



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

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

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 S117 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 e.g., GP, District Nurse, consultant etc.) to complete each domain in the funding tool.
- 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 10 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 request that a third assessment is completed by either a Doctor, or another health or Social care Professional.

ADULT MENTAL HEALTH

	DOMAIN	SOCIAL- A	BORDERLINE SOCIAL-B	BORDERLINE HEALTH-C	HEALTH-D
1	Risk to individual, [e.g. self-harm, self-neglect Or exploitation by others].	Able to assess and make informed decisions. May require some guidance. No risk of self-harm.	Requires supervision and guidance to be enabled to make safe decisions and take appropriate actions to maintain safety of self and reduce risk of harm to self.	Unable to make safe decisions without proportionate support <u>OR</u> able to make decisions if given limited options, guidance and reassurance. Needs appropriate health professional input to reduce behaviour, which may result in harm to self or neglect. Requires substantial 1:1 input from skilled staff.	Unable to assess situations for themselves. Will persistently expose themselves to risk of harm/neglect unless prevented from so doing. Needs a minimum of 1:1 to eliminate or reduce harm.

2	Risk to others.	Able to assess and make informed decisions; may require some guidance.	Requires supervision and guidance to be enabled to make safe decisions and take appropriate actions to maintain safety of others.	Able to access support as required. . Needs appropriate health professional input to reduce injurious behaviour. Requires periods of 1:1 for mental state instability or transition.	Will persistently expose others to danger unless prevented from so doing. Requires substantial 1:1 input from skilled/qualified staff.
3.	Mental health – medication.	Aware of need to take prescribed medication. Takes own medication or requires minimal supervision or assistance.	Requires prompting or supervision to take medication without which it is unlikely medication will be taken.	Unable to adhere to medication programme. Requires assistance and monitoring. May require drugs to be administered, to include PRN .	Refusal or inability to maintain medication regime due to mental state. May be resistant to medication regime. Requires staff input to manage this or/ requires drugs frequently to be administered by invasive route.

(NB: This can also apply to medications required for physical problems)

	DOMAIN	SOCIAL	BORDERLINE SOCIAL	BORDERLINE HEALTH	HEALTH
4.	Mental State.	Alert, able to express feelings. Has insight. And/Or Oriented in time, person and place. No loss of memory or cognitive functioning.	Difficulty expressing emotions. Concentration span may be affected. Confused or disorientated some of the time. And/Or Mild, but definite problems of memory or comprehension. May lose way in familiar place.	Instability of mental state or fluctuations of mental state that may require additional support/supervision for periods of time. And/Or <i>Marked disorientation of time, person and place. Confused by everyday events. Sometimes</i>	No insight into mental illness, with significant periods of mental instability requiring regular skilled/qualified supervision. And/Or Severe disorientation, e.g. inability to recognise people or communicate coherently due to mental illness/cognitive

				<i>incoherent.</i>	impairment.
5.	Personal care: dressing, toileting, washing.	Independent with all areas of personal care. OR Able to attend to personal care when prompted. Some supervision may be required.	Needs prompting and supervision to undertake any personal care activities	. Will be at increased risk of self neglect due to mental state instability if substantial intervention/supervision is not provided.	Unable to undertake any personal care due to mental state instability without intervention of skilled, trained staff, e.g. qualified staff with assistance of care assistant.
6.	Eating and drinking.	Is motivated and can achieve independently.	Poor motivation to provide for self. When encouraged, can achieve independently.	Motivation fluctuates due to changing mental state. Needs regular frequent prompting, encouragement and monitoring by skilled staff.	No motivation where the person is unable to provide for self. Needs skilled staff to organise and supervise all dietary/fluid intake. .
7.	Accessing the community	Able to live independently and access the community with minimal support. .	More regular support to access community activities, i.e. GP, benefits appointments, peer groups.	Mental instability impacts independence and accessing the community, requiring skilled intervention.	Mental state instability requires continuous supervision to access the community, .
(NB: (7) If 'mobility' is a complex area for the user domains from Physical Disability, toolkit may be consulted/used)					
8.	Communication	Can understand instructions and make self-understood if communicated to with care.	Mental state often interferes with communication which requires support to assist comprehension.	Mental state frequently interferes with communication, and may be unreliable which requires skilled input	Inability to reliably communicate due to lack of mental capacity/mental state, requiring skilled intervention to act in best interest of the person.
9.	Sleep/night care needs, e.g. safety supervision.	requires minimal or no night time support. .	Requires sleep-in support if required at night.	Requires skilled staff input during the day and regularly at night or	Requires skilled staff to administer medication as required to intervene in

				mental state often requires staff input at night.	behaviours that may result from changes in mental state during the day and frequently during each night.
10.	Social networks/relationships/daily activities.	Able to establish and maintain social network and external activities with minimal support.	Development and maintaining of social network/relationships fluctuates, requiring regular support from informal/formal network.	Mental state leads to inability to maintain relationships and social networks without input. Increased risk of isolation and withdrawal if interventions are not provided by skilled staff.	Isolation and withdrawal from relationships/network due to lack of capacity and or mental state instability requiring full support from skilled/qualified staff.
(NB: (10) can encompass level of need and capacity to maintain and access spiritual and cultural needs)					

Patient Name: _____

DOB: _____

NHS No.: _____

MH HEALTH AND SOCIAL CARE S117 FUNDING TOOL – SCORING FORM

NAME _____

D.O.B. _____

(Place tick in appropriate box)

	DOMAIN	A	B	C	D
1	RISK TO SELF				
2	RISK TO OTHERS				
3	MENTAL HEALTH - MEDICATION				
4	MENTAL STATE				
5	PERSONAL CARE				
6	EATING AND DRINKING				
7	MOBILITY				
8	COMMUNICATION				
9	SLEEP/NIGHT CARE NEEDS				
10	SOCIAL NETWORKS/RELATIONSHIPS /DAILY ACTIVITIES				
Signature of Care Manager:		Signature of Health Practitioner:			
Name:		Name:			
Position:		Position:			
Organisation:		Organisation:			
Date:		Date:			

ASSESSMENT OF NEED- ADULT MENTAL HEALTH

Guidance Notes for Scoring Assessment

This Shared Care Assessment Framework identifies 'domains' by which assessment of need can be described and identified. Through this process it is possible to attribute a score to each of the domain areas. These scores need to be translated into percentages to determine funding split between health and social services.

The domain areas are:

1. Management of risk to self
2. Management of risk to others/challenging behaviour
3. Management of mental health including medication
4. Mental state – mood cognition
5. Personal care needs (dressing, bathing and toileting)
6. Eating and drinking
7. Mobility (getting out and about)
8. Communication
9. Sleep, night care needs, safety and supervisor
10. Relationships and networks

Scoring System

Each domain following assessment can be categorised by presenting behaviours into Category A (representing Social Care), B (borderline Social), C (borderline Health) and D (Health).

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

	Social Services	Health
A Social	4	0
B Borderline Social	3	1
C Borderline Health	1	3
D Health	0	4

Patient Name:_____

DOB:_____

NHS No.:_____

	DOMAIN	A	B	C	D
1	Risk To Self				
2	risk To Others				
3	Mental Health - Medication				
4	Mental State				
5	Personal Care				
6	Eating and Drinking				
7	Mobility				
8	Communication				
9	Sleep/ Night Care Needs				
10	Social Networks and Relationships				
	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!