for NNAT Assessment form completed by Case Manager/ Keyworker.
- Notification to Benefits completed by the Financial Assessment Officer
- Application for approval of placement / completed by the Case Manager/ Keyworker in line with directorate arrangements.
- Performance Management Data Collection Form completed by Case Manager/ Keyworker
- ESA Documentation (where appropriate)
- Choice Assurance Form
- Short Breaks return form
- Charging for Respite Form

The Suite of Financial Forms to be completed and forwarded to the Case Manager/ Keyworker:

7. Agreement to Pay Charge for Residential & Nursing Home Accommodation
8. Finance Referral/ Admission Form completed by Case Manager/ Keyworker
9. Undertaking to Pay Top-up for Residential & Nursing Home Accommodation (3rd Party) completed by Case Manager/ Keyworker
10. Declaration of Means – Residential & Nursing Home Accommodation completed by Financial Assessment Officer
11. Letter of Authorisation completed by Financial Assessment Officer
12. Non-Disclosure Of Financial Assets Form completed by Financial Assessment Officer.

For Respite Admission

Case Manager/ Keyworker completes the: Charging for Respite form, agreement to pay and Short Breaks form

Stage 5

- Individual Residents Agreement [Home Placement] Documentation completed by the provider and signed for/ by the service user/representative and the Home.
- Supported Living Tenancy Agreement completed by the home and signed by the service user or representative.
- Application for appointment to Act on Behalf of Someone Else (BF56) "Social Security (Claims and Payments) Regulations (NI) 1987)" completed by the Appointee.
- Application to the Office of Care & Protection for the Appointment of a Controller Article 107(1) "The Mental Health (Northern Ireland) Order 1986" completed by Case Manager/ Keyworker.
- DC1 Request form forwarded to Team Leader or Panel for approval
- DC1 Commissioning Form completed by the Case Manager/ Keyworker or as a delegated task and forwarded to Trust Care Bureau
- Letter to Service user's and /or Service User's Family regarding Assessed Charge completed by Finance Department. (*Residential/Nursing Home cases only)
- Private Patient Account Payment Request Form.
- Completion of Financial Services Agreement by the Case Manager/ Keyworker.
- Completion of Transport Assessment with specific reference to level of Supervision required and by type of staff

Stage 6

- Record of Review Form (Person Centred Review) completed by Case Manager/ Keyworker
- Change of Circumstances Form completed by Home or Facility or Case Manager/ Keyworker depending on setting.
- Residents/Tenants Finance Review Form completed by Case Manager/ Keyworker (For Supported Living/ Residential and Nursing only)

- Promoting Quality Care Review Form (Mental Health & Learning Disability cases and Dementia Services only) completed by Case Manager/ Keyworker.
- Patient/Service user Manual Handling Risk Assessment Form - Community Setting completed by Case Manager/ Keyworker.

Stage 7

- Record of Review Form (Person Centred Review) completed by Case Manager/ Keyworker.
- Change of Circumstances Form completed by Home or Case Manager/ Keyworker depending on setting
- Residents/Tenants Finance Review Form completed by Case Manager/ Keyworker (For Supported Living/ Residential and Nursing only)
- SHSCT Service User Care Plan reviewed and copied to service user and other relevant individuals by Case Manager/ Keyworker.
- Promoting Quality Care Review Form (Mental Health & Learning Disability cases and Dementia Services only) completed by Case Manager/ Keyworker.
- Holistic Risk Assessment completed by Case Manager/ Keyworker
- Regional PQC Dementia Risk Assessment
- Patient/Service user Manual Handling Risk Assessment Form - Community Setting completed by Case Manager/ Keyworker.
- NNAT Review Record

SECTION E) CARE MANAGEMENT FLOWCHART FROM DEPARTMENT OF HEALTH GUIDANCE.

