

Guidance

Abbreviation		Abbreviation	Meaning
AD	Assistant Director	DoLs	Deprivation of Liberty Safeguards
AHP	Allied Health Professional	FNC	Funded Nursing Care
AQP	Any Qualified Provider	FT	Fast Track
BAU	Business as Usual	LD	Learning Disabilities
CC	Continuing Care (under 18)	MH	Mental Health
CHC	Continuing Healthcare (over 18)	OOA	Out of Area
CIC	Complex Individualised Commissioning	PD <65 or >65	Physical disabilities aged over or under 65
CPN	Community Psychiatric Nurse	PHB	Personal Health Budget
CQC	Care Quality Commission	PID	Patient Identifiable Information
CYP	Children and Young People	PoC	Package of Care
D2A	Discharge to Assess	SFIs	Standing Financial Instructions

Section 1: CIC request and authorisation form

This guidance is to be used for advice when completing the CIC request and authorisation form. It will explain what is required to provide comprehensive information to allow the form to be signed in a timely fashion and without delays.

Basic principles

- Care should not commence without the authorisation form being signed by the appropriate member of staff (according to SFI's)
- In exceptional circumstances verbal agreement must be obtained from appropriate staff member (according to SFI's)
- All requests submitted before 4pm requiring up to and including AD level authorisation will be authorised the same working day (excluding exceptional circumstances). Requests for care packages above £1918 may take longer due to the level of agreement required.
- Forms submitted after 4pm will be authorised the following working day.
- Forms cannot contain PID except for initials. This is to ensure there is no data breach if the forms need to go execs for sign off

The forms are colour coded to indicate which team should complete each section:

<p>Clinicians This should be the clinical team that has assessed the patient and is responsible for recommending the appropriate care provision</p>	<p>Commissioning Team This should be the team that has brokered the care and has knowledge of costs and due diligence</p>	<p>Authorisation This should be completed by the complex individualised commissioning team with the appropriate levels of authority according to SFIs. This section needs to be signed off at each level starting at minimum with AD's</p>
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Clinical responsibility to complete

NCL CCG confirmed as responsible commissioner	Choose an item.	If no this request will not be processed
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This section must be completed and it is expected that the treating clinical team or borough commissioner has established that NCL CCG is the responsible commissioner.

Responsible commissioner determination varies depending on patient cohort but are based on the Who Pays? Determining responsibility for NHS payments to providers August 2020 - <https://www.england.nhs.uk/publication/who-pays-determining-responsibility-for-nhs-payments-to-providers/>

If you are unsure whether NCL CCG is the responsible commissioner please discuss with CIC for advice.

If the responsible commissioner is subject to ongoing dispute please discuss with CIC AD for advice prior to submitting request form

Borough	Choose an item.	Client Group	Choose an item.
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If a patient does not fit into the descriptions in the drop down box please select "other" and provide details under comment.

Funding (if not 100% health)	Choose an item.	CCG %	
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If a patient has split funding please use drop down box and provide the % that NCL CCG has agreed to pay.

Summary of needs and / or risks Please do not include PID except initials.	Include diagnosis if appropriate and brief summary of care needs. If amending care please include reasons for increase / decrease. One off costs i.e. transport, AHP input if related costs
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This section needs a brief summary of care needs, including diagnosis if appropriate. This does not need a detailed summary or past history of needs unless relevant to the care requested. It needs to provide the broker and commissioner a picture of needs. Also provide details of increased needs if the request is for additional care.

Examples

- Individual is bed bound and requires all care for mobility, personal care, hydration and nutrition
- Individual is 18 months old, is fully ventilated and is dependant for all care needs
- Individual requires transport to and from a newly identified college course.

New Care Provision	Clinically recommended care provision – i.e. placement, domiciliary PoC – if adult CHC please complete form below
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This section needs to clearly articulate the clinically recommended care provision that requires brokering or has already been identified.

This needs to be the actual care that has been assessed as being required to support the individual's health needs and not what they may have in place already i.e. if someone has a live in carer but has been assessed as requiring only 2 calls a day the CCG will only fund the 2 calls and not the cost of the live in carer. Please make it clear what the assessed care needs are as well as including the information about what the individual may be self-funding.

Examples

- Domiciliary care with 4 calls a day
- Specialist locked rehab
- Placement with 24 hours waking 1 to 1 plus 2 to 1 when accessing outside

For adult CHC only (excluding LD) there is a form that is required to detail the care requested.

Amended Care Provision	Current care provision (costs not required)
	Clinically recommended care provision - i.e. placement, domiciliary PoC – if adult CHC please complete form below

This is similar to above but does require the additional information in regards to the current care package.

Example

Current care provision - domiciliary care, tier 1, 2 calls a day single handed

Recommended care provision – requires care home with nursing

For adult CHC only (except LD) – if amending provision please only include the new request	Time of Day	Tier	Length of visit	Mon No of carers	Tues No of carers	Wed No of carers	Thurs No of carers	Fri No of carers	Sat No of carers	Sun No of carers	
	08.00	Tier 1	1 hr	2	2	2	2	2	2	2	
	12.00	Tier 1	30 mins	1	1	1	1	1	1	1	
	16.00	Tier 1	30 mins	1	1	1	1	1	1	1	
	19.00	Choose an item.	1 hr	2	2	2	2	2	2	2	
		Choose an item.									
		Choose an item.									
	Live in	Choose an item.									
	Additional support, specify tier, hours and days / dates										
										Total Care Hours per week	35

This table needs to be completed for Adult CHC only (excluding LD)

The time of day needs to be 24 hour clock and the drop down boxes give you the option of the carer tiers – 1, 2, 3 or a mixture if that necessary. The table has been completed for an example of an individual needing 4 calls a day with am and pm calls needing 2 carers.

1 to 1 (if in 24 hour placement only)	Include hours and duration of provision
	1 to 1 form included: Choose an item. (if no – this request will not be considered)
	Review date must be given

This is for individuals going into a placement and not for individuals who require a 24 hour domiciliary care package.

An additional form is required for 1 to 1 costs **if they are in addition to the quoted placement costs** (the guidance for completing this is included under section 2). Where 1 to 1 is part of the provision details must be provided under additional comments in the **Commissioning team** section.

It is expected that 1 to 1 will be reviewed regularly and therefore review date is essential ensure authorisation can be completed without delays.

Equipment	Please include rationale / AHP report if available. If equipment provided through stores – request not required

If equipment can be provided through the commissioned “stores” then this part does not need to be completed. This section is for completion only if the equipment is outside of the equipment store provision.

Details of the equipment, the recommendation report as well as they required maintenance contracts and contingency plans if appropriate.

One off costs	Clinically recommended provision

Details of one off costs must be provided. These may include one off care provision which is addition to the usual package, transport etc or may include assessments or treatment packages at tertiary, specialist CAMHS services. If this is in addition to current provision please ensure you have completed the “current provision” section above

Suggested care provider	i.e. the name of the current provider is appropriate (either self-funding or LA), specialist care due to level of needs

If an individual already has a provider funded either by the local authority or as a self-funder provide the details if the individual wishes to retain this provider. This will be considered depending on appropriateness and costs.

If care has already been brokered please provide details here.

If specialist care required please provide a recommendation if known as this will support the brokers who may not have the detailed knowledge of care provision held by the clinical teams

PHB (if family / household member wishes to deliver care a Third Party Budget is required)	Choose an item.	Details of mixed PHB:

This section requires completing if a PHB has been discussed and agreed by the individual and / or family / representative / parent or those with parental responsibility

Additional Comments (if required)	
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Please provide anything additional here that you think is necessary to support the care provision being brokered and / or authorised.

Request Date		Start date (if not immediate)	
Clinician name		Contact details	Choose an item.
		Contact details	

Please add the date the request is sent (request date) plus the required start date if it's not as soon as possible e.g. if you are aware that a patient is being discharge in 2 weeks' time from rehabilitation or acute hospital as a planned discharge rather than from the medically optimised list.

We require the clinician's name who is completing the form plus there is a drop down box for the generic inboxes of the CHC services. If the request does not come from the CHC service please add your individual email address so the team can contact you if needed and so you receive the authorisation once signed.

For CHC services (excluding LD) please send to: nclccg.CICCHCCommissioning@nhs.net
For LD requests please send to: nclccg.ciclda@nhs.net
For CYP requests please send to: NCLCCG.CYPCICrequests@nhs.net
For MH requests please send to: Nclccg.cicmh@nhs.net

Please note which address to submit the request to depending on patient cohort

Commissioner responsibility to complete

Current care provision: Choose an item. If yes, complete information below		
Type of provision: Choose an item. (if other / alternative placement please state)	Weekly cost:	Total hours: (if applicable)

This part is to be completed if the individuals currently has a care package in place. This allows the authoriser to understand the difference in cost between current and new care provision which is especially useful if the costs require escalation to Exec level.

Total hours are required if the current provision is domiciliary care

New Care Provision		
Main provision: Choose an item. (if other / alternative placement please state)	Total (weekly) cost:	Total Hours : (if applicable)
Secondary provision: Choose an item. (if other please state)	Total (weekly) cost:	Total Hours : (if applicable)

This section provides the details of the currently requested provision. The request has been broken down into primary and secondary to allow the same form to be submitted for example if someone requires a placement and additional 1 to 1, or placement and transport or equipment. As above the total hours are required if domiciliary care and / or 1 to 1 hours are being requested.

Provider details: Include name, address, contact details plus lead/key contact (name plus details)		AQP: Choose an item. If no please complete below
Due diligence	Organisation	Comment
	Current commissioned provider	Choose an item. If yes no further due diligence required, if no please continue
	CQC	
	Local Authority	
	Local commissioning team	
	Safeguarding	


For CHC care provision (except in the case of LD placements), it is expected that AQP providers, are considered in the first instance before considering non AQP providers.

If the identified provider is not AQP then please complete the following sections.

If the provider is a currently commissioned provider (but not on the AQP) and there are no concerns about the care provision then choosing yes is all that is required

However, if the chosen provider is not well known by the CCG then due diligence is necessary. It is expected that the team that brokers this care package will complete the due diligence.

This is not necessary for the provision of equipment.

Rates - agreed costs (from email confirmation)	AQP standard rates Choose an item. If no, please attached providers rate card below	
Rate card required	Choose an item.	If yes complete attach rate card template  Copy of Rate Card Template.xls

For domiciliary care only

For the costs to be added to Care Track the above details are required. Any AQP provider, or one that is already being commissioned will have the details available on Care Track. However, if the provider is new to the CCG they will need to confirm their rates, in writing, via email and the details will need to be added to the rate card template.

One off costs – include provider name and total cost	
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This may include, for example, additional care provision on a one off basis or transport or appointments / treatment packages at tertiary centres e.g. National and Specialist CAMHS

Equipment (if outside of main stores contract) £0 to £5k – 1 quote £5k to £10k – 2 quotes Over £10k - 3 quotes If only one quote available please explain reason	Include details, provider, costs, maintenance contracts and replacement service if appropriate
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This is to be completed if equipment is not purchased from the commissioned stores.

Due to procurement rules, if an item of equipment is required, depending on the cost, will require more than one quote.

If total costs is less than £5,000 then 1 quote is sufficient
 If total cost is between £5,000 and £10,000 then 2 quotes are required
 If total cost is in excess of £10,000 then 3 quotes are required.

If there is only 1 provider that is appropriate and only 1 quote can be provided then please explain why and what else has been considered.

Additional Comments (if required)	
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Any comments that are not included above and will be useful to the authorisers please add here

Request Date		Available start date	
Name		Contact details (email and tel.)	

Please add contact details to support swift authorisation in case of any queries. Once authorised all signed forms will be returned to the generic inbox.

If you have been requested to support LD / MH / CYP with brokerage please return for to AD.

Section 2: 1 to 1 form

This form is required in addition to the CIC request and authorisation form if 1 to 1 is being clinically recommended.

For CYP / LD / MH this form is only required if there is additional 1 to 1 in addition to the overall placement cost and / or brokerage needs to contract agency provision

Clinical Evidence	i.e. behaviour charts, 24 hour care records, incident reports, falls risks / logs, risk assessments
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This needs to include a summary of the evidence that has been gained from assessments or placement requests which indicate the need for 1 to 1

Historical care needs	i.e. needs prior to admission, previous care provision
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This includes whether 1 to 1 has been previously agreed or required, whether needs have increased or decreased recently and whether previous 1 to 1 care had been provided and for how long.

Medication	Current medication – dose, length of time it has been prescribed, any titration necessary, any side effects, previous medication (if successful or unsuccessful), pain control meds if relevant
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Please provide a summary of any medication pertinent to the requirement for 1 to 1, if any has been considered as beneficial to the individual, whether ongoing titration is required and any possible side effects which may be the cause of the need for the additional care provision

Recent change in condition	i.e. delirium, infections, pain etc.
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Please include whether the need is newly identified, potential causes and potential resolution of needs.

MDT referrals	Community MH team / psych liaison / CPN, Psychiatrist – please include any reports and treatment plans
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Have any referrals been made to support the individual's need for additional support i.e. MH. Please provide details of which team, assessment and outcomes if available and potential treatments / resolution.

Equipment	Any in place / requested or could be considered as alternative
Alternative options considered	i.e. increased obs in placement, high visibility areas

To ensure least restrictive measures have been taken into consideration please list any equipment or alternative options that have been considered or trialled unsuccessfully.

DoLs	Referral completed? Any outcomes?
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Any individual requiring 1 to 1 in a placement or own home will need to have a consideration whether DoLs is appropriate. Please indicate here that it has been considered and either rejected or applied for.

Hours requested	Number of days required
Review action plan	

Number of hours that are requested need to be detailed here and over what period i.e. 12 hours per day 9am to 9pm and the number of days they are being requested for i.e. 14 days.

A clear action plan for review of these hours is required for the request to be considered i.e. will review on weekly basis to support reduction of hours over a 4 week period.

Section 3: Patient funding stream change form

This form is required when there is a change of funding circumstances for the individual:

- Individual becomes eligible for FNC
- Individual has RIP
- Individual is no longer eligible for health funding – this can be CHC / FNC / FT / CC / s117 / joint funding
- Individual has transferred from D2A funding to BAU funding
- Individual has moved out of area and is no longer going to be funded by NCLCCG

This form again is coloured coded to advise which team should complete

Clinical Team	Commissioning Team
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Borough: Choose an item.	Request: Choose an item.	Provider Name:
Reason for notification:	Choose an item.	If other please state:

Please indicate on the form whether a new contract / altered contract / end of contract is required. If an individual is changing from D2A to BAU a contract amendment is required.

If the individual is eligible for FNC a new contract is required

If the individual has RIP, no longer eligible or moved out of area a contract end is required.

Funded Nursing Care		
Date assessed:	Date ratified:	Date payment commence:
(CIC to update Care Track and issue contract)		

If the request is about an individual being eligible for FNC the clinical team must complete this section.

The dates are important to ensure the contract to be issued is correct.

CIC will then issue the contract

No longer CHC / CC / s117 eligible and care transferred to:		Choose an item.	
Date assessed:	Date ratified:	Date outcome letter sent:	
CIC to update Care Track - Transfer date (14 days post letter):			

If care has been transferred due to the individual no longer being eligible for CHC / CC / s117 then please complete this section indicating who the care has been transferred to, as appropriate.

The dates are important to ensure that Care Track is correct as well as the ceasing of the contract. CIC will complete this function

Transfer from D2A funding to BAU funding		
Date assessed:	Date ratified:	Date payment to commence:
(CIC to update Care Track)		

This section needs to be completed if an individual is under D2A funding and is eligible for CCG funded care. The contract will need to be amended and therefore the dates are essential to this process.

CIC will update care track and send the amended contracts

Transferred out of area	Choose an item.	If other please state:	
Please provide contact details of CCG / Local Authority:			
Date of agreement from OOA clinical team:			
Case management transfer date:		Date letter sent to OOA commissioning:	

If an individual has been transferred out of area and due to the principles of "Who pays" NCL CCG is no longer deemed the responsible commissioner please complete this section.

It is important to provide all the requested details to ensure the seamless transfer between statutory authorities and both parties are aware of their commissioning duties.

It is expected that the clinical teams will have liaise and reached an agreed date of transfer prior to informing CIC of the transfer.

Care provision ceased		
Reason: Choose an item.	Date:	Comments:
(CIC to update Care Track)		

This section is to be completed if care provision has ceased for any other reason than those discussed in previous sections.

Any comments:	
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Please use this section to provide any details that are relevant to an individual's change of funding circumstances.

