**A10**

**Admission to DMH Day Service**

**Appendix 1**

## **Planning service delivery for someone with complex health and social care needs**

Ideally a six-month planning opportunity would provide the best grounds to establish all the information required to allow purchaser and provider to make an informed decision regarding the service’s capability in supporting the person who use the service with complex health and social care needs.

Prior to any service agreements the purchaser must identify with the proposed provider all professional and support services currently involved in the planning, organising or delivery of care/support to the individual being referred to the service.

MDT meetings should be arranged (ASC and proposed provider to coordinate) for the purpose of gathering up to date information regarding roles and responsibilities towards the individual’s care and support both now and in the future.

Attendance at the meeting along with submission of a written report including any protocols, strategies or plans they have been responsible for developing specific to their area of expertise/support is expected. In the absence of attendance reports and protocols would be required.

|  |  |
| --- | --- |
| Protocols /Strategy’s that may be in place  | Who might be contacted if involved that has relevant information to share  |
| Behavioural Management  | CLDT, Psychiatrist, Psychologist, other providers e.g., school, college, domiciliary care providers, ASC |
| Medical protocols to meet a specific health need e.g., PEG feeding. | District Nurse Team, Specialist Nurses E.g., Diabetic Nurse, Epilepsy Nurse, PEG Nurse, Stoma Nurse, Continence Nurse, Learning Disability Nurse, Specific consultants, or other specific medical practitioners involved in delivery of care and support  |
| Risk Assessment | All involved with the individual should have carried out some form of structured Risk Assessment  |
| Nutritional Requirements | Dietician, Speech Therapist, PEG Nurse |
| Pressure Care | Specialist Nurses, District Nurses, Physiotherapist, Occupational Therapists  |
| Specific Individual routines | Family, individual, other service providers e.g., School, Collage, Other current Support Service providers  |
| Medication  | GP, CLDT, Specialist Nurses, Psychiatrist  |
| Communication | Family, individual, other service providers e.g., School, College, Other current Support Service providers, Speech Therapist, Assistive Technology Providers  |
| Moving & Handling  | Family, individual, other service providers e.g., School, College, Other current Support Service providers, Physiotherapist, Occupational Therapist |
| Physiotherapy | Physiotherapist, OT, wheelchair services  |
| Emergency Action | Specific medical personnel e.g., Consultant, Specialist nurse  |
| DoL / DoLS | MDT involvement should be identified  |
| Advanced Care Statements | MDT involvement should be identified |
| Protocols /Strategy’s that may be in place  | Who might be contacted if involved that has relevant information to share  |
| Capacity Statements | MDT involvement should be identified |
| Best Interests Decisions  | MDT involvement should be identified |

An essential requirement during the period of planning is detailed information about any specialist equipment that would be required to support the person who may use the proposed service provision.

|  |
| --- |
| Specific information required around specialist equipment might include  |
| What equipment is required? |
| Who is providing equipment? |
| Who is servicing repairing and managing maintenance of equipment (copy of most recent service report required)?  |
| Are there any specialist storage requirements?  |
| Are there specific health and safety hazards linked to the equipment?  |
| What training is required to enable safe use of equipment and by whom?  |

An environmental assessment based on the identified support needs of the individual must be carried out by the proposed provider service to establish if the building can meet the specific needs of the individual or if adaption is required and is it at a reasonable and practicable cost.

Collation of all the above data will assist the proposed service provider in identifying staffing ratios required and the training needs of its workforce prior to deployment of services.

Agreement on who is to coordinate training and who will meet the costs of delivering training should be reached between purchaser and provider(s). A training plan should then be drawn up, confirmed, and implemented prior to service provision wherever possible.

A 6-week phased trail period plan will be drawn up and agreed by all parties involved including the purchaser/ provider(s). It will have a clearly identified start and finish date and include a meeting date set at the end of the trial period to review outcomes.

During the 6-week trail completion of DIAG Risk Assessments, Service Specific Medication Protocols, Emergency Action Protocols, Service / person who uses the service specific Protocols will be completed and/ or implemented with ongoing review activity carried out by the supervisor.

On completion of the 6-week trial at the scheduled meeting the provider, the person who is using the service and their representatives must discuss outcomes that establish if service provision can take place, in what capacity and identify any costs of service provision.

The provider service should be made aware of how the service is to be funded e.g., by the individual themselves, ASC or CHC.