

Patient Name: _____

DOB: _____

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**Brent Clinical Commissioning Group
Harrow Clinical Commissioning Group**

**HEALTH AND SOCIAL CARE FUNDING TOOL FOR ASSESSING JOINT
PACKAGE DECISIONS FOR AGREEMENT AT S117 PANEL- LEARNING
DISABILITY**

Patient Name:

DOB:

NHS number:

Date of assessment:

Names of assessors:

- If funding percentage split is not agreed by the continuing care panel, (and there are health needs that cannot be met by existing services), then the Health and Social Care Special Needs Funding Tool should be used.
- A health professional and a Social Worker will use the information contained in their health and social care assessment (including other assessments if appropriate others e.g., GP, District Nurse, consultant etc.) to compile the rationale for each domain.
- This information is then given a score (A-D), which is agreed by those completing the form and is determined by using the descriptors for each domain also contained within this document.

Instructions for completion

- **Individually the Nurse and Social Worker should review the 16 domains on the following pages and make a decision as to which score most closely matched the patient's needs; - A, B, C or D**
- **These scores are then transferred onto the scoring form and a numerical score calculated for the total score as per guidance below: Please note the different numerical values which apply depending on whether it is the Social Worker or Nurses assessment. Following the simple calculation, a percentage contribution from both Health and Social Services is arrived at on the scoring form.**
- **Where disagreement persists, it may be useful to collate evidence and present to the S117 panel for decision highlighting areas of disagreement.**

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SCORING SYSTEM FOR HEALTH AND SOCIAL CARE S117 FUNDING TOOL

Scoring System

- a. Numerical points are assigned to each tick in columns A, B, C, D as follows: -

	Social Services	Health
A	1	0
B	0.75	0.25
C	0.25	0.75
D	0	1

- b. Use the following formula to establish the total scores: -

$$\text{SSD score} = \text{Total number of ticks for A} + (\text{Total number of ticks for B} \times 0.75) + (\text{Total number of ticks for C} \times 0.25)$$

$$\text{Health score} = (\text{Total number of ticks for B} \times 0.25) + (\text{Total number of ticks for C} \times 0.75) + \text{Total for D}$$

F = number of domains used

- c. Percentage splits are worked out using the following formula: -

$$\text{SSD} = \frac{\text{SSD score}}{F} \times 100\%$$

$$\text{Health} = \frac{\text{Health score}}{F} \times 100\%$$

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LEARNING DISABILITY HEALTH AND SOCIAL CARE S117 FUNDING TOOL – DOMAIN DESCRIPTORS

	DOMAIN	A	B	C	D
1	OVERALL Presentation (To include physical, mental health and behavioural issues)	Stable with no health presentation of needs	Slow decline/occasionally changeable with a deteriorating fluctuating presentation	Frequently fluctuation , erratic or unstable presentation that poses risk to self or others.	Rapidly deteriorating or /and frequent unpredictable episodes of presentation that is requiring intensive intervention (s) from specialist health professional
2	PERSONAL CARE (Dressing, bathing, toileting, washing,)	Independent OR Supervision and/or prompting or assistance by 1 care assistant.	Assistance of 1 or 2 experienced care assistants OR Prompting where trained skilled input is required due to behavioural difficulties.	Care input provided by qualified staff with the assistance of a care assistant.	Specialist care input provided by qualified staff or closely assisted by more than 3 or more skilled carers.
	DOMAIN	A	B	C	D

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3	<p>EATING AND DRINKING including P.E.G. (Percutaneous Endoscopic Gastrostomy)</p>	<p>Independent OR Prompted and/or supervised or assisted by 1 care assistant.</p>	<p>Fed or closely supervised by care assistant. May require skilled intervention after training by appropriate staff e.g. nurse, dietician, SALT, O.T.: - To ensure good nutritional status is maintained AND/OR To provide appropriate input to ensure safe options for eating and drinking with regard to textures, positioning, swallowing etc AND/OR For crisis management; For management of occasional behavioural difficulties related to eating; Staff manage feed via PEG where complications are unlikely</p>	<p>Fed orally by qualified nurse or experienced care staff where: - There are severe swallowing difficulties. OR Moderate to high risk need for suction OR Skilled staff input to manage or reduce frequent behavioural issues at meal times OR PEG input provided by qualified nurse or skilled care assistant where there may need to be skilled input e.g. for reflux</p>	<p>Qualified nurse required to feed or connect/disconnect feeding equipment following Speech & Language Therapist assessment or review.</p>
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	DOMAIN	A	B	C	D
4	MOBILITY	Independent or supervised or assisted by 1 care assistant, including in the use of aids.	Assistance of 1 or 2 care assistants where ability to weight bear is unpredictable or difficult due to contractures, involuntary movements or skeletal or muscular changes AND/OR Immobile without prescribed use of aid and requires assistance to apply and to enable mobilisation AND/OR Balance is poor requiring assistance to ensure safety with one carer.	Immobile, unable to weight bear, requires 2 staff to assist with transfers OR Requires skilled input to mobilise safely. Or Transfer is problematic because of contractures or complex repositioning, but is cooperative	Totally immobile and unable to initiate any movement due to poor mobility, risk of harm from injury/movement. Or High risk of fall that is frequent (weekly) that can result to severity and is resistance to transfer.
	DOMAIN	A	B	C	D
	Risk To Self	No self-harm presentation or behaviour .	May frequently display presentation of risk with intentional damage self.	Repeatedly display presentations that put self or others at risk of harm, damage to	Constant intense supervision and monitoring to manage serious self-harm

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				property requiring supervision or medical intervention.	presentation with severe consequences that requires health input / intervention to manage.
5	SKIN CARE	<p>Skin intact or requires monitoring i.e. pressure areas.</p> <p style="text-align: center;">OR</p> <p>No specialist input required for postural management.</p>	<p>Waterlow score of 10 – 15. (Identified as needing overlays or specialist foam mattresses)</p> <p style="text-align: center;">OR</p> <p>Non-customised specialist seating required.</p>	<p>Waterlow score of 15 – 20. (Skin in poor condition. Identified as needing alternating pressure overlays, mattresses or bed systems)</p> <p style="text-align: center;">OR</p> <p>Complex, customised seating required</p> <p style="text-align: center;">OR</p> <p>Has pressure skin condition ulcer/sores of a Grade 3 conditions that requires advice or review by a Tissue viability specialist.</p>	<p>Waterlow score of 20 and over. (Identified as requiring preventative bed system, fluidised bed, and low air loss and alternating pressure mattress).</p> <p style="text-align: center;">OR</p> <p>Totally dependent on specialist equipment in order to prevent severe skin condition (bed bound).</p> <p style="text-align: center;">OR</p> <p>Has Pressure ulcer /sores of a Grade 4 nature that requires specialist assessment / review and treatment from Tissue viability specialist</p>

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	DOMAIN	A	B	C	D
6	URINARY CONTINENCE	Continent or well managed with continence pads. Care managed independently or with one care assistant.	1 or 2 staff to assist in meeting continence needs by using pads, sheaths, catheters, and/or a strict toileting regime.	Urinary continence needs which cannot be controlled or met by the use of drugs, toileting regime, sheaths, continence pads, catheterisation.	Persistent blockage of catheter requires frequent nurse interventions OR Requires constant monitoring of bladder function.
7	BOWEL MANAGEMENT	Continent may require prompting or assistance to use the toilet.	Bowels managed by pads, drugs, diet (with occasional use of suppositories and enemas) OR Staff input required to follow a toileting programme to maintain continence.	1 or 2 staff to assist in meeting bowels condition met with the management of regular use of suppositories, enemas and physical help to empty bowels.	Requires frequent physical help to empty bowels by manual evacuation or other means.
	DOMAIN	A	B	C	D
8	PAIN CONTROL (i.e. frequently recurring or chronic conditions)	Able to indicate and describe pain, which is managed by appropriate medication either independently or	Able to indicate pain but unable to describe easily. Requires staff input to identify and manage	Unable to verbally describe pain. Experienced staff required to identify pain site and course of	Unable to describe needs in respect of any pain. The level of pain experience can only be seen through

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		with prompting or supervision from staff.	with treatment specific to the condition.	action required. May require a range of supervised interventions to control pain.	behaviour, facial or bodily expression, emotional state. May require complex intervention supervised by nursing staff.
9	COGNITIVE & COMPREHENSION	<p>Able to reason and problem solve.</p> <p>OR</p> <p>May have occasional difficulty with memory and decisions requiring staff assistance.</p> <p>OR</p> <p>Ability to reason inhibited, but is able to make decisions if offered limited options and guidance.</p>	<p>Unable to reason and think without support.</p> <p>Able to make decisions if offered limited options, guidance and reassurance with the input of experienced staff.</p>	<p>Unable to reason & think without continuous support. There will be risk of exploitation due to inability to assess risk, self-harm or neglect. Needs constant skilled management.</p> <p>OR</p>	<p>Decisions frequently lead to risk of exploitation due to inability to assess risk, self-harm or neglect. Needs a high level of constant skilled support & management.</p> <p>Or</p> <p>Ability to understand and process any information is severely impaired due to poor memory or /and cognitive impairment.</p>
	DOMAIN	A	B	C	D
10	SYMPTOM CONTROL (spasms, diabetes, epilepsy, behaviour)	Symptoms well controlled or managed e.g. diet, medication.	Symptoms need monitoring on a daily basis.	Symptoms needing constant monitoring and skilled intervention with on-going specialist input in order to	Unpredictable, life threatening symptoms requiring immediate specialist health interventions in order to

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				reduce risk to self or others e.g. dietician, psychologist, and behaviour support team.	maintain safety.
11	MEDICATION	Takes own medication or requires minimal supervision or assistance	Taking of medication is frequently problematic. Requires supervision or assistance from experienced staff to take medication, without which it is likely that medication will not be taken.	Unable to adhere to medication programme and is non-compliance. Requires assistance and monitoring frequently. May require drugs to be administered by a registered Nurse including administration or titration of as required medications or PRN.	Refusal or inability to maintain medication regime due to mental state. May be resistant to adhering to medication programme. Requires healthcare input to manage the consequences. OR Requires drugs frequently to be administered by non-oral route by a registered nurse.
	DOMAIN	A	B	C	D

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12	COMMUNICATION	Able to express needs and desires in a manner understood by carers.	Non-verbal or verbal communication requires close attention & interpretation by skilled & experienced carers. Benefits from the use of appropriate communication tool or methods by staff e.g. signs language. Objects, symbols.	Limited or non-verbal communication. Use of aids, non-verbal signs and signals or monosyllables used to communicate. The interpretation is complex requiring very skilled input. Requires skilled input to assist comprehension and care and support needs to be anticipated by care staffs.	Unable to communicate needs, unable to responds to any instructions or direction, either verbally or non-verbally, with prompting, thus placing the individual at significant risk of self-harm, neglect or exploitation.
13	CONTINUITY OF CARE	Access to regular care and support from staff daily.	Regular & frequent use of support that is available throughout a 24-hour period as required to meet identified needs.	Dedicated 1:1 staffing available throughout a 24-hour period to manage daily care needs and risk.	Dedicated 2:1 specialist health staffing (or above) used regularly to manage and reduce risk or meet identified on-going health needs.

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	DOMAIN	A	B	C	D
14	RISK TO SELF AND TO OTHERS DUE TO PSYCHOLOGICAL AND EMOTIONAL CONDITON	Able to assess and make informed decisions with guidance. No Psychological or emotional distress impacting on well-being.	Requires supervision and guidance to be enabled to make safe decisions and take appropriate actions to maintain safety to self or others. OR There are occasional episodes of psychological and emotional distress but they are safely managed and support without impact or risk to self or others well-being.	Unable to make safe decisions without continuous support. Requires substantial continuously 1:1 input from skilled staff in order to reduce risk of harm to self or other OR Daily episodes or psychological and emotional distress that is impacting on self or / and others and respond to reassurance or manage with sometimes use of PRN medication (s)	Unable to assess situations for themselves. Will persistently expose themselves to danger unless prevented from doing so. Needs a minimum of 2:1 to eliminate or reduce danger. High risk of self-harm to self or others is immediate and severe OR Frequent episode of psychological and emotional distress that is frequent and intense and the risk to self or others requires daily monitoring
	DOMAIN	A	B	C	D

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15	BEHAVIOUR	May present with personality issues or behaviours that is not difficulty or minimal behavioural difficulties requiring direction and guidance. Does require specialist input for behaviour exhibited and risk is low.	Occasional and predictable behaviour needs managed in accordance with guidelines drawn up by appropriate professionals. OR Behaviours that poses a low risk to self or others and the intervention that is required to manage the behaviour is generally predictable and effective	Frequent or unpredictable behaviour requiring advice and support in setting and monitoring programme from appropriate health professionals. OR Requires support for substantial periods in any 24-hour because of risk of harm from problematic behaviours requiring occasional intervention (s) from a specialist health service or team that is ineffective.	Frequent or unpredictable behaviour requiring advice and support in setting and monitoring programme from appropriate health professionals. Requires dedicated staff support throughout the waking hours and for frequent periods at night. OR Behaviours that put self, others and property at immediate risk of harm which requires a safe alternative provision which will require a period of assessment from a health specialist professional
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SOCIAL CARE SPECIAL NEEDS FUNDING TOOL SCORING FORM

	DOMAIN	A	B	C	D
1	OVERALL CONDITION				
2	PERSONAL CARE				
3	EATING AND DRINKING				
4	MOBILITY & MOVEMENT				
5	SKIN CARE & PHYSICAL HARM				
6	URINARY CONTINENCE				
7	BOWEL MANAGEMENT				
8	PAIN CONTROL				
9	COGNITIVE				
10	SYMPTOM CONTROL				
11	MEDICATION				
12	COMMUNICATION & COMPREHENSION				
13	CONTINUITY OF CARE				
14	RISK TO SELF				
15	RISK TO OTHERS				
16	BEHAVIOUR				
	TOTALS	0	0	0	0

SSD score	0
Health score	0
Number of domains used	0

SSD %	#DIV/0!
Health %	#DIV/0!

Total cost of package	£ -
Social Services Contribution	#DIV/0!
NHS Contribution	#DIV/0!