

Placement Service Operational Policy

HPFT Operational Policy

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Target Audience	All Trust Staff involved in the delivery of continuing care and placements Any related agency staff that may work within the Trust team

Document on a Page

Title of document	Placement Service Operational Policy		
Document Type	Policy Document		
Ratifying Committee	Quality and Risk Management Committee		
Version	Issue Date	Review Date	Lead Author
V3.1	14/08/2020	9 th March 2023	Service Line Lead
Staff need to know about this policy because:	<p>This policy provides the framework and general principles of how the Placement Service works. The Placement Service is responsible for sourcing tertiary care (in-house rehabilitation and health placements) and social care placements. Care Co-Ordinator need to have an understanding of what the team provide for individual service users and what needs to be demonstrated when making a referral for, residential care, supported living, rehabilitation or other specialist health placements. This is important to ensure safe transfers of care and discharges.</p>		
Staff are encouraged to read the whole policy but I (the Author) have chosen three key messages from the document to share:	<ul style="list-style-type: none"> • The Placement Service work with internal HPFT teams and with external providers to provide a responsive and safe process for sourcing the most appropriate health or social care placements for service users referred into the service. • That Care Co-Ordinator demonstrates that all HPFT and community resources have been tried and exhausted before making a referral for placements. • The duties and responsibilities of the Care Co-ordinator during the placement process. 		
Summary of significant changes from previous version are:	<p>Updated following learning from a Freedom to Speak Up incident, the following addition has been made - Prior to any CPA review that involves a decision about moving a service user's care, the care coordinator and a member of the placement team must have seen the service user at their residential address in the last 3 months in order to have a current understanding of their risk, care and future needs.</p> <p>This policy (including its appendices) is impacted by the major incident management of Covid-19. Trust guidance is updated on an ongoing basis in line with government guidance and should be read on the HPFT Hive communication website (Link: https://hertfordshirenhs.interactgo.com/Interact/Pages/Section/Default.aspx?Section=5084)</p>		

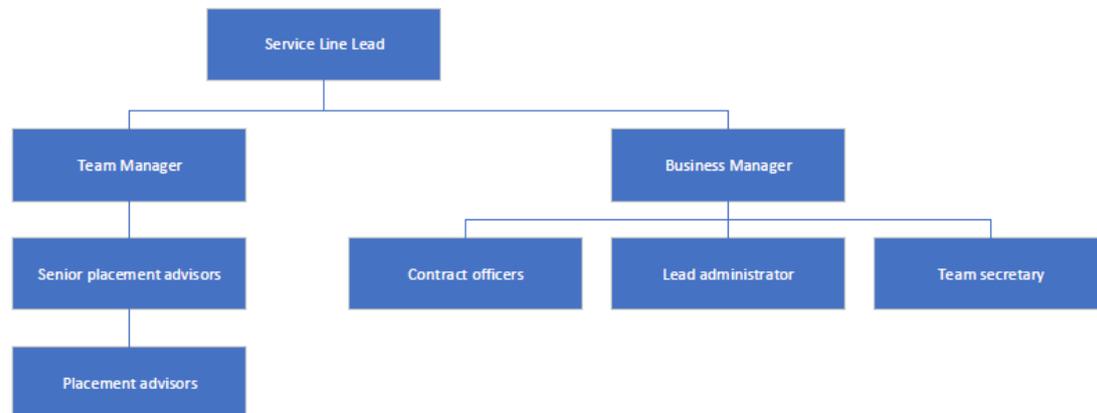
	<p>All sites have a Business Continuity Plan detailing local arrangements for services during the COVID period. The Business Continuity Plan is kept up to date with updated requirements at team/unit level around the management of COVID-19. Staff should refer to their local Business Continuity Plan for up to date local procedures during the COVID incident management period.</p>
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PART 1 – Preliminary Issues:

1. Team structure



2. Introduction

Placement Service (PS) based at Kingsley Green, manages the processes of Secondary Commissioning of health and social care placements within Hertfordshire Partnership University NHS Foundation Trust (HPFT) for all adults of working age, where mental health is considered to be a primary need.

The service provides placement advice to Care Co-Ordinator's, procurement of placements, contracting and contract monitoring for both health and social care. It covers two key areas:

1. Social care placements
2. Tertiary care placements (including in-house rehabilitation)

HPFT has delegated budgetary responsibility for secondarily commissioned placements for both health and social care for adults of working age and for health placements for older people, where mental health is considered to be the primary need. Social care placements for older people are still commissioned by Hertfordshire County Council (HCC). The PS work closely with the budget holders within the trust to make the most effective use of resources.

Certain categories of health placement are now the commissioning responsibility of NHS England. These "Tier 4 and above" Specialist placements include Medium and Low Secure; CAMHS; Eating Disorder; Specialist Personality Disorder; and Perinatal. The PS will also work closely with these services, particularly around access to and step down from Tier 4 resources.

From February 2019, the East Strategic Business Unit, within HPFT has taken on responsibility for all continuing Healthcare assessment and commissioning.

3. Objectives

The purpose of the Placement Service is to work with internal HPFT teams and with external providers to provide a responsive and safe process for sourcing the most appropriate health or social care placements for Service Users referred into the service. The service will ensure that all other options for providing care have been considered prior to the service user being referred for a placement and that a funded placement is the best and the necessary option for the service user at this stage in their care pathway.

The service will develop contractual relationships with a range of health and social care placement providers in order to achieve clear expectations of the service standards required and to provide a framework for negotiations on price and service developments. Contract monitoring and review arrangements will be in place with the intention of ensuring service quality and safety within a recovery model aimed at progressing service users to greater independence wherever possible.

4. Scope

All Trust Staff involved in the delivery of continuing care and placements
Any related agency which may work with the team
Any service users or their families

5. Definitions

PS: Placement Service
CCG: Clinical Commissioning Group
CHC: Continuing Health Care
FNC: Funded Nursing Care
HCC: Herts County Council

6. Duties and Responsibilities

The Care Coordinator is responsible for:

- Completion of Social Outcomes Assessment and up to date Risk Assessment on PARIS prior to any referral to the Placement Service
- Completion of Placement Service referral form.
- Completion of Continuing Health Care checklist (Appendix 6) where there is some indication that the service user may be CHC eligible.
- Coordination of the process of completion of CHC reports where a full assessment has been indicated.
- Arranging and carrying out a pre-placement visit with the service user to confirm suitability of the proposed placement.
- Completion of Section 2 of the Pre-Placement Checklist document.

- Arranging the admission with the provider and all other practical arrangements.
- Agreeing the service users specific care plan to be implemented at the placement.
- Linking with local services where the placement is away from the service user's home area and making any necessary arrangements for medication to be prescribed/ monitored and administered or other local services to be provided.
- Completion of the financial assessment form for social care placements or the exemption/waiver form where the service user is subject to Section 117 aftercare.
- Arranging a personal budget where the service user is in a supported accommodation placement and requires additional care and support not provided by the supported accommodation placement.
- Undertaking CPA and placement reviews at least annually.
- Updating the Placement Service as necessary.

The Care Coordinator's Service Line Lead is responsible for:

- Approving referrals to the Placement Service by signing the referral form.
- Ensuring via supervision that all of the above tasks are completed.
- Ensuring all service users in funded placements have an allocated care co-ordinator and have an annual placement review.
- Ensuring that all Service Users have recovery focused support plans in place and are working towards robust move on/step down plans where ever this is possible.

The Service Line Lead is responsible for:

- Monitoring expenditure against budgets.
- Implementing plans for reducing expenditure on placements.
- Managing and supervising the Team Manager.

Placement Officers are responsible for:

- Providing expert advice and support to Care Co-ordinators and Managers on placement related issues.
- Linking with a particular part of the Trust's service; either Acute/ Community Rehab referrals or one community quadrant for adults of working age to ensure that advice and support is offered and to work proactively with Service User's in existing placements to promote and identify their future care pathway
- Identifying suitable placements for service users referred into the Placement Service and making referrals to those placements.
- Ensuring service users allocated to the Placement Officer are reviewed regularly (at last annually). To work more intensely with service users who are identified as being ready or near ready to move/step down from their current placement

- Contributing to intensive time limited pieces of work e.g. relocating all Service Users from a particular establishment.
- Updating PARIS regarding any progress, assessment or reviews relating to Service Users.

The Senior Placement Advisors are responsible for:

- Leading on a key work stream within HPFT Placement Service including oversight of all Service Users within that work stream and the supervision of Placement Advisor's Officers to support assessment, review and identify suitable move on plans.
- Providing placement advice and support and attending reviews on particularly complex or atypical cases.
- Leading intensive time limited pieces of work e.g. relocating all service users from a particular establishment.

The Placement Service Admin Lead is responsible for ensuring that the staff team carry out the following tasks:

- All referrals to the team for tertiary care and social care placements are screened to ensure all relevant paperwork has been completed before being directed to a relevant team member as appropriate.
- The agenda and minutes of the Tertiary and Health and Social Care Panel are accurately recorded and distributed in good time.
- All decisions of the panel are notified to the Care Co-ordinator when their actions are required and recorded on PARIS. Pre-Placement Checklists are sent to Care Co-ordinator and their Service Line Leads

7. Team Locations and Operating / Opening hours

Placement Service
Forest House Annex
Kingsley Green
Harper Lane
Radlett
WD7 9HQ
Tel: 01923 633263

Working Hours – Monday to Friday 9 am to 5pm
See also Appendix 9.

8. Service User profile

All trust Service Users aged 18 or over and receiving a secondary care mental health service are potentially eligible for the services of the HPFT Placement Service if they require either health or social care placement

The team has expertise with the full range of mental health diagnoses including both organic and functional conditions as well as people with a Personality Disorder, Autistic Spectrum Disorder and people with dual diagnosis involving either Substance Misuse or a Learning Disability in addition to their mental health needs.

People requiring placement will be those with the higher levels of need subject to CPA rather than Standard Care and, in the case of social care placements, must meet social care eligibility criteria under The Care Act 2014. In line with Connected Lives and least restrictive practice all other social care interventions must be demonstrated they have been considered and trialled before a supported living or residential care placement will be considered. Further information about The Care Act 2014 including links to statutory guidance and an aide memoire for staff is available on the Staff Resources Section of The Care Act pages on the Intranet.

Health placements external to the trust will only be funded where the individual has been found eligible following a full CHC assessment process or where the individual is detained under a Section of the Mental Health Act or they need treatment provided within a hospital setting

Health funding for people who require a placement within Secure Services/ Specialist Eating Disorder or Personality Disorder Placement, or a Mother and Baby placement is available from NHS England. Social Care funding for people with organic conditions is available from Hertfordshire County Council.

HPFT have a responsibility to ensure that all people with a Learning Disability access appropriate services and that they receive the best treatment available in line with good practice and legal frameworks. Therefore all services will ensure that:

- Reasonable adjustments are made to ensure that each person has the same opportunity for health, irrespective of whether or not they have a Learning Disability (Equality Act 2010)

- Assume that each person presented to the service has capacity. If assessment shows they do not have capacity, a decision must be made in their best interest. (Mental Capacity Act 2005)
- Everyone has a right to expect and receive appropriate healthcare.
- (Human Rights Act 1998)
- Adjustments will include:
 - spending time with the individual to gain an understanding of their preferences for treatment
 - to ask them where they would prefer to be treated
 - to provide additional support to assist with communication, this support will be available via easy read material/and/or audio equipment. Templates for appointment letters and easy read information leaflets are available via the Performance page on the intranet.
- If an individual continues to have difficulty understanding their treatment it is the responsibility of the staff to refer them to a specialist Learning Disability service for additional support
- All people with a Learning Disability may have a Health Action Plan or Purple Folder and all HPFT staff will ask for permission to see these and contribute to the plan when appropriate
- To value and welcome the contribution of the relative/carer/advocate

9. Access / referral / admission / eligibility to the service

Referrals to the HPFT Placement Service come in two forms:

1. Social care placements – referrals seeking placement advice, finding or funding, must be made on the placement service referral form. Must be made on the referral form (see Appendix 2)
2. Tertiary care placements – referrals for either in-house rehabilitation or HPFT Health placement requires a direct referral from the Responsible Clinician in the form of a letter.

The Placement Service can be contacted for advice at any stage of the application process of seeking a placement.

Social care placements

Referrals for social care placements should be made when there is evidence that robust community based options have been exhausted. A referral to the Placement Service should only be considered once the above options have been trialed and evidenced to be unsuccessful in supporting the service user.

All such referrals must include:

- Referral form signed by the referring quadrants Service Line Lead (Appendix 2)
- Up to date full Risk assessment completed on PARIS

- Up to date Social Outcomes Assessment completed on PARIS indicating eligibility for social care
- Prior to making a referral for placement the Care Co-ordinator will need to consider:
 - Alternatives to a funded placement that may be provided within the community with additional resources?
 - What is the long term pathway plan for the service user?
 - Has the service user got capacity and do they consent to the Care Co-ordinator's proposals?
 - What are the views of the service users, their carer and/or family about future care and treatment options?
 - Is there evidence that outcomes will be improved for this service user by referral to a specialist resource?
 - What is the level of risk? What are the service user's current strengths and what are the current unmanaged risks?
 - In what way will the community service remain involved and contribute to the care plan to promote recovery?
 - What other interventions will assist in the process of recovery?

All referrals for a social care placement will be initially considered by the Placement Service Community Work Stream. Any referrals which do not have the full information, or where the Placement Team consider that options other than a funded placement are available and suitable, will be returned to the Care Co-ordinator. Where appropriate, advice will be given on accommodation options that do not require funding, or on other resources that may support independent living.

All referrals for placement that are screened as complete and suitable for consideration for placement will be allocated to a Placement Advisor who will work alongside the Care Co-ordinator to identify suitable placement options and make referrals to these services. Once proposed placements have assessed the service user and submitted written assessment/ proposed support plans, the allocated Placement Advisor will take this case to the Social Care Panel for consideration of this placement option. Proposed placements will then be considered by the Social Care Panel.

Tertiary care placements

Referrals to Tertiary Care, which includes HPFT in-house community rehabilitation service and external health placements, should only be considered when community services have been exhausted and we are satisfied the service user requires treatment in a hospital setting

A referral will only be considered if it meets the following criteria:

- It is necessary for the health or safety of the service user, or protection of others, that the service user should receive treatment in a hospital placement.
- Hospital treatment within Acute services has been optimised and the service user requires ongoing hospital treatment/ rehabilitation. Treatment in a tertiary placement is available that might reasonably be expected to benefit the service user;

- There is a commitment from a community team to provide ongoing support to the service user when any identified treatment has been completed, or treatment goals achieved.

All referrals for a tertiary placement must include a letter from the current treating Responsible Clinician. Referrals should, as a minimum, address the following:

- Summary of service user's background, including a timeline of treatment to date;
- Summary of historical and recent harmful behaviours;
- Summary of service user's strengths and protective factors;
- A list of involved professionals and carers working with the service user;
- Summary of the service user's identified treatment needs;
- Statement of why these treatment needs cannot be met without a tertiary placement;
- Proposed aftercare package to support service user on reaching treatment goals.

All referrals will be discussed at the weekly Tertiary Care Panel. Referrals meeting referral criteria, and, on face value, placement criteria, will either be allocated to a member of HPFT Community Rehab Services to conduct a face to face assessment, or be allocated to a Placement Advisor from the relevant Work Stream with the Placement Service. Where offering a face to face access assessment, the access clinician will conduct a face to face interview with the Service User, the referrer, and any other relevant person identified in the referral. The access clinician will review any relevant available written material and service user records.

The access clinician will prepare written reports based on their findings. These reports will focus on any identified treatment needs for the service user, and the level of service support that would be required to meet these needs. The access clinician will not be the decision maker for any placement.

For highly specialised and complex cases, where the expertise of the clinicians within HPFT's community rehabilitation and Placement Service teams may be insufficient, the Service Line Lead for the Placement Service will seek a relevant independent expert opinion. In these situations, timescales may exceed those stated.

10. Panels

Social Care Panel

The Social Care panel meets each Tuesday afternoon. The Social Care Panel Terms of Reference are to be found in Appendix 3.

The panel will receive the following referrals for Social Care placements:

- Completed and screened internal referrals for placements where the allocated Placement Officer has agreed a proposed plan with the Care Co-ordinator that needs funding agreement.
- Notification of existing placements that require a change of placement following review.
- Notification of placements that have broken down, where further placement is required.
- Notification of service users stepping down to their own accommodation as part of their recovery pathway.

The Social Care Panel will consider each referral in detail and will first reach a decision as to whether the criteria for funding are met (Appendix 5) and if so which category of placement (nursing home, residential care, or supported living) is most appropriate. The panel will also consider if the specific resource or resources proposed is appropriate and if there are current vacancies. The panel will also consider any published CQC reports and/or service performance from within Hertfordshire monitoring services.

The Panel must consist of the following to be quorate:

- A Service Line Lead or Team Manager
- A Senior Placement Advisor
- A Senior Social Worker

Dependant on the circumstances of the case the panel may make any of the following decisions:

- A funded placement is not considered suitable.
- Placement in the proposed specific resource at a specific cost for a specific period is approved dependant on the resource accepting the service user and having a vacancy.
- Placement in the proposed resource is not agreed but placement in another category of resource up to a maximum cost and for a maximum period is approved. The Placement Advisor will then work further with the Care Co-ordinator to identify a suitable resource.
- The needs of the service user are not entirely clear and the Placement Advisor needs to work further with the Care Co-ordinator to make a case that a placement is needed and if so what category of placement
- A placement is required but funding needs to be sourced from elsewhere e.g. NHS England, Hertfordshire County Council or the CCG.

All decisions of the panel will be recorded by the panel administrator in the notes. All decisions will be communicated to the service users Care Co-ordinator, with a copy to their Service Line leader, and entered onto PARIS.

Cases are often required to be brought back to the panel if the resource approved declines to accept the service user or is asking for additional funding; or where needs or suitable resources have been clarified following work done by the Placement Advisor and Care Co-ordinator.

A Care Co-ordinator, service users or their carers can request that the panel review an initial decision by providing more information. In such cases it can be beneficial for the person seeking the review to attend the panel to present the case. Formal complaints in respect of a panel decision will be responded to in the normal way via the NHS Complaints procedure.

Tertiary Care Panel

The Tertiary Care Panel will meet weekly on a Tuesday afternoon. It will discharge three functions:

1. Allocation of referrals to an access clinician
2. Decision making following completed access assessments
3. Decision making following the assessment of an external service provider
4. Overview of existing health placements and progress

The Panel will be chaired by an appropriately appointed Senior Clinician.

Membership will include approved clinicians from the HPFT rehabilitation service, members of the Placement Service and the Service Line Lead for the Placement Service, plus any other invited membership.

The Panel will be quorate when the Chairperson, Service Line Lead and representative of the Placement Service are present.

The decision makers on the panel will be the Clinicians present. The Chair will be the final decision maker. The Service Line Lead will not be a decision maker on the panel, but will ensure that the Panel's decisions are in line with the Placement Service criteria, and that the decisions made are reasonable, and communicated to the referrer in a timely and constructive fashion.

Panel decisions

The panel will communicate in writing within 28 days of receiving a completed referral. The written decision will be made by the chair of the panel. The Panel will not make verbal decisions in the interim. The decisions available to the Panel will be limited to:

1. Insufficient information to make a decision; the Panel will commission an independent review of the case.
2. Panel considers that the service users' needs can only be met within a specialised placement funded directly by NHS England; panel will share access reports with NHSE specialised commissioners and support onward referral to relevant service pathways.
3. Panel considers that further treatment should be attempted in Acute or Community Services before consideration of a tertiary placement the Panel will describe the treatment that should be attempted before a referral will be considered.

4. Panel considers that a placement is needed, and that appropriate treatment is not available within HPFTs rehabilitation services; the panel will refer the case to relevant services to undertake preadmission suitability assessments.
5. Panel considers that a placement is needed and that appropriate treatment is available within HPFTs rehabilitation services; the Panel will arrange for admission to the next available bed.

In all cases, the Panel will identify the aims of any treatment to be provided. These will be SMART outcomes that will support referrers and providers to prepare for seamless step up and down, or to guide future referrals to the service. All assessment reports, and the reasons for the Panel decision, will be made available to the referrer, in full.

Appeals and disagreement

Where the referrer considers that the decision of the Panel is wrong, then the referrer can ask the Panel to reconsider their decision. The grounds on which the Panel will reconsider its decision are:

- A. New factual information has emerged that would be likely to affect the Panel's decision;
- B. Panel has failed to take account of information that was known, and that should have influenced the Panel's decision;
- C. Panel has given inappropriate weight to one or more pieces of information that have led to its decision;
- D. Panel's decision is unreasonable, in that it does not follow from the evidence that has been set before the Panel.

The Panel will not reconsider decisions based on subjective disagreements about clinical need, acuity, or the level of potential risk that the service user presents.

Where there is a disagreement about the interpretation of information by the access team, Panel will consider appointing an independent clinician to undertake a needs assessment. Where there is a high risk of serious harm and the Panel does not consider that a placement is appropriate, the Panel will consider appointing an independent clinician to undertake a needs assessment. In all cases where an independent assessment is undertaken, the Panel will remain the decision maker as to whether a placement is needed.

11. Action Required Following a Panel Decision for a Health or Social Care Placement

Once the Tertiary Care Panel or Health & Social Care Panel has authorised the funding for a service user to be placed in a specific resource there are pre-placement procedures which must be followed.

12. Social Care Placements and Pre-Placement Checklists

For all social care placements in a Nursing Home, Residential Care Home or a Supported Living placement there is a Pre-Placement Checklist (Appendix 4) which must be completed in every case before the service user is placed.

The first part of the checklist is completed by staff in the Placement Service to signify that the establishment has a positive CQC report, is registered for the relevant client group and has a contract in place, that a robust system is in place for conducting DBS checks on all staff and that fire safety governance is met. When completed, it will be sent to the Care Co-ordinator, with a copy to the relevant Service Line Lead in either Community Services or Older People Services. This will also serve as notification that the process of making the placement has begun.

The second part of the checklist must be completed by the Care Co-ordinator, or suitably trained representative, following a pre-placement visit to the placement with the service user. The Care Co-ordinator's role is to assess whether that particular establishment is a suitable and safe placement for the service user and that it is safe for the service user to be placed at this point in time.

The Care Co-ordinator is required to complete a request for a Financial Assessment form, (ACS8b) or complete a Waiver Form (ACS16a), and send to HCC Community Finance Team and explain to the Service User that they will be financially assessed and may be liable to contribute to the cost of their proposed care and support (unless the service user is subject to Section 117 Aftercare and the appropriate waiver form has been completed).

The third and final part of the checklist must be completed and signed by the Care Co-ordinator's Line Manager confirming that the risk assessment has been reviewed, remains accurate, and that it is considered safe for the placement to proceed. The checklist needs to be returned to the Placement Service at this point.

Once returned to the Placement Service the checklist will be considered by the Team Manager (Placement Service) or by a Senior Placement Officer who will give final authorisation for the placement to proceed. Only at this point can an admission date be agreed. This Pre Placement Checklist must be fully completed and signed off before the service user commences any period of unaccompanied trial leave to the placement, aside from the initial visit.

The Placement Service will agree the placement start date with the placement and the Care Co-ordinator and generate a Car 400 commissioning form from ACSIS which will be sent to the provider and to the HPFT Finance Department. The completed Pre Placement Checklist will then be scanned onto PARIS by the Placement Service. The Care Co-ordinator will need to make the practical arrangements for the move to take place.

Once the service user has moved to a placement, the Care Co-ordinator needs to confirm with both the Placement Service and the Finance Department that the move has progressed successfully so that arrangements can be put in place for invoicing.

No placement can proceed unless and until the Pre Placement Checklist has been finally authorised, a financial assessment request has been made or waived and the Car 400 received by the establishment specifying the agreed admission date.

13. Health Placements

All Hospital placement providers used by the Trust will have met Trust contractual expectations for a safe and high quality placement. The Trust will often have to admit someone to an external hospital at very short notice, sometimes at night or over the weekend. These short term placements are dealt with by the Trusts on-call managers rather than by the Placement Service. For longer term rehabilitation/specialist hospital placements agreed by the Tertiary Panel, the Placement Service will check to ensure that there is a positive CQC report. The Placement Service will seek to utilise resources as close to the local address of the service user being placed as possible subject to availability. These admissions are in most cases from an Acute or PICU ward. The Care Co-ordinator will be notified of the admission by the Placement Service.

In-house Rehabilitation Placements

Following a positive Tertiary Care Panel decision that a service user is suitable for in-house community rehabilitation, the Rehabilitation Lead Administrator and Senior Clinicians will be informed. They will then arrange for admission at the earliest opportunity. Please see the Rehabilitation Service Operating Policy for further details.

14. ACSIS

The commissioning of all social care placements for adults of working age on ACSIS, (the Hertfordshire County Council commissioning system), is the responsibility of the Placement Service. HPFT Self Directed Support Team has responsibility for entering social care packages (non-placement) on to ACSIS.

Once a completed Pre-Placement Checklist has been finally authorised the member of staff within the Placement Service who has responsibility for ACSIS will be given details of the date of admission, the name of the establishment and costs that have been agreed for the new placement.

For any moves that incur a change in cost i.e. new placements, extensions or increases/reductions in prices, this requires authorisation at the Social Care Panel prior to any change being made on ACSIS.

Once new placements or changes have been confirmed an order or amendment will be placed on ACSIS by the Placement Service. This generates a Car 400 Commissioning Form which is sent to Finance and the placement. Any ceases in placement will also be actioned via this process.

Care Co-ordinators have a responsibility to notify the Placement Service via the CCPS e-mail address - hpft.ccpsreferrals@nhs.net of any significant changes in respect of a funded placement such as the imprisonment, hospitalisation, or death of the service user. The Placement Service also need to be informed if the service user leaves the placement or the provider states that they can no longer manage the service user or requests extra funding and this will need to be taken to Social Care Panel before being updated on ACSIS.

15. Preferred Choice of Accommodation

There is provision under The Care Act 2014 for the Secretary of State to make Regulations requiring a Local Authority to allow a service user the option of choosing a preferred placement funded under Section 117 of the Mental Health Act. The service user can choose to pay top-up fees if they wish to reside in a placement above the threshold of what the local authority or NHS will normally pay for the category of placement in question.

Currently the Placement Service does not have very specific financial thresholds for different categories of placement. However placements commissioned do fall in broad costs bands, depending on the need of the service user and registration category of the placement, which the Trust finds acceptable to pay. Where a service user or their family are requesting a specific placement funded under Section 117 which is significantly more expensive than other similar and suitable placements which could meet the service user needs, the option of top up payments will be discussed with the service user and/or family.

16. Placement Reviews

Care Co-ordinators have the responsibility to ensure all service users in placements are reviewed at least once a year, in line with The Delivery of Care policy. All placements made following on from an Acute admission will be subject to 72 hour follow up in line with the Trust's Transfer and Discharge Policy. All other placements should also be subject to a 7 day follow up conducted by the Care Co-ordinator to ensure the service user has settled and that initial support plans have been put in place by the provider. This can be carried out via a telephone call if considered appropriate.

All placements should then be subject to a six week follow up by the Care Co-ordinator to ensure the placement provider; service user and any involved carer/family are satisfied with the progress of the placement, including management of risk and escalations. The Care Co-ordinator should visit placements at least once every six months with a minimum requirement for all service users in placements to have an annual CPA review. Prior to any CPA review that involves a decision about moving a service users care, then the Care Co-ordinator and a member of the Placement Service must have seen the service user at their placement address in the last 3 months in order to have a current understanding of their risk, care and future needs. Service users in funded placements will often need more frequent CPA reviews especially where a time limit has been placed on the funding.

The CPA review in a placement is also an opportunity to review the quality and safety of the placement and the suitability of the placement for service user needs. A checklist to support the review of placements or Care Co-ordinators is available at Appendix 7.

These reviews should be fully recorded appropriately on PARIS using CPA review documentation. A copy of the review form and the new care plan, and up to date risk assessment will be sent to the placement provider and the service user by the Care Co-ordinator, detailing the outcome of the review. Social Care Outcomes need to be included in the support plan to ensure the placement are working to recovery principles and to prepare the service user for any future moves to more independent living and the timescale for the next review.

Where alternative placements or move on to more independence is being considered a Placement Advisor should attend the review to advise on possible options. Where step downs to more independent options are being sought, the Care Co-ordinator must complete a Social Outcomes Assessment and ensure that an appropriate care package is commissioned at the time the service user steps down from placement to ensure that the service user continues to receive an appropriate level of support to help them manage the transition and to achieve any outstanding Social Care Outcomes.

Consideration should be given as to whether to refer to HPFT's Enhanced Rehabilitation Outreach Service (EROS), when service users are stepping down from hospital or social care placements. EROS can provide enhanced levels of multi-disciplinary team support to help the Service User during this period of transition.

Placement Advisors should also be involved in all reviews of hospital placements.

17. Emergency Placements

Occasionally emergency placements will need to be authorised outside of the panel meetings, for example, due to catastrophic provider failure. Should this occur the Service Line Lead (Placement Services) will be able to authorise a short term placement **for up to a six week period**. The relevant paperwork will be presented to the panel within this time to ensure a longer term package can be agreed.

Emergency Social Care placements will still be subject to the Pre-Placement Checklist procedures with a requirement for the Care Co-ordinator to undertake a visit, complete the checklist and review the risk assessment. The care co-ordinator's Line Manager will still need to sign the checklist confirming that it is safe to proceed with the placement, with final authorisation required as detailed in Section 9.1 above.

A Delayed Transfer of Care (DToC) is not deemed an emergency. Placements will not be authorised outside of the panel purely for this purpose.

18. Contracting (see also Appendix 8)

Placement Service will contract with all Health providers using the Standard NHS Contract. The Placement Service has developed a modified NHS contract to contract with social care organisations.

The Placement Service will issue one contract per service (irrespective of whether it is Health or Social Care or whether the Provider has more than one service) in order to compartmentalise risk at service level should a provider struggle to fulfil their contractual obligations in a particular service area.

The Placement Service will maintain a local contract database and will monitor the quality and safety of placements that the Trust contracts with.

Once a placement has been identified and approved by the Panel (see Section 8 above) the Placement Service Contracts Officers will check the contract database to see if the approved placement provider has a contract with HPFT.

Existing Provider / Contract

- If the provider's service (placement) achieves the required pre-placement checklist thresholds then, where a contract between HPFT & the provider exists, a Service Level Agreement (or suitable other alternative document) for service users; detailing the dates of placement, the cost and any special conditions or support; will be completed and sent to the provider (normally via email).
- The schedule of service users contained within Schedule 2A (7) of the health and social care contracts will be updated with the details of the package.
- Should the provider's service fail to meet the standards of the Pre Placement Checklist then the Care Co-ordinator, Placement Service, Placement Officer and the Placement Service Administration Lead will send the referral back to the Panel for further consideration.

New Provider

- If a placement is approved by the Panel and there is no pre-existing contract with the provider, then for health placements the Placement Service Contracts Officers will send the health provider a Contract Information pro forma & instructions, for the provider to complete and return back to the Placement Service Contract Manager. For social care providers a draft (blank) contract and instructions will be sent for the provider to complete and return to the Placement Service.
- In the meantime the first Section of the Pre Placement Checklist should be completed by the Placement Service Administration Lead.
- Should the provider's service fail to meet the standards of the Pre Placement Checklist then the Placement Service Administration Lead will send the referral back to the Panel for further consideration.

New Health Contract

- If the provider's service (placement) achieves the required Pre Placement Checklist thresholds then for health care providers a Contract Information pro forma is issued, with instructions, for the provider to complete with relevant information for the contract and return to the Placement Service Contracts Manager.
- This information is then used by the Placement Service Contracts Manager to populate a new contract. The Contracts page of the Standard NHS contract is then sent to the Service Line Leader (Placement Services) or the relevant Managing Director for authorisation. Once the signed authorisation is returned, this is embedded in the contract page which is sent to the provider for their signature & return to the Placement Service Contracts Manager.
- When this is returned it is inserted into the final version of the contract which is sent to the provider. It is also stored on the local Placement Service database and sent to the Procurement Team for placing on the HPFT Contract database.

New Social Contract

- If the provider's service (placement) achieves the required Pre-Placement Checklist thresholds then for social care providers a blank HPFT social care contract is sent to providers along with instructions on how to complete it. The completed contract should be returned to the Contract Officers; this should include an authorised signature.
- The Contracts page of the contract will then be sent to a Service Line Leader (Placement Services) or the relevant Managing Director for authorisation. When this is returned it is inserted into the final version of the contract which is sent to the provider. The contract is also stored on the local Placement Service database and sent to the Procurement Team for placing on the HPFT Contract database.

Contract Monitoring Reviews

- Contract Reviews will be conducted by the Contracts Manager or delegated representative. These should be held every six months for health providers, in line with the NHS Standard Contract and for social care providers they should be held at least annually, keeping correlation with Social Service monitoring under the East of England social care contract.
- Monitoring reviews will occur in addition to Placement reviews described in Section 11. The reviews can be conducted by either the Contracts Manager or Contract Officers using the PAMMS Monitoring tool. However for some providers the Placement Service may choose to use an alternative agenda (provider supplied if agreed). Monitoring Reviews will look at the broad performance of the provider in relation to the contract, paying particular attention to the quality outcomes (Schedule 4 of both contracts). Areas of good & poor performance should be identified and actions agreed to rectify any identified deficits.

- Particular attention should be paid by the Placement Service reviewing officer to the financial impact of the placements on HPFT and should aim, with the provider to ensure the costs / placements are appropriate and that the length of placements is no longer than necessary. Barriers to reducing length of stay should be identified and feedback to HPFT.

The Placement Service has duties in line with The Care Act around market oversight, provider failure and duty to co-operate with the Local Authority. This will include working with the Local Authority to ensure that the needs of people continue to be met if their care provider becomes unable to carry on providing care because of business failure, no matter what type of care they are receiving.

21. Training and Awareness

Course	For	Renewal Period	Delivery Mode
Induction to Service	Permanent Staff Temporary Staff	Induction on 1 st Day	
Supervision Arrangements	Permanent Staff Temporary Staff	Every Month	
Appraisal	Permanent Staff Temporary Staff	Annually	
Training	Permanent Staff Temporary Staff	Continuous	For taught courses, contact the Learning & Development Team: Learning@hpft.nhs.uk

22. Process for monitoring compliance with this document

Action:	Lead	Method	Frequency	Report to:
Audit of Pre-Placement Checklist	PACE	Bed Placement Team.	Monthly	SBU Q&R

23. Embedding a culture of equality and respect

The Trust promotes fairness and respect in relation to the treatment, care and support of Service Users, carers and staff.

Respect means ensuring that the particular needs of 'protected groups' are upheld at all times and individually assessed on entry to the service. This includes the needs of people based on their age, disability, ethnicity, gender, gender reassignment status, relationship status, religion or belief, sexual orientation and in some instances, pregnancy and maternity.

Working in this way builds a culture where Service Users can flourish and be fully involved in their care and where staff and carers receive appropriate support.

Where discrimination, inappropriate behaviour or some other barrier occurs, the Trust expects the full cooperation of staff in addressing and recording these issues through appropriate Trust processes.

Access to and provision of services must therefore take full account of needs relating to all protected groups listed above and care and support for Service Users, carers and staff should be planned that takes into account individual needs. Where staff need further information regarding these groups, they should speak to their manager or a member of the Trust Inclusion & Engagement team.

Where Service Users and carers experience barriers to accessing services, the Trust is required to take appropriate remedial action.

<p>Service User, carer and/or staff access needs (including disability)</p>	<p>All Service Users referred to and placed by The Placement Service will be referred to and allocated appropriate types of accommodation to meet their needs. That will be, where possible, in a location that is suitable to themselves and their family.</p>
<p>Involvement</p>	<p>Placement Service will, along with the care co-ordinator/referrer, actively involve the service user and their carers throughout the process from referral to placement</p>
<p>Relationships & Sexual Orientation</p>	<p>The Placement Service process from receipt of referral through to placement takes account of the needs of people in different relationships as well as those in none. This includes consideration of issues around sexual orientation (and any barriers for people around their orientation). The Placement Service will ensure the assessment of the needs of carers and other family members have been considered to ensure appropriate support is given within available resources. The needs of any service user, referred to the service, who is pregnant will be taken into account and reflected in the care planning process.</p>
<p>Culture & Ethnicity</p>	<p>It is recognised that some minority groups are over-represented in statutory mental health services while others may face discrimination in accessing preventative, therapeutic or mainstream support services. The Placement Service are aware that overcoming such disadvantage and discrimination by appropriate engagement, advocacy and a person centered flexible approach are key components of the approach to be taken with all service users, their carers, their families and their acquaintances</p>
<p>Spirituality</p>	<p>The spirituality of service users will be reflected in the planning and delivery of their care. This should focus around the HOPE model for: H – Sources of Hope O – Needs re: organised religion</p>

	P – Personal belief structure (including non-faith) E – Effects on care of practicing spiritual beliefs. (positive and negative)
Age	The Placement Service is an adult age inclusive service which covers people with a functional mental illness and people suffering with dementia (Continuing Healthcare placements only).
Gender & Gender Reassignment	The Trust operates a clear process of eliminating mixed sex accommodation which takes into account gender when allocating placements. The above process also takes into account the needs of Transgender service users in making decisions about eliminating mixed sex accommodation.
Advancing equality of opportunity	The Placement Service will continue to gather service user, carer, placement and referrer feedback that will be regularly reflected on within the Practice Governance Section of team meetings, to inform the continuing improvement of delivery of services.

24. Promoting and Considering Individual Wellbeing

Under the Care Act 2014, Section 1, the Trust has a duty to promote wellbeing when carrying out any of their care and support functions in respect of a person. Wellbeing is described as relating to the following areas in particular:

- Personal dignity (including treatment of the individual with respect);
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Control by the individual over day to day life including over the care and support provided and the way in which it is provided;
- Participation in work, training, education, or recreation;
- Social and economic wellbeing;
- Domestic, family and personal;
- Suitability of living accommodation;
- The individual's contribution to society.

There is no hierarchy and all should be considered of equal importance when considering an individual's wellbeing. How an individual's wellbeing is considered will depend on their individual circumstances including their needs, goals, wishes and personal choices and how these impact on their wellbeing.

In addition to the general principle of promoting wellbeing there are a number of other key principles and standards which the Trust must have regard to when carrying out activities or functions:

- The importance of beginning with the assumption that the individual is best placed to judge their wellbeing;
- The individual's views, wishes, feelings and beliefs;

- The importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist;
- The need to ensure that decisions are made having regard to all the individual's circumstances;
- The importance of the individual participating as fully as possible;
- The importance of achieving a balance between the individual's wellbeing and that of any carers or relatives who are involved with the individual;
- The need to protect people from abuse or neglect;
- The need to ensure that any restriction on the individual's rights or freedom of action that is involved in the exercise of the function is kept to the minimum necessary

Part 3 – Document Control & Standards Information

Every procedural document will require a document control information Section which will contain the following:

25. Version Control

Version	Date of Issue	Author	Status	Comment
V1	June 2011	PG Lead/CCPT Manager	Archived	For circulation for comments
V2	17th February 2015	PG Lead/CCPT Manager	Archive	Full Review
V2.1	1st May 2015	PG Lead/CCPT Manager	Superseded	Update for Care Act 2014 Addendum
V2.2	15TH Dec 2015	Service Line Lead	Superseded	Further Care Act update
V2.3	15th Mar 2018	Compliance and Risk Manager	Superseded	Updated following learning from a whistleblowing incident, the following addition has been made - Prior to any CPA review that involves a decision about moving a Service Users care the coordinator and a member of the placement team must have seen the Service User at their residential address in the last 3 months in order to have a current understanding of their risk, care and future needs.
V2.4	10 th April 2019	Practice Governance Lead	Superseded	This policy has been extended by the Managing director of LD&F SBU and this policy will be reviewed by the 17 th July 2019.
V.3	07 th January 2020	Practice Governance Lead	Superseded	
V3.1	14 th August 2020	Practice Governance Lead	Current	Covid-19 Update

26. Relevant Standards

Relevant standards might be external and those upon which the procedural document is based or guide by.

27. Associated Documents

- Decision Support Tool for NHS Continuing Healthcare, DoH, 2012
- NHS funded nursing care best practice guidance, DoH, 2013

28. Supporting References

29. Consultation

The Consultation Section of the Policy Management System advises on the types of people to invite to express their views and give constructive suggestions to improve the draft policy being worked on.

In the case of the Procedural Document Management System, the following have been consulted so far.

Job Title of person consulted
Members of LD&F SBU Quality and Risk
Members of Quality and Risk Committee

Appendix 1 – Checklist to consider whether a virtual video visit can be considered to undertake a Pre Placement Checklist during Covid-19



APPENDIX 1
Checklist to consider

Appendix 2 - Placement Service – Referral to Health & Social Care Panel Form



Referral Form March
2020.pdf

Appendix 3 - Terms of Reference Health & Social Care Panel



Terms of Reference -
Health and Social Car

Appendix 4 - Pre Placement Checklist



PPC - COVID - V3.2
(30.6.2020) (3).pdf

Appendix 5 - Criteria for Funding Secondly Commissioned Placements in HPFT



Acrobat Document

Appendix 6 – Tertiary Care Panel process



Acrobat Document

Appendix 7 – Review Checklist (at least annually).



Acrobat Document

Appendix 8 - Contract Process Flow-chart



Acrobat Document

Our  values
Welcoming Kind Positive Respectful Professional