 

**Standard Operating Procedure**

**Somerset Mental Health and Social Care Complex Cases Panel**

|  |  |
| --- | --- |
| Version: | 1.0 |
| Date of Issue: | January 2022 |
| Review Date: | December 2022 |
| Applies to: | Complex Cases Funding Panel |

###### DOCUMENT CONTROL

**This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact Document Author.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reference Number** | **Version**  1.0 | **Status** | **Author**  Eugene Stevenson | |
| **Amendments** | None | | | |
| **Approving body** | MH&LD Strategic Cell/Oversight Group | | | Date: December 2021 |
| **Ratification Body** | As above | | | Date: December 2021 |
| **Date of issue** | 3/01/2022 | | | |
| **Review date** | 3/12/2022 (First Initial Review) | | | |
| **Contact for Review** | Eugene Stevenson | | | |
| **Lead Director** | MH&LD Strategic Cell/Oversight Group (ICB, SCC +SFT) | | | |

**CONTRIBUTION LIST Key individuals involved in developing the document**

|  |  |
| --- | --- |
| **Contributor – Designation or Group** | |
| Eugene Stevenson | Head of Complex Individual Care & Named Patient Services. |
| Kate Perring | Service Manager, Mental Health Social Care (West) |
| Kieron Mars | Service Manager, Mental Health Social Care (East) |
| William Barnwell | Commissioning Manager, Learning Disabilities, Autism. |
| Liz Cotterill | Clinical Lead-Complex Care Team. |

|  |  |  |
| --- | --- | --- |
| **CONTENTS** |  |  |
| **Section** | **Title of Section** |  |
|  | Document Summary |  |
| Doc. | Document Control |  |
| Con. | Contents |  |
| 1 | Introduction |  |
| 2 | Purpose and Scope of Complex Cases Panel |  |
| 3 | Operating Principles of The Complex Case Panel. |  |
| 4 | Complex Cases Panel Membership |  |
| 5 | Definitions |  |
| 6 | Referral Process to Complex Cases Panel |  |
| 7 | Duties and Responsibilities |  |
| 8 | Quality Assurance Process-Commissioned Care. |  |
| 9 | Monitoring Compliance and Effectiveness |  |
| 10 | References and Associated documents |  |
| 11 | Appendices |  |
|  | Appendix A – Section 117 aftercare policy |  |
|  | Appendix B- SCC agreed rates |  |
|  | Appendix C- CCP Funding Request Form |  |

## INTRODUCTION

The majority of people in Somerset are supported by mainstream commissioned community mental health and social care services. However, there are a small number of individuals whose care and support needs in the community are more exceptional, require further consideration and resources to meet either short-term, ongoing, or intermittent more complex needs. The support for these unique needs may need to be sourced in a variety of ways and across a range of community-based settings. To meet these individual needs, consider and manage the exceptional funding nature of these needs and their requirements, Somerset created the Complex Cases Mental Health and Social Care Panel (CCP).

This document sets out the role, process, function, and responsibilities of the CCP and its members.

## PURPOSE AND SCOPE OF CCP

The CCP is responsible for commissioning, managing and review of individual exceptional funding requests for Somerset residents over 18 years with the most complex mental health and social care needs, whose needs cannot be fully met through commissioned services already in place. The funding requests to CCP will relate mostly, but not exclusively to supporting individuals under section 117 aftercare in line with policy (appendix A). Provision of services commissioned may include community-based nursing and residential placements, packages of home care, supported living, direct payments and personal health budgets.

The scope of the CCP is to consider individuals over 18 with exceptional, complex and/or enduring mental health and associated social care needs within the scope in 2.1. Referrals to CCP will also be considered for people who are 17 to support any transition process to adult services but again will also be on the basis of exceptionality and within scope.

The CCP takes place between 9am and 1pm every two weeks comprising of two 30 min slots for new cases and 6-8 slots of 20 minutes for ongoing/review of current CCP cases. As a minimum the appointed Social Worker and Keyworker are required to attend CCP reviews.

Extra ordinary CCP Slots can be arranged to discuss urgent cases that require a decision to resolve some form of delay within a care pathway such as discharge from hospital.

Funding approvals outside of a planned or extraordinary CCP are not generally supported but can be utilised only in very exceptional and unavoidable circumstances by contacting the CCP administrator who can arrange for a decision to be made accordingly through the Chair/Deputy Chair of CCP.

All cases managed under CCP will be reviewed in Panel on the basis of a RAG rated system based on need, cost and expected outcomes .

In addition to specific funding requests, the CCP will provide and facilitate discussion time to offer support discuss difficulties regarding complex care and support options, and/or possible next step placements/pathways. It is envisaged that CCP panel members will provide additional direct support to Trust and SCC colleagues in overcoming placement and care issues.

**2.1 Scope**

Referrals to CCP for funding will only be accepted on the basis of meeting all the following criteria. Those where the criteria is not met as below can be discussed within CCP to provide support and further consider whether the criteria could be met in due course.

* The individual is open to both the Mental Health Social Care and Complex Care Team / Mental Health Services.
* The individual is confirmed to be the responsibility of Somerset CCG (ICS) and SCC from a health and/or social care commissioning perspective. The guidance supporting this is the Department of Health (August 2000) Who Pays Determining which NHS commissioner is responsible for making to a provider (Sept 2020) and Ordinary residence guidance within the Care Act 2014.
* The individual may/will have identified exceptional Mental Health or Social Care needs that cannot be met through services already commissioned in Somerset.
* The proposed cost is over and above agreed local Somerset County Council standard care rates. (Appendix B).
* CCP will support the commissioning process on the basis of exceptional and high complexity for individuals where the primary need relates to a Learning Disability and/or Autism. Although CCP will oversee the commissioning process and review of any such packages, financial accountability will remain with the CCG and SCC until this position is changed with agreement from the CCG, SCC and SFT. Both the CCG and SCC will be informed of all funding requests for this client group before any CCP hearing. Any funding agreed for this client group will be recorded separately. Individuals within this group with additional identified/dual Mental Health needs will be considered with any funding element related to their mental health needs being funded via CCP.

**3 CORE OPERATING PRINCIPLES OF CCP**

* To ensure the required care and support of individuals is not delayed
* To minimise length of hospital stay
* To keep up to date with local and national changes in policy relevant to CCP.
* Ensure decisions are value for money
* Work with individuals, their families and significant others
* To promote recovery, wellbeing and independence.
* To make use of and work in conjunction with all wider local complex review functions to support decision making such as SCRP and Peer forums.
* Develop links to wider services and peer review processes.
* Work in a collaborative way with Providers/ Somerset Commissioners/ open frameworks.
* Escalate unmet need and significant risks accordingly through the use of agreed risk register.
* Ensure funding decisions are within CCP scope to identified mental health and social care needs
* Ensure a robust and consistent review process is always in place.
* To further develop an ethos of working with providers
* Outcome focussed decisions which are based on recovery and promoting independence.
* Link into Somerset-Wide commissioning intentions and strategy.
* Work with and contribute to review of agreed 117 aftercare policy for Somerset.
* Work with QA team/s, CQC and safeguarding where indicated.
* Identify areas for development with providers, third sector and voluntary networks.

**4 CCP Membership**

* Senior SFT/ICS Commissioning Manager (Chair)
* Operational/Commissioning Manager SCC (Deputy Chair)
* Commissioning Manager CCG/ ICS
* Clinical Lead Complex Care Team
* Additional Social Care/Health representatives as required
* Panel Administrator
* CCP Finance Liaison Officer
* Peer Representatives (Personal Health Budgets)

**5 DEFINITIONS**

**Section 117 aftercare**

Section 117 of the Mental Health Act 1983/2007 (MHA) places a statutory duty on Health Authorities via Clinical Commissioning Groups and Local Authorities to work together to provide after-care services for all persons who have been detained in hospital under a treatment section of the MHA (i.e., Sections 3, 37, 47 and 48). This includes all those subject to Supervised Community Treatment Order (CTO) under the MHA. This duty is to consider the aftercare needs of each individual to whom Section 117 applies. Processes must be in place to show that a full consideration of needs has taken place. Where required, the identified needs have a plan in place to ensure the mental health needs are met.

**CCP** Complex Cases Panel

**MHA** Mental Health Act

**SCC** Somerset County Council

**CCG** Somerset Clinical Commissioning Group

**MDT** Multi-disciplinary Team

**QA** Quality Assurance

**CQC** Care Quality Commission

## 6 REFERRALPROCESS TO CCP

* Completed CCP Funding request form (appendix C) should be sent to CCP Panel Administrator/s at CCPFunding@somerset.gov.uk by the appointed social worker and care coordinator once the 117 aftercare and/or Care Act and Health needs assessments are completed. Relevant additional supporting information should be included. The views of the individual, family and relevant others should be clear where possible in this referral process.
* The CCP funding request form has two sections.

Section A Individual Details, Assessment and rationale for exceptional funding request.

Section B Funding outcome decisions including relevant dates and CCP review date.

* Both the appointed social worker and key worker (and relevant other MDT members if relevant) will present the case to the CCP either in person or remotely.
* The outcomes of each CCP presentation will be recorded on the relevant section of the CCP Funding request form including any outcomes which are not related directly to funding. Both sections of the CCP updated request form from every Panel will be uploaded to the CCP SharePoint records drive under individual client name to support future tracking of decisions. Only section 2 of the CCP Funding request form is sent to the Finance/ Payments team via CCP Finance Liaison Officer once updated and finance details and changes are confirmed.
* An additional records drive folder will contain all cases that are no longer active within CCP to assist any future tracking and information that maybe required at a future date.
* A CCP outlook diary is used to diarise all CCP new and review hearings. Review hearings will be arranged and entered into this diary by the Panel Administrator at the end of each hearing. All CCP cases will have a booked review date at any given time.

## DUTIES AND RESPONDSIBILITIES

Key responsibilities of appointed social worker and complex care practitioner

* Ensure there is joint and up to date assessment on individuals mental health and social care needs (specific on 117 aftercare needs where applicable)
* Contribute to the appropriate discharge of section 117 aftercare with the support of any wider MDT and CCP members.
* Approach, discuss with and share with providers an individual’s identified needs to generate available care options for consideration by CCP (Existing provider framework process can be used to complement this). Expectations of service being commissioned need to be clear.
* Advise CCP/Quality Assurance Lead of significant changes/concerns/safeguarding and possible quality concerns with any provision being commissioned.
* Regular meetings with chosen provider over and above core assessment and review processes to monitor progress with agreed outcomes to ensure services are of an acceptable quality and value for money.
* Link into current and proposed CCP Quality Assurance process as required.
* Work closely with CCP members who will provide additional support to scrutinise, provide measured challenge and develop collaborative working with providers.
* Contribute to providing assurance over section 117 aftercare and ensure review process is robust and no open to challenge with the support of the wider MDT and CCP.
* Ensure all care/ service options outside of CCP have been explored to ensure request for funding is exceptional in nature.
* Ensure family, individuals and significant others are actively involved in decisions relating to their care and support.

CCP Panel Administrator key responsibilities

* Create and arrange CCP agendas.
* Arrange/invite social worker and care coordinator/ key workers to CCP hearing slot via teams.
* Create and keep CCP outlook diary up to date to ensure all cases have review dates.
* Ensure CCP members are forwarded completed CCP funding request form and any other relevant assessment documents 48hours before CCP hearing/panel.
* Attend CCP and ensure CCP funding request form section 1 (non-finance) is updated during Panel with outcomes as per direction of Chair.
* Book next CCP review date into outlook diary at end of each CCP hearing.
* Arrange CCP Business Meetings and take minutes.
* Arrange Administration cover for planned absence

Finance Liaison Officer Key responsibilities.

* Attend all CCP hearings.
* Populate Section 2 of CCP outcome form (Finance) and forward to relevant payments team for payment to identified provider.
* Provide finance support to CCP over pooled CCP budget.
* Provide monthly CCP Budget reports which will provide up to date projected spend, highlighting monthly cost movements and identifies individual cost to health and social care.
* Contribute to review of current contracting mechanism, new commissioning and contract initiatives with providers.
* Checking invoices against approved finance commitment from CCP.

**8 QUALITY ASSURANCE PROCESS-COMMISIONED CARE**

A number of separate quality assurance processes are currently in place across the CCG, SCC and SFT in terms of assessing and monitoring the quality of providers. It is the intention to create a single collaborative assessment and review process from a combination of the QA processes currently in use.

A QA lead for CCP will be created from existing resources to undertake and oversee this process. This SOP will be updated accordingly as these changes are made. Existing QA processes across the CCG, SCC and SFT will be used until a new single process is in place.

Legal Support/Challenge of other commissioning bodies

Although recognising the recent re introduction of an arbitration process within national commissioning guidance, the CCP may still need to seek legal advice on rare occasions in resolving disputes over commissioning responsibility with other areas such as

* 117 aftercare commissioning responsibility.
* Matters relating mental capacity, discharge and statutory responsibility.

Depending on the legal advice being sought, legal advice might be required from either SCC legal services or Bevan Brittan health solicitors

**9 MONITORING COMPLIANCE AND EFFECTIVENESS**

The following areas and processes will be used to monitor progress against agreed practice and finance outcomes and standards. These processes will monitor a range of core standards and additional standards as required under the following two headings:

CCP Practice Standards

Areas to be monitored

* Needs are assessed and reviewed from a joint health and social care approach.
* All CCP casework is reviewed every six months as a minimum
* All CCP cases are within scope and have needs which are exceptional at time of consideration and at subsequent CCP reviews.
* CCP decisions are based on recovery, promoting independence and evidenced based best practice
* CCP are meeting the requirements of section 117 aftercare and eligibility is continually reviewed.
* The quality of care and services being commissioned in conjunction with national regulation such as CQC.
* Clear involvement of individual, family and relevant others.
* Identify and highlight gaps in service provision in Somerset.
* Unacceptable delays within care pathways.

Methods Used

* Use CCP hearings to ensure all sections of CCP funding request and commitment forms are completed.
* CCP casework reviews are booked at the end of each CCP hearings into CCP outlook diary.
* CCP casework review frequency to be rated according to complexity. Expected outcomes and cost.
* For CCP to ensure all new presentations are within scope of CCP on receipt of paperwork.
* Use of CCP integrated Provider Quality Assurance Process.
* 6 weekly CCP Business Meetings to monitor progress in all practice areas. Track progress on practice related areas within CCP Development Plan.
* Updates to Mental Health & Learning Disability Strategic Cell every 3 months.
* Review CCP SOP every 12 months.

CCP Finance Standards

Areas to be monitored

* Level of spend on additional 1:1 care cost.
* Use of additional review and risk management processes to scrutinise high-cost packages over £2000 per week.
* Projected spend to CCP budget is available at all times.
* Cost movement within CCP budget is reviewed and shared on a monthly basis.
* Payments to providers are timely and accurate including dates of payment changes.
* Progress against invest to save proposal.
* Progress against agreed Cost Improvement Plans.

Methods Used

* Monthly finance meetings to monitor progress against agreed Cost Improvement Plan, monitor additional 1:1 cost and high-cost packages with increased scrutiny.
* Regular in-depth reviews of high cost and additional 1:1 care packages with tailored individual value for money plans with direct provider input.
* Create collaborative and beneficial to all plans with key providers for specific need and service areas.
* Monitor progress against agreed finance aims within CCP Development Plan review process
* Regular meeting with Providers to review models of provision and individual funding specifications.

## 

**10 REFERENCES AND ASSOCIATED DOCUMENTS**

##### References

Department of Health, (February 2000), *After-Care Under The Mental Health Act 1983, Section 117 After-Care Services HSC 2000/003: LAC (200)3****,*** DOH 2000

Department of Health, (October 2014). *Care Act: Care and Support Statutory Guidance.* DH, London

Department of Health, (Aug 2000). *‘Who Pays’* Determining which NHS

Commissioner is responsible for making payment to a provider (Aug 2020)

## 11 APPENDICES

Appendix A

Appendix B

Appendix C