

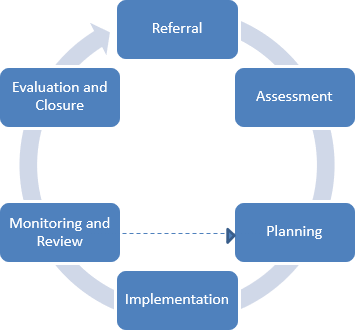
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| **DOCUMENT TITLE:** | **Case Management Protocol - Horizon** |
| **CATEGORY:** | Operational |
| **LAST REVISED:** | August 2022 |
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| **OWNED BY:** | Louis Wild |
| **RELATED DOCUMENTS:** | Syncora Case Management Policy |

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| **OUR VALUES:** | We all commit to and care about: going one step further with our customers; our wellbeing as individuals and as teams; and improving and strengthening ourselves and our organisation. |

One definition of Case Management is ‘*Case Management is a collaborative process which: assesses, plans, implements, co-ordinates, monitors and evaluates the options and services required to meet an individual’s health, social care, educational and employment needs, using communication and available resources to promote quality cost effective outcomes’* (CMSUK Standards of Practice 2005).

This protocol sets out our approach to Case Management and is to be read with the *Syncora Case Management Policy*. This protocol sets out the expectations relating to a customer’s experience, from the point of referral, through to the development of plans, the monitoring and oversight of plans, closure of service and the escalation process for cases of concern.

*The Case Management Process*







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| **CASE MANAGEMENT PROCESS** | |
| **1. Referral** | All referrals must have consent given from the client and be recorded on the referral form.    Referrals can be sent direct to the service via the Horizon inbox –  [HorizonReferrals@delphimedical.co.uk](mailto:HorizonReferrals@delphimedical.co.uk) or over the telephone.  *Eligibility*: All clients must have a Blackpool postcode.    Referrals will be logged on the Nebula system and recorded on the referrals spreadsheet. At this point the client is opened on Nebula “In Discussion”.    Once the referral is received, administrators will forward referral to the relevant team to arrange an assessment with the client:   * Core assessment team services * Alcohol service * Family workers (safeguarding) * Criminal Justice     Assessments will be offered to clients within 3 working days of receiving the referral. Daily assessment clinics allow capacity to provide same day assessments, if required.  Referrers are informed that an assessment has been arranged.    Limitations to Access: Clients must not be unreasonably excluded from accessing the service. Under the principle of fair access to services, access must not be restricted to those meeting statutory eligibility criteria for service provision.  Reasonable exclusions are where people do not meet the commissioned services’ c  engagement criteria and exclusion arrangements    If a decision is made to refuse at referral stage the referring agent will be informed in writing stating the reason and informed of the right to appeal process. All information relating to the referral process will be documented on the Nebula Case Management system. |
| **2. Assessment** | An *Initial Needs Assessment* will form the basis for the client care plan. The purpose is to assess the needs of the client including any prescribed treatment, psychosocial interventions, harm reduction and holistic support needs of the clients and their goals. The client must be fully involved in the assessment as this will enable them to share their aspirations, identify their own needs and strengths and any barriers they face in achieving their goals, to help us to provide a personalised service. If appropriate additional advocacy and support may be sought from a relative or similar. |

**Commented [GM1]:** Does Delphi / Horizon have an appeals process?

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A risk assessment is completed as part of the assessment process, this includes a breakdown of risk and a plan to manage risk. Risk assessments should be updated every 3 months. Risks should be discussed with Safeguarding Team Leader and/or Line manager.



Clients accessing the core drug treatment services will be offered a health and wellbeing assessment with a nurse. *(This provision is not yet available for alcohol services due to capacity).*

The initial assessment including risk assessment is entered onto Nebula. Core data set is sent to administrators to enter on to the system and GP summary requested. Admin will then request summary from GP and add to Nebula.

Assessment should be fully completed within 6 weeks. The assessment is a live

document and should be added to throughout a client’s treatment journey.

If the client requires Opioid Substitution Therapy (OST), a new patient medical will be arranged with a prescriber within 2 weeks.

Client is allocated a key worker. Clients in core drug services will stay with the assessment team for approximately 6 weeks before moving into main drug services (complex and stable team).

Horizon’s positive re-engagement policy will be implemented if a client does not attend assessment appointments

Positive

Re-Engagement Proto

1. **Planning, Implementation and Monitoring & Review**

The *Care Planning* process should identify any needs and any associated risk of the individual and recorded using a personalised approach. Managing identified needs involves working with the client and other relevant parties such as friends, social services, probation, Changing Futures or mental health services etc.to balance the extent to which we assist them without reducing their independence and whilst not being averse to positive risk taking. Care planning is important part of the recovery planning process, – recovery plans only have value if they are implemented, checked, reviewed, and amended when necessary. The process follows on from and draws on information gathered through the Referral, Initial Needs and Risk Assessments.

Clients should input into their support plan as they are integral to its development. There is great emphasis to capture client’s views in a person-centred approach by:

* + Placing person at the centre
  + Person is consulted throughout planning process.
  + Plan reflects what is important to the person their capabilities, what support they require, and their level of need.

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|  | Should the client wish to add any additional comments on the care plan they should be encouraged and recorded. If the client disagrees with any comments/outcomes or actions discussed these should be recorded in their case notes. All clients should be offered a copy of their care plan as soon as possible and they should sign to acknowledge this.    The following should be reviewed and updated at least every 3 months:   * Care plan * Risk Assessment * TOP assessment * Sub interventions * Prescriber review (if client is on OST).   The assessment should be updated as and when needed.    Clients who drink alcohol will have the following assessments, which determine dependency to alcohol and severity of alcohol withdrawals:  AUDIT (Alcohol Use Disorders Identification Test) SADQ (Severity of Alcohol Dependence Questionnaire) |
| **4. Closure** | Clients can be closed for the following reasons:  Structured Treatment   * Treatment complete – Alcohol Free * Treatment complete – Drug free * Treatment complete – Occasional user (cannot be still using opiates or cocaine) * Transferred in custody (Prison) * Transferred not in custody (Out of area) * Incomplete – Dropped out * Incomplete – treatment declined * Brief Intervention- No triage   Discussion *(*not yet assessed)*:*   * Transferred in custody (Prison) * Transferred not in custody (Out of area) * Incomplete – Dropped out * Incomplete – treatment declined * Incomplete – treatment commencement declined by client. * Brief Intervention- No triage   When clients are ready to be closed, a closure form is completed (**see appendix** ) and sent to [HorizonAllocations@calico.org.uk](mailto:HorizonAllocations@calico.org.uk). A weekly MDT is held to jointly decide if the client can be closed.  If consent is given, clients will be contacted at 3, 6 and 9 months post treatment to provide follow up support and feedback. If required, the client may re-engage with service quicker as there case will remain open to Nebula for up to 9 months.  Referrers, other professionals involved in the client’s care and GP’s are informed  when a client is closed. |
| **5. Record Keeping** | Record keeping is an essential and integral part of the process. The purpose of the  records is to give a comprehensive, accurate and justifiable account of the |
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|  | interventions, advice and support provided or planned for a person. A record should be kept of all case management activity and intervention made with, or on behalf of, the person.  Documents and information will be stored on the Nebula Case Management System. Records will:   * Include only objective and factual information (no opinions from staff, client or others) * Be written in the words of the customer where possible (e.g., Client stated   that…)   * Consent and signatures obtained from client to save and store the document. * Documents should be password protected.   Consent to share information is documented and kept on the individuals record.  Records will be stored on the Nebula Case Management System. Records will be kept for 7 years then disposed of in line with the Delphi Record Keeping Policy. This document is available for all employees to view. |
| **6. Escalation Process** | Where cases of concern are identified, preventative actions must be taken. The following concerns must be reported in the first instance to a line manager:   * safeguarding concerns * incidents * accidents * concerns for welfare   Relevant details and actions must be recorded on Nebula and any safeguarding alerts or tags will be added.  Safeguarding concerns must be reported to the Safeguarding lead.  Incidents must be reported to corporate services within 48 hours, using the relevant form (see Near Miss, Incident, and Serious Untoward Incident Policy).  Client risk assessments must be reviewed and updated on Nebula along with appropriate notes. |
| **7. Training** | All employees will complete training on the case management process and Nebula. This will be completed during induction and via regular refreshers, which are led by audit and incident response.  Training will also be provided on record keeping, information governance and GDPR to ensure employees are confident in dealing with people’s personal information and understand legislation and our legal and regulatory requirements.  All employees will complete mandatory GDPR/Data Protection training (upon appointment then on an annual basis) to ensure they are able to comply with legislation. |
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|  | Auditing will be undertaken to ensure compliance with the local protocols and that training has been completed in a timely manner. Mandatory training is reported via the Care Governance Group. |
| **8. Systems** | The system used by Horizon is Nebula. |
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