

Options Guidance Handbook - OG

Operational Guidance for Early
Intervention Staff

Version Control

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Statement of Changes

Version	Date	Description
1.1	29/7/15	Information added to reflect process for OT's to send OT Assessment Letter. Information also removed relating to Dilnot and Information sheet C5 about proposed cap on care and support costs

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1.0 About the Options Guidance

This form is designed to capture information around why someone is not proceeding to a full care and support needs assessment, and to generate a confirmation letter to people with ongoing care and support needs who have said they don't want an assessment at present.

This form should **NOT** be filled out if you are referring someone for a full Care Act needs assessment, in which case you simply fill out your referral document as normal.

For instruction on recording an Options Guidance Form on Swift, please refer to "Crib Sheet - Options Guidance Form Recording in Swift". Click here to access the Swift Manuals folder or go to S:\Social Services\Swift Manuals

1.1 The purpose of this handbook is to provide guidance to staff as to how to complete an OG operationally allowing for standardisation of practice and continuity across all teams.

1.2 Options Guidance (OG) has been developed to ensure compliance with the Care Act 2014. It ensures a record of outcomes and options are kept for service users / carers who are involved with early intervention services.

Options Guidance should be completed by staff working in the following services:

- Enquiry Referrals Coordinators (ERC)
- Hospital to Home (H2H)
- Immediate Response Team (IRT)
- Support Planners (SP)
- Short Term Support Service (STSS)
- Occupational Therapy (OT)

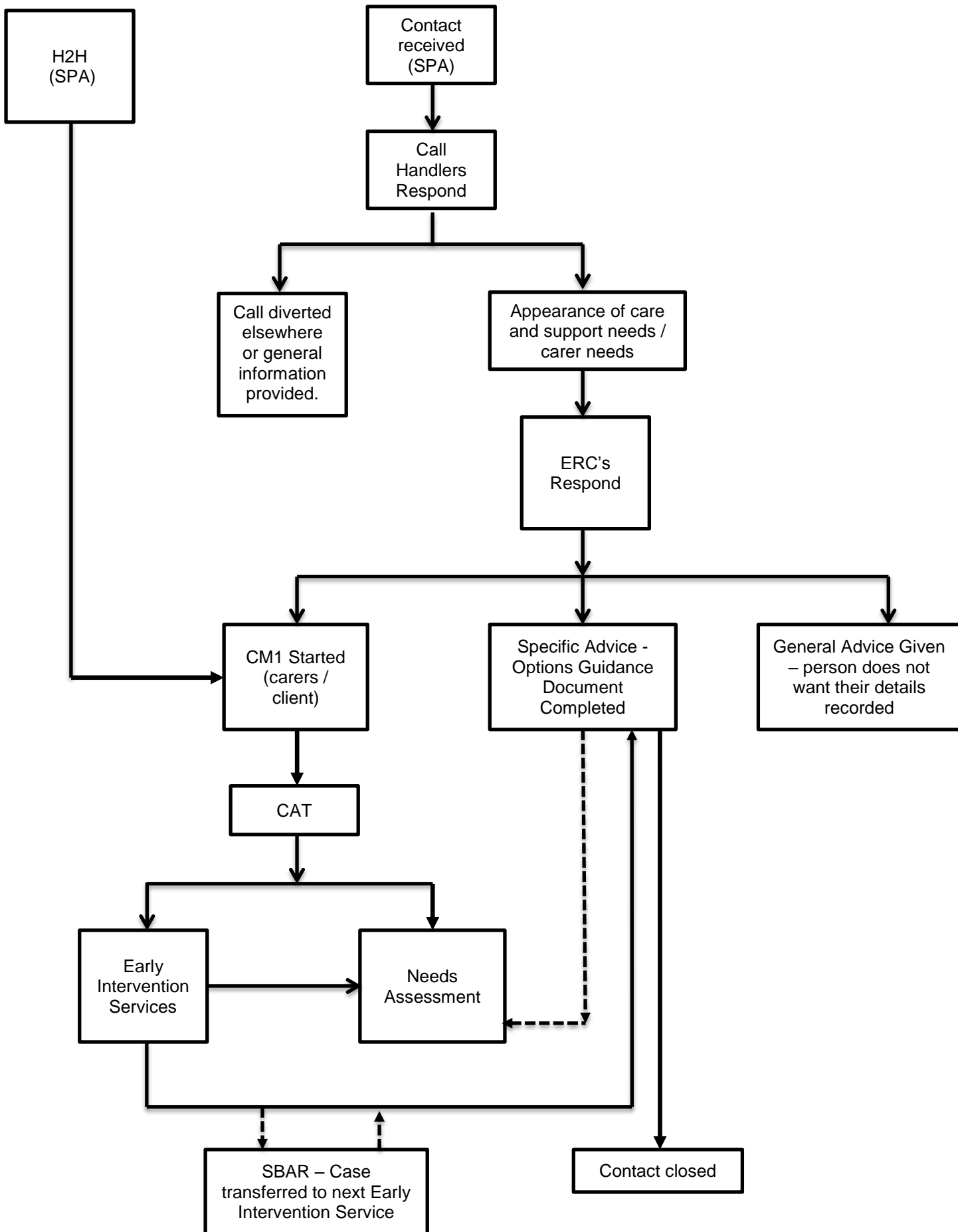
1.3 In essence, the '**baton of responsibility**' will be that of the last early intervention service involved with the client or carer. If your involvement will immediately be followed by the related involvement of another early intervention service, you do not need to complete this form.

1.4 Early Intervention services currently record their outcomes, however, Options Guidance ensures a consistent approach across the services. It will be developed to ensure the client or carer only experiences this once (e.g. multi service involvement should not result in multi service Options Guidance).

1.5 This guidance does not replace existing processes and procedures for services. It is additional to ensure Care Act compliance, however, it has been agreed that all paperwork completed by Early Intervention services will be reviewed from April 2015 onwards to ensure processes are lean to avoid duplication.

1.6 A high level process chart is outlined below.

1.0 About the Options Guidance



2.0 Step by Step Guidance on Completing OG

As a minimum, parts A and B of this form (Questions 1-6) should always be completed if you are offering options guidance and not proceeding to a full assessment.

Part A The outcome of this intervention

Q1 This intervention involved (tick all that apply)

Please tick any interventions you have provided.

Q2 The intervention ended because:

Please select the main reason that the intervention ended from the drop down box and expand briefly in Q3 if you feel further explanation would be useful.

Part B Does the person have ongoing care and support needs?

Q4 Do there appear to be any tasks which matter to the person which they may not be able to carry out without help from someone else?

Is there anything that matters to the person that they may not be able to do without help from someone else because of their disability or health condition irrespective of whether that support is likely to be provided from social care or not. This means anything including cleaning, gardening, transport but the list is not exhaustive

Q5 Do there appear to be any significant risks which the person might face if they didn't have help from someone else?

From the conversation that has taken place, do there appear to be any risks to the person if they carry on doing tasks which are important to them rather than receiving help from someone else. This includes tasks which we might advise they should not be carrying out at all, such as carrying on climbing step ladders to clean their home when they have already had a few falls.

If the answer to both Q4 and Q5 is no then you will not have the opportunity to generate a letter as it is not necessary. Internal paperwork will document any therapeutic interventions etc. and social care Community OT's should generate their own outcome of assessment letter.

If the answer to one of either Q4 or Q5 is yes, you MUST complete part C and any other relevant sections of the form to explain how those needs and risks will be managed if the person is not going forward to a full care act compliant needs assessment.

Q6 Describe briefly below either what ongoing care and support needs the person appears to have or why there are no ongoing needs.

List the ongoing care and support needs that the person appears to have or why there are none.

e.g. person requires help with gardening and cleaning

e.g. person requires support with bathing

e.g. there are risks around the person forgetting to take medication / have a hot meal

e.g. there are no ongoing care and support needs or risks identified. (If you have recommended a way that the person can get ongoing help with something they are

2.0 Step by Step Guidance on Completing OG

unable to do, such as shopping or cleaning, this is still an ongoing need. However if you have arranged a solution such as equipment which means they *will* be able to do the task in future, there is not an ongoing need.)

Part C How ongoing care and support needs will be met

Q7 Tick below all of the steps the person is intending to take:

This question is to confirm how the person intends to have their care and support needs met, after discussion around the following points:

- Whether they feel they would like a full needs assessment after reading /discussing Information sheet C1 in which case there is no need to fill out OG and a referral should be made in the usual way via new SBAR for internal transfers or new CM1 for ERC.
- whether they have a carer/s and whether those carers want a needs assessment of their own see Part D of Options Guidance Form.
- whether they have refused an assessment on financial grounds and will pay privately after discussing Information Sheet S5.
- whether they want us to contact them at a later date about how the Dilnot reforms may affect them Q17 and Q18.

Q8 Explain briefly below how the person plans to meet their needs (if they will be paying privately for support, describe their plans for that in Part E)

This is a free text box and should give *brief* information around whatever option you have selected.

If the person plans to pay privately for their support please explain briefly in part E.

Q9 Has the person been given Information Sheet C1 on advice and needs assessment? Yes/No

Please select the required response and sheet C1 should always be handed or sent out and discussed if the person has ongoing care and support needs or if there are risks to the person if they do not have help from someone else. Handing out or sending sheet C3 about eligibility may also be applicable at this point .

Q10 Has the person decided whether they want a Care Act needs assessment at present? (Does want/doesn't want/not yet decided)

If the person does not want an assessment or has not decided yet, this decision will be reflected in the letter which will be generated at the end of the form. The letter will ask the person to ring the SPA if they want to go ahead with a needs assessment at a later date, however if you have advised the person that they would benefit from a needs assessment and they are reluctant to go ahead, you should edit the letter to reflect your conversation with the person.

Information sheet C2 should be discussed or sent out at this point if the person wants to know more about what a needs assessment will entail.

There is an option of “does want” an assessment for completeness. However if you find yourself selecting this option, you **should not be completing an OG form**, but should instead be completing a referral form. Note that that the person is entitled to a full needs assessment even if the tasks they need support with are not likely to result in any financial support from social care.

Part D: Family members and friends providing care and support

These questions apply to informal unpaid carers.

Q11 Have you spoken to each of the people who will be doing this? Yes/No

As far as possible you should attempt to speak to all carers involved with the person.

Q12 Have they had copies of Information Sheet C4 for carers? Yes/No

If you cannot give the information sheet to all carers, or post one to them, you should leave one with the person to give to their carer.

Q13 If the answer to Q11 or Q12 is “no”, explain below:

Please explain briefly what steps you have taken if you have not been able to talk or hand out the information sheet to any carers.

Q14 Has any of them asked for a carer’s assessment? Yes/No

If a carer requests a carer's assessment you should gain their full details and complete an immediate referral for a carers assessment. If a carer does not want a full assessment we should recommend they contact Carers Northumberland (info on carers information sheet C4) for advice and support. Carers Northumberland can also advise people on whether they would benefit from a formal carer’s assessment – so if a person is unsure, the best advice will often be that they should talk first to Carers Northumberland and then decide.

Part E: People arranging private support

Q15 Please tick below all the services which the person expects to arrange

This should only be completed when you have selected that the person will pay privately in Q9.

Q16 If the person is happy for us to record this information, please add brief further details of the planned private arrangements below:

If the person is happy to record it, please describe briefly any other information about the service(s) the person plans to buy. This will be particularly useful to help us to understand how well the market for these services is working

Q17

Has the person agreed that they can be contacted if we carry out a survey of users’ experiences of privately-arranged care and support services? Yes/No

This information will be used to help us to understand how well the market is working for people who purchase services privately.

There is an option to ‘Click here to generate a draft letter based on the answers above’.

A letter will be generated to reflect the options you have chosen in the form. To enable you to reflect the conversation you have had in more detail, the letter is available for editing.

For OTs, the 4 sections from the current assessment letter (equipment, minor works, major adaptations and re housing) are available in Adult Care Forms on S:\ which users will have access to.

3.0 Scenario Examples of Process

Scenario 1:

The service user contacts the SPA, there is an appearance of support needs. The ERC's complete a CM1, the case is referred to CAT and case allocated to STSS. The involvement with the service user ends with STSS and they are not referred on to any other Early Intervention services.

In this circumstance, the responsibility for completing OG is that of STSS as they are the last service involved with the service user.

Scenario 2:

The service user contacts the SPA, there is an appearance of support needs. The ERC is able to address these and provide advice and support. The service user is advised we can send them a written account of our involvement and that this will require storing their information on the our client information system .The service user is in agreement.

In this circumstance, the responsibility for completing OG is that of ERCs as they are the last service involved with the service user.

Scenario 3:

The service user contacts the SPA, there is an appearance of support needs. The ERC is able to address these and provide advice and support. The service user is advised we can send them a written account of our involvement and that this will require storing their information on our client information system The service user is not in agreement.

In this circumstance, the OG should not be completed as general advice has been provided and the person does not want their details recorded.

Scenario 4:

The service user is involved with H2H, there is an appearance of support needs. The service user is transferred by H2H to SP. A SBAR document is required to be completed, as the case is transferring from H2H to SP.

The involvement with the service user ends with SP and they are not referred on to any other Early Intervention services.

In this circumstance, the responsibility for completing OG is that of SP as they are the last service involved with the service user.