

I. Introduction

I.1 Introduction

This guidance and manual concerns the arrangements for providing a comprehensive system of assessment and care management to meet the requirements of community care legislation. Its purpose is to address a range of policy, organisational and procedural issues and to provide a framework for ongoing development and is subject to a process of regular review.

The manual also explains the steps that workers in Adults and Older People's Services will have to follow when using Framework-i to manage and record their work, and as such is a guide to the generic processes for all community care commissioning processes. It should be used in conjunction with the Framework-i training manual.

Each section outlines the principles and procedures of a particular episode of the assessment and care management process, with reference to Framework-I as appropriate.

Assessment is a central part of Social Services' response to requests for help. It is the process of responding to a social care referral by determining the social care needs of an individual and giving appropriate advice or arranging necessary services so that those needs are met.

The overall process of referral, information sharing, assessment, care planning, monitoring of care provision and review is generally termed care management. This manual seeks to clarify what we mean by assessment and care management in Haringey, and how these processes should be undertaken and recorded.

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I.2 Background

I.2.a The NHS and Community Care Act 1990

The responsibility to provide assessments derives from section 47 of the National Health Service and Community Care Act 1990, which states:

“... Where it appears to a local authority that any person for whom they may provide or arrange for the provision of community care services may be in need of any such services, the authority:

- a) Shall carry out an assessment of their need for those services; and
- b) Having regard to the results of the assessment shall then decide whether their needs call for the provision by them of any such services”.

I.2.b Community care principles

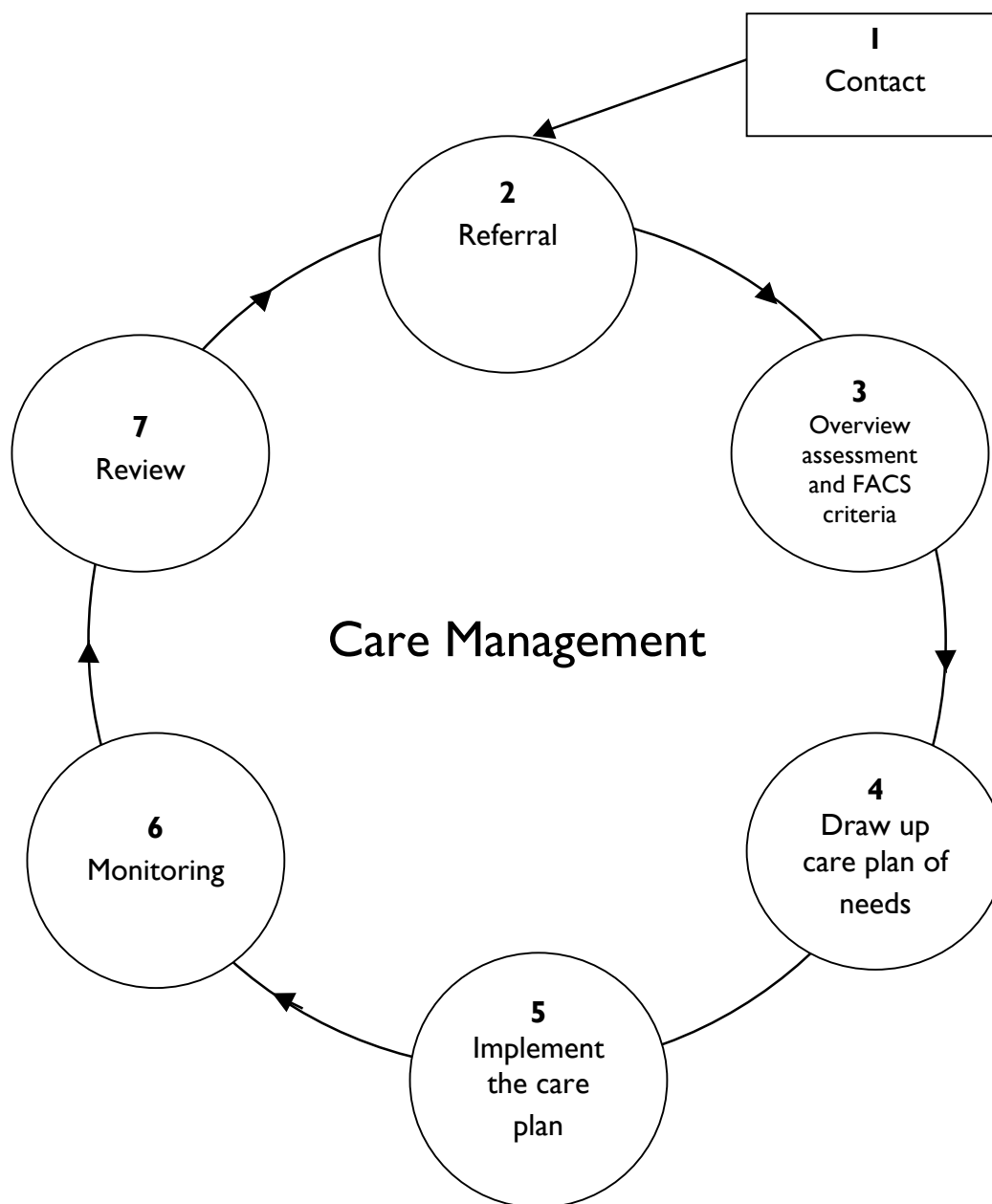
The procedures in the manual and the services we provide are based on the following values:

- treating users and carers with courtesy, honesty and respect for their dignity;
- helping users and carers achieve and sustain the maximum possible independence;
- working in partnership with users and carers to provide the services they need;
- moving towards an integrated approach;
- continually raising the standard of services we provide to users and carers;
- involving users and carers in decisions and giving them enough information to make informed choices;
- helping users and carers to give their views through advocacy and other representative organisations;
- improving protection of our users and carers by ensuring our staff and contractors meet national and regional standards;
- treating users and carers fairly on the basis of need and not discriminating against them on the basis of age, sex, race, religion, disability or sexuality. This means equal access to community care services.

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I.3 Stages of the care management process

There are seven main stages in Haringey's assessment and care management process.



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I.4 Summary of the care management process

Stage One: Contact

This is the critical first contact with the service user or a third party when information is gathered. The referrer must be listened to carefully and calmly. Details should be collected at the referrer's own pace. Information about relevant other services and other agencies should be shared with the referrer in a helpful manner. The outcomes of a contact episode may be to provide the referrer with information and advice, or to refer them to another agency, but in most cases a referral will be initiated.

Stage Two: Referral

This is the first stage of the process. Some referrals may then qualify for an overview assessment. This is determined using the Background Information and Contact Assessment, which is found in the Framework-I Referral episode. In some cases the referral may lead to a Vulnerable Adults strategy meeting, to immediate services being implemented in an emergency, or to No Further Action.

Stage Three: Overview assessment

The objective of the assessment is to determine the needs of the individual, not to see how they fit into particular services. It should therefore be a needs led assessment using the FACS criteria. Haringey commissions services for people assessed as having "substantial" or "critical" needs. People with moderate needs will be offered advice and information about other organisations that can help them. The assessment should be focused on the core principles of promoting independence and enabling the service user/carer to remain at home for as long as possible. The overview assessment may lead to a number of outcomes: a request for a specialist assessment from another agency; a vulnerable adults strategy meeting; a carer assessment; provision of services; or services being offered but declined.

Stage Four: Drawing up a care plan of needs

The care plan and arrangement of services are important activities to ensure that those needs identified in assessment are met properly. There may need to be further investigation to identify community resources. Care planning is an opportunity to re-think service provision for an individual. It is not simply matching needs with existing services but also negotiating with providers to supply different forms of services. The care plan should reflect the objectives set, particularly promoting independence, rehabilitation and prevention. The care plan / statement of needs should then be authorised by the Commissioning Manager, usually via Panel.

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I.4 Summary of the care management process (cont'd)

Stage Five: Implement the care plan

When it has been agreed that the service user has assessed needs which require the provision of service, the directorate has a statutory obligation to arrange this. The service user should be able to express choice about the type of service provided to meet that assessed need. The directorate will seek to meet the expressed choice of the service user where the cost of that service is no greater than the least expensive means of meeting the service user's needs.

Stage Six: Monitoring

When a care plan is implemented, clear arrangements must be made to ensure that it achieves the objectives set and that it continues to do so. This requires that we continue to pay attention to the needs of the service user (and carer where applicable). We must monitor the effectiveness of services in meeting those needs.

Stage Seven: Review

A Review is a new assessment of need. The main purpose of a review should be to establish whether the current package of care continues to meet the user's needs, and identify changes in need. We may need to adapt services to meet the current need. A review must always consider the needs, views and preferences of service users and their carers and the effectiveness of services in meeting those needs.**The Care Programme Approach (CPA)**

At this point it should be mentioned that the CPA may be used in conjunction with SAP for Mental Health teams. This requires that Health and Social Services work together to provide the best possible care for its residents. The CPA episode (both standard and enhanced) can also be selected on an ad hoc basis at any time, and this may or may not lead to an amendment to the care plan.

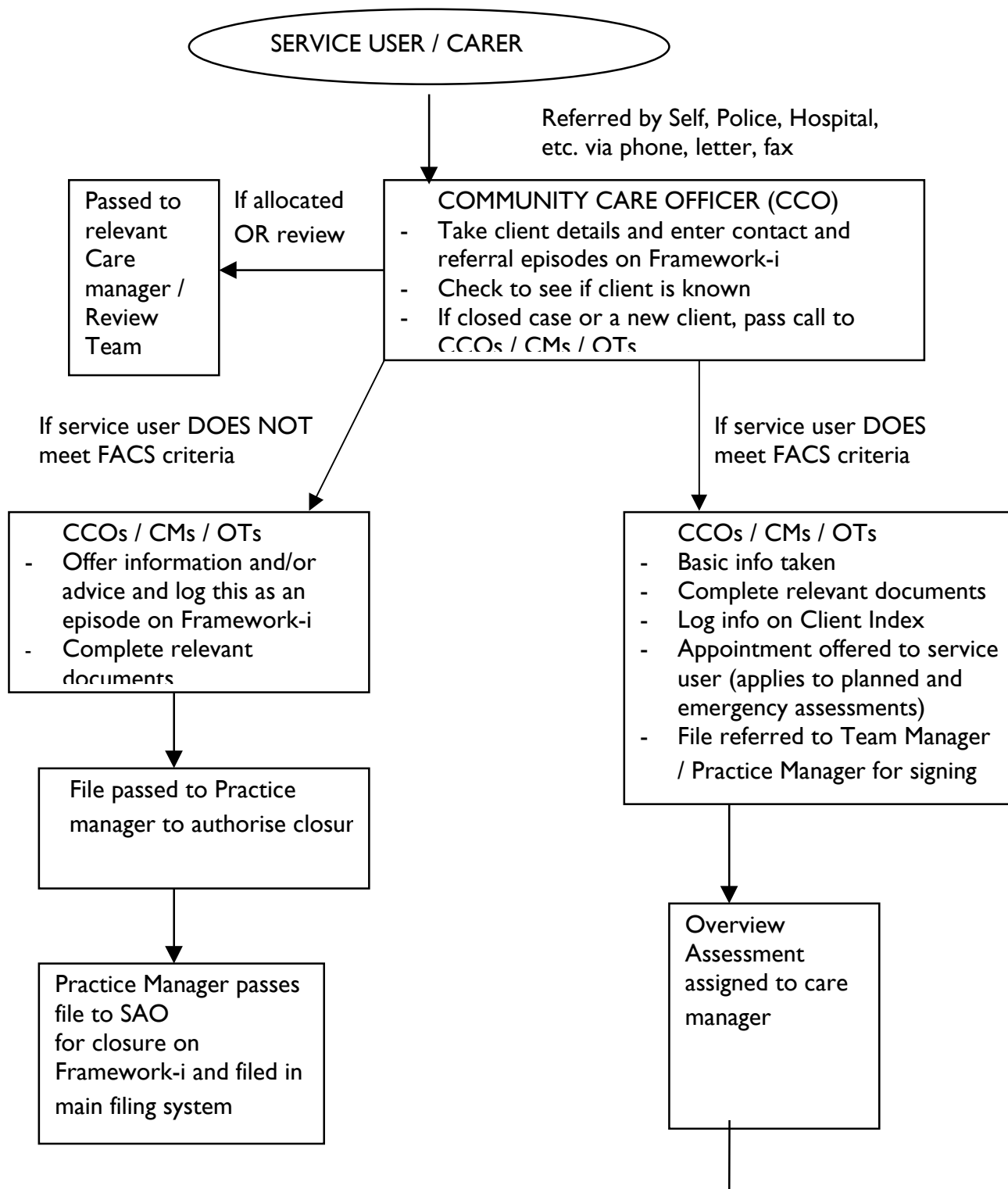
The essential elements of the CPA can be defined as:

- Systematic arrangements for assessing the health and social care needs of people accepted into specialist mental health services;
- The formulation of a care plan which identifies the health and social care services required from a variety of providers;
- The appointment of a Care Co-ordinator to keep in close touch with the service user and to monitor and co-ordinate care; and
- Regular review and, where necessary, agreed changes to the care plan

Further information and processes can be obtained from the Barnet Enfield and Haringey Mental Health Trust.

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I.5 Overview of the care management process



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I.5 Overview of the care management process (cont.)

