

	<b>Primary Communities and Therapies SG</b>	<b>Mental Health &amp; Learning Disabilities</b>	<b>Singleton and Neath Port Talbot SG</b>
<b>Pt cohort(s)</b>	Individuals 65 years plus with physical and mental health needs. People over 18 with needs resulting from Traumatic and Acquired Brain Injury. People over 18 with complex early onset dementia / neurological disease	All patients that are currently being managed by the MH and LD secondary care services and have a care coordinator.	Direct clinical care for children and families : <ul style="list-style-type: none"> <li>• Acute, where the referral is for short term support, often more acutely clinical in nature and covering issues such as: dressings; suture removal; and wound care: and end of life.</li> <li>• Chronic, where the children have longer term care needs but at a level that can be met by universal and specialist services without any requirement for additional support via Continuing Care; this includes oncology patients.</li> <li>• Continuing Care, where the needs of the child are assessed as requiring additional support on a multi-agency basis over and above that which could be provided by universal and specialist services. The approach adopted by the team for each cohort is generally as follows:</li> </ul>
<b>Assess need / set outcomes</b>	Initial needs assessment completed by the MDT. Desired Outcomes identified with MDT the patient and family	The clinical team with the help of the care coordinator and case manager in the Complex Care team will confirm the needs and desired outcomes in the appropriate documentation to be present to panel and providers.	
<b>Agree to fund</b>	Funding is agreed after eligibility is determined through various QA and panel meetings. (This is changing given the focus on D2RA) and facilitating earlier discharge on the basis of a proportionate assessment	The two Divisions (Mental Health and Learning Disabilities) will review all requests for commissioned care within their scrutiny panels and then recommend to the Service Group Complex Care panels for approval.	
<b>Procure/ contract for placement</b>	Commissioning of placements is managed via a regional contract with a specific contract being used if patients have a primary health need. Managing the market is a joint approach with the Local Authorities	Most of this is done via the Local Authorities existing frameworks or via the NCCU's CCAPS framework. If outside of these then an individual patient's process will be put in place with that individual provider.	Continuing care is the primary focus forming the basis of funded establishment for the whole service. It is predicted that demand on this service will continue to grow with increasing population and medical technology.
<b>Monitor outcomes</b>	Placements are monitored as a minimum at 3 months post placement and there after annually. T	This is done jointly with the care coordinator and the case manager within Complex Care Team at set	The existing team comprises of Band 3 and Band 4 Health Care Support Workers (HCSW).

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	<p>he placement will also be reviewed if a change in the individuals need occurs in between those timescales. High cost placements are routinely monitored 3 monthly.</p>	<p>intervals already agreed when package/placement approved.</p>	<p>recruited into internal nursing establishments to deliver continuing care.</p> <p>There is no consistent approach in Wales, some UHBs use agency staff/contracts to bridge gaps on temporary basis. SBUHB is unique when considering the commissioning and delivery elements of the service.</p> <p>Fluidity of demand and individuality of packages requires a high degree of workforce flexibility/specific skills/competencies.</p> <p>Care is provided in the home requiring a high level of trust. It is vital to recognise the value of the care delivered and to identify area's needing focus/investment including assessment and commissioning roles.</p> <p>There are no direct individual posts designated to commissioning the services/packages of care - this is undertaken by the Divisional Management team alongside core responsibilities across the Division.</p> <p>There are clear differences in commissioning of the care required by the looked after children group which sit within PCTSG and the continuing care packages provided by the Community nursing team within CYP Division of the NPTSSG.</p>
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