**Section 117 After-Care Funding Responsibility Matrix**

This matrix has been devised to support commissioners of Section 117 After-care care packages to identify their funding responsibilities. It allows for the individual’s needs and presentation to be checked against an outline detailing levels of NHS and Social Care funding responsibility. It is to be presented with any necessary CPA documentation, risk assessment, After-care Plan. The assessor is required to familiarise themselves with the indicators within this document prior to completion, and provide evidence within the appropriate level to support their recommendation of NHS/LA funding responsibility for the Sec 117 After-care Care Plan.

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| **Completed by:**  **(detail all NHS/LA professionals involved)** |  | **Designation:** |  |
| **Date of Completion:** |  | **Contributors:**  **(detail all active contributors including patient/representative)** |  |
| **Responsible Commissioner (CCG):** |  | **Responsible Commissioner (LA):** |  |
| **Name of Individual:** |  | **D.o.B:** |  |
| **NHS. Number:** |  | **Current Whereabouts:** |  |
| **Date Presented:** |  | **Recommended NHS Contribution:** |  |

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| --- | --- | --- |
| **Level of need / Funding** | **Indicators** | **Evidence to support MDT/CPA Co-ordinator recommendation** |
| **Band 1**  Costs for care package met by the Local Authority with access to mainstream health services or specialist services provided by the NHS | Living in the community in either own home, or supported living or residential type setting where health needs can be met by primary and secondary care services only. This residence could be ‘in house’ or external due to a lack of local provision. There would be little evidence of requirement for health services above the provision of primary and secondary care services. May not trigger on CHC checklist. May require oversight from a health professional on a regular basis that may include access to therapy that is not provided by frontline services or there is a delay in accessing these services that puts the individual at risk of harm or deterioration. Individual may be living in a care setting or their own home. Visits from specialist statutory services when required for advice e.g. Dietician but with no ongoing care management. |  |
| **Band 2a**  Cost for the care package met by the allocation of the Funded – Nursing Care provision by the CCG and by the Local Authority and/or the individual. | Requires the oversight of a registered nurse over the 24 hour period to plan, monitor and evaluate care needs from both a physical or mental health perspective and living in a 24 hour registered care home with nursing (non-specialist). |  |
| **Band 2b**  The CCG would contribute 30% of the care package. | **The individual may require:**  A skilled regime of care that could relate to:   * Ongoing or Recurrent Psychosis with a low to moderate level of acuity * Psychosis & Affective Disorder with a low to moderate level of acuity * Non-Psychotic Chaotic and Challenging Disorders with a low to moderate level of acuity * Moderate to High Cognitive Impairment * Development and implementation of a care plan detailing proactive and reactive interventions related to challenging behaviour on a regular basis, with a range of verbal and physical responses required. * Daily support in regard to routine, establishing and maintaining boundaries, order, structure and routine. * The staff team will require specific accredited training to provide any necessary physical interventions. * MDT/CPA Engagement * Carers will be required to be trained and experienced in intensive interaction, positive behaviour support or similar approaches to maximise communication and meaningful activities. * Care staff are required to demonstrate a range of skills in regard to identification of symptoms relating to mental ill health and deliver required interventions on a day to day basis with the support of the MDT. * Interventions due to hallucinations or delusions have an increasing impact upon the individual requiring proactive monitoring, management of symptomatic relief through management of medication, or direct verbal intervention to reduce distress. * Interventions related to the presence of a moderate to high level of cognitive impairment, including but not limited to re-orientation, use of validation techniques, and the use of appropriate communication methods. * The support of 1 or 2 staff to address some ADLs due to resistive behaviour caused by poor cognition or mental health. * Appropriate assessment and recording of a service user’s mental state for use where necessary by the individual, or MDT, the provision of therapeutic interventions as directed by the appropriate professional related to mental ill health. * A care plan that reflects a cyclical presentation requiring staff to adopt an alternative approach dependent upon mood or to address experience of hallucinations or delusions that rarely cause distress. * Intervention due to non-concordance with medication regime and where non-compliance may result in a moderate risk of harm * Reactive intervention including predictors of change in mood to reduce harm or distress. * Interpretation of verbal/non-verbal cues following a clear care plan, with ongoing low moderate risk of unmet needs. * Care staff to demonstrate skill in interaction and communication in alternative forms.   **Physical Needs**   * Development and implementation of care plans relating to managing mobility, continence, nutritional and tissue viability needs secondary to requirement for support with mental health needs. * Review of moderate levels of pain or other symptoms with a predictable pattern and a moderate effect on health and/or wellbeing * Regular episodes of seizure activity or other altered state of consciousness that require the supervision/ reassurance of a carer or care worker to minimise the risk of harm and the development and implementation of care plans including rescue medication protocols or contacting emergency services |  |
| **Band 2c**  The CCG would contribute 50% of the care package. | **The individual may require:**   * A skilled regime of care that could relate to: * Ongoing or Recurrent Psychosis with a moderate to high level of acuity * Psychosis & Affective Disorder with a moderate to high level of acuity Non-Psychotic Chaotic and Challenging Disorders with a low to moderate level of acuity * High Cognitive Impairment * Development and implementation of a care plan including risk management and relapse prevention detailing proactive and reactive interventions related to challenging behaviour or fluctuating mental health on a regular basis, with a range of verbal and physical responses required. * The staff team will require specific accredited training to provide any necessary physical interventions. * MDT/CPA Engagement * Carers will be required to be trained and experienced in intensive interaction, positive behaviour support or similar approach to maximise communication and meaningful activities. * Care staff are required to demonstrate a range of skills in regard to identification of symptoms relating to mental ill health and deliver required interventions on a day to day basis with the support of the MDT. * Hallucinations or delusions, or persistent elation/low mood has an increasing impact upon the individual requiring proactive monitoring, management of symptomatic relief through management of medication, or direct verbal or physical intervention to reduce distress.   **Historical ratings that remain relevant to the current plan of care**   * Makes verbal/gestural threats, pushes/pesters but no evidence of intent to cause serious harm * Causes minor damage to property * Over-active or agitated behaviours * Superficial cutting, biting, bruising etc. or small ingestions of hazardous substances unlikely to lead to significant harm even if hospital treatment not sought * Illness or behaviour has an impact on the safety or well-being of vulnerable persons. Individual is aware of potential impact but is supported and able to make * adequate arrangements * Difficulties in engagement sometimes missing appointments or contacting services between appointments inappropriately, some understanding of own problems * Concern about the individual’s ability to protect their health, safety or well-being requiring support or removal of support would increase concern   **Physical Needs**   * Development and implementation of care plans relating to managing mobility, continence, nutritional and tissue viability needs secondary to requirement for support with mental health needs. * Complex medication regimes including pain management and other symptom control which requires monitoring and condition can be problematic to manage despite interventions * Regular episodes of seizure activity or other altered state of consciousness unconsciousness (seizures/ transient ischemic episodes, Cerebral Vascular Accident, Vasovagal episodes) that require the supervision/ reassurance of a carer or care worker to minimise the risk of harm and the development and implementation of care plans including rescue medication protocols or contacting emergency services |  |
| **Band 2d**  The CCG would contribute 70% of the care package. | **The individual may require:**  A highly skilled and intense regime of care that could relate to:   * Ongoing or Recurrent Psychosis with a moderate to high level of acuity * Psychosis & Affective Disorder with a moderate to high level of acuity * Non-Psychotic Chaotic and Challenging Disorders with a high level of acuity * High to Severe Cognitive Impairment * Development and implementation of a proactive care plan including risk management and relapse prevention * Compliance and ongoing monitoring of therapeutic drugs in line with SWY Area Prescribing Committee * Frequent or intense interventions on at least a weekly basis including physical intervention to immediately reduce/remove the risk of harm to self or others. * MDT/CPA engagement * Subject to legal restrictions i.e. CTO * Carers trained and experienced in intensive interaction, positive behaviour support or similar approach to maximise communication and meaningful activities. * Intense therapeutic interaction to interpret need through functional analysis or other tool. * Frequent or intense intervention on a regular or frequent (more that weekly) basis to reduce distress, and maintain safety of self or others   **Historical Ratings that remain relevant to the current plan of care**   * Agitation or threatening manner causing fear in others * Physical aggression towards people or animals * Destruction of property * Serious levels of elevated mood, agitation, restlessness causing disruption to functioning * Repeat self- injury requiring hospital treatment, possible dangers if not sought but unlikely to leave lasting severe damage if continues providing hospital treatment sought * Illness or behaviour has an impact on the safety and wellbeing of vulnerable persons, however individual has insight and able to take action to reduce the impact with support * Contacts services inappropriately, with little understanding of own problems. Is unreliable attendance at appointments unless prompted and supported * Clear evidence of significant vulnerability affecting the individual to protect their health and safety and well-being, removal of support would increase the risk   **Physical Needs**   * Development and implementation of care plans relating to managing mobility, continence, nutritional and tissue viability needs secondary to requirement for support with mental health needs. * Complex polypharmacy * Regular episodes of seizure activity or other altered state of consciousness unconsciousness (seizures/ transient ischemic episodes, Cerebral Vascular Accident, Vasovagal episodes) that require the supervision/ reassurance of a carer or care worker to minimise the risk of harm and the development and implementation of care plans including rescue medication protocols or contacting emergency services. |  |
| **Band 3**  The CCG would fully fund the care package | **The individual may require:**  A highly skilled and intense regime of care that could relate to:   * Psychosis & Affective Disorder with a high to severe level of acuity * Non-Psychotic Chaotic and Challenging Disorders with a high to severe level of acuity * Severe Cognitive Impairment * Development and implementation of an intense and proactive care plan including risk management and relapse prevention * Compliance and ongoing monitoring of therapeutic drugs in line with SWY Area Prescribing Committee * Frequent or intense interventions on at least a daily basis including physical intervention to immediately reduce/remove the risk of harm to self or others. * MDT/CPA engagement and involvement with MAPPA * Carers trained and experienced in intensive interaction, positive behaviour support or similar approach to maximise communication and meaningful activities. * Intense therapeutic interaction to interpret need through functional analysis or other tool. * Frequent or intense intervention on a regular or frequent (more than weekly) basis to reduce distress, and maintain safety of self or others. * Subject to legal restrictions i.e. CTO * Requirement for enhanced observation levels on a consistent basis to reduce immediate risk and maintain safety.   **Historical Ratings that remain relevant to the current plan of care**   * Agitation or threatening manner causing fear or harm caused to persons or others * Seriously intimidating others or exhibiting highly obscene behaviour * Elevated mood, agitation, restlessness causing complete disruption * Major destruction of property * Repeated serious self-injury requiring hospital treatment, lasting severe damage if continues * Without action illness or behaviour likely to have significant impact on safety or well-being of vulnerable persons * Contacts multiple agencies constantly with little or no understanding of problems. Fails to comply with planned care, misses appointments and refuses service input * Severe vulnerability – total breakdown in individuals ability to protect themselves resulting in major risk * Severe alcohol or substance misuse.   **Physical Needs**   * Development and implementation of care plans relating to managing mobility, continence, nutritional and tissue viability needs secondary to requirement for support with mental health needs. * Regular episodes of seizure activity or other altered state of consciousness unconsciousness (seizures/ transient ischemic episodes, Cerebral Vascular Accident, Vasovagal episodes) that require the supervision/ reassurance of a carer or care worker to minimise the risk of harm and the development and implementation of care plans including rescue medication protocols or contacting emergency services   • Complex medication regimes including pain management and other symptom control which requires monitoring and condition can be problematic to manage despite interventions |  |