



April 2019 - March 2020



SOCIAL CARE HANDBOOK

www.focusadultsocialwork.co.uk



Contact Information

Social Care Enquiries

Single Point of Access **01472 256 256** (option 2) Open 24/7/365
Email **focus@nhs.net**
Website **www.focusadulthoodsocialwork.co.uk**
Services Directory **www.services4.me.uk**

Safeguarding Adults

Report Neglect or Abuse **01472 256 256** (option 2)
Email **focus@nhs.net**
Website **www.focusadulthoodsocialwork.co.uk**

Hospital Discharge Team

General Enquiries **01472 256 256** (option 4)
Email **focus@nhs.net**
Website **www.focusadulthoodsocialwork.co.uk**

Community Care Finance (CCF) Team

Financial Assessments **0300 330 2910**
Email **focus.mb-financevisitingofficers@nhs.net**
Pay an Invoice **01472 313 131** (option 7)
Invoice Queries **0300 330 2870**
Email **focus.mb-focus-financeassistants@nhs.net**
Website **www.focusadulthoodsocialwork.co.uk**

My Point of Contact

ask your assessor to write their name and contact details here



*All 01, 02 & 03 numbers shown in this document may be included as part of any inclusive call minutes provided by your phone operator

Contents

focus and Your Journey

4

Your Assessment

6

Care Providers and Services

10

Finances, Benefits and Property

24

Hospital Discharges

42

Reporting Neglect or Abuse

44

Your Feedback

50

Keeping Your Information Safe

52

focus and Your Journey

Introduction

focus independent adult social work is a community interest company delivering statutory social services, including the operational safeguarding responsibilities for adults in North East Lincolnshire (NEL). We are a member led organisation and on joining us you will have the opportunity to be a member and help in the decision making processes for focus. We work in close partnership with NEL Clinical Commissioning Group who have held the delegated responsibility and budget for Adult Social Services since September 2007. This provides many opportunities for integrated work with health colleagues together with those from the Council.

Most people access focus through the Single Point of Access (SPA) and many are signposted through to other local services in the community, using a solution focused approach. For those in greater need following triage, an assessment of need is carried out by either the short term or long term case management teams depending on the circumstances. In all circumstances though the solution focus approach is used drawing on the person strengths to help them to identify solutions. Our approach is person centred and when someone may not have the mental capacity to make their own decisions we work in their best interests, using the Mental Capacity Act 2005 framework.

Some people will need ongoing services to remain safe but the least restrictive ways are sought to achieve this in partnership with the person. Once an individual budget has been determined this might be used for domiciliary care or day opportunities and in some cases residential or nursing care may be needed. Some people choose to have a direct payment to commission their own care and we provide information and guidance to enable this to happen. In all cases services are monitored and reviewed to ensure they remain the best options for the person, and are working to either maintain or increase independence and wellbeing.

Finance is also important as there is an expectation that people will contribute, where able, to the cost of any service they receive. To determine this a financial assessment will be undertaken and people need to be aware this will happen and be supported through this process. It is therefore vital you are aware of the Community Care Finance roles within focus and work closely with these colleagues.

Your Assessment

The assessor will firstly ask you for your consent to complete the assessment followed by asking for your consent to share information with other relevant professionals involved in your support. This will require your signature for confirmation of that consent.

NOTE - If you are unable to consent to the assessment the assessment can still be completed if it is deemed it is in your best interest.

There are three types of assessments that can be completed:-

- **Individual/single** – this is an assessment of your need
- **Joint** – this is an assessment of your need and your carers needs
- **Carers** – this is an assessment of your carers needs

What will the assessor need to know?

The assessor will need to know your current situation – this will include the reason for the request for an assessment and what has lead up to this. It is helpful here to know about how you and if applicable how your carers spends their day/week and information about and anything else you feel is relevant for the assessment.

The assessor will assess your needs against a national eligibly criteria as follows:-

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of the adult's home safely

- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community including public transport, and recreational facilities and services
- Carrying out any caring responsibilities the adult has for a child.

If a joint or carers assessment is taking place the carers **needs will be assessed against a national carers criteria** as follows:-

- Carrying out any caring responsibilities the carer has for a child
- Providing care to other persons for whom the carer provides care
- Maintaining a habitable home environment in the carer's home (whether or not this is also the home of the adult needing care)
- Managing and maintaining nutrition
- Developing and maintaining family or other personal relationships
- Engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community, including recreational facilities or services
- Engaging in recreational activities

The assessor will focus on the above needs and identify what you can do for yourself or what support is already in place to identify with you what eligible needs are already being met.

You will be asked what is important to you and what do you want to achieve from the assessment?

Discussions will then link what is important to you. Based on the above information the assessor will identify unmet eligible needs and confirm your personal budget amount. A discussion will then take place how your unmet needs may be met.

There may be a need for the assessor to discuss your finances as all services provided are chargeable.

The assessor can make referrals for benefits check if you are unsure if you are claiming all you are entitled to.

The assessor will offer you a home fire safety check and ensure systems are in place for checking your smoke detectors work

It would help the assessor if you could give the assessor as much information as possible based on the information in this leaflet. Preparing for the assessment would be helpful.

Feedback on your assessment is always welcomed your assessor will leave you a feedback leaflet for this purpose. See page 50 of this booklet for more information.

Questions to ask my assessor

write any questions you may have here, ready for when you see your assessor



Care & Support Self-Assessment

Within North East Lincolnshire focus independent adult social work C.I.C provides Adult Social Care on behalf of the Local Authority or Council.

'Care and support' is the term we use to describe the help some adults need to live as well as possible with any illness or disability they may have. It can include help with things like washing, dressing, eating, getting out and about and keeping in touch with friends or family.

Struggling to stay independent? Use the online assessment to explore what is available locally to meet your Care & Support needs.

The online Self-Assessment can be found at www.services4.me.uk

Can't find what you're looking for? You will get the option to send your completed assessment, alternatively come to one of our face-to-face drop-ins, or give us a ring for further advice via the Single Point of Access.

Are you a carer?

A carer is someone who provides unpaid support to a relative, partner or friend who is ill, frail, disabled, has a mental health problem or substance misuse problem. The support may be personal, practical, emotional or supervisory.

Many people do not see themselves as carers because they see themselves as husbands, wives, partners, parents, siblings or friends. However, by providing unpaid care, they are in fact 'carers' and there is information, help and support available for them.

If you would like a Carer's Assessment, visit the Carers Support Centre www.carerssupportcentre.com or please call the Single Point of Access on 01472 256 256.

Care Providers and Services

Care Homes & Housing Options

Residential care offers long-term care and respite in residential care settings. North East Lincolnshire has residential care homes for older people, people with mental health care needs and those who specialise in care for people with a learning disability.

Unique integrated commissioning arrangements mean that residential care providers are seen as equal partners in the provision of health and social care to the community of North East Lincolnshire. Furthermore, the CCG, focus and Care Plus Group continually work with providers to improve knowledge and deliver best practice in care settings.

We have provided a list online of all Care Homes operating within North East Lincolnshire. Some of which are directly commissioned by your local NHS NEL CCG, and the rest are in an open market. All care homes must be registered with CQC.

For more information on Care Homes, please contact the Single Point of Access on 01472 256 256.

Social Housing

'Council Housing' is now known as 'Social Housing' and provided by Lincolnshire Housing Partnership (LHP).

LHP is a 12,700 home landlord formed in April 2018 from a merger between Boston Mayflower and Shoreline Housing Partnership.

Covering the whole of the historic east coast of Lincolnshire, LHP provide affordable rental and shared ownership homes as well as a range of services to help support people and communities.

Housing Associations

Housing associations are non-profit organisations set up to provide affordable accommodation for people who cannot afford to access market housing. Homes are offered for rent and low cost home ownership.

Home Choice Lincs

Home Choice is part of a national initiative called Choice Based Lettings. It is a partnership that brings local authorities and housing associations together to jointly advertise homes available to rent. The scheme partners are North Lincolnshire Council, North East Lincolnshire Council, Shoreline Housing Partnership, Longhurst & Havelok Homes, North Lincolnshire Homes, Sanctuary Housing and the Guinness Partnership.

They offer a wide range of housing including family accommodation, single person housing and older persons bungalows or flats. Anyone over the age of 16 can apply providing they are eligible by law to join the housing register. Once registered applicants are given a priority band based on their housing need and are then able to apply for any suitable properties that are advertised.

To register for the scheme, for more information or to view properties please visit the Home Choice Lincs website, call into any of our partners' offices or contact the Home Choice Lincs Team.

Telephone: 01472 326292 option 2
E-mail: info@homechoicelincs.org.uk
Website: www.homechoicelincs.org.uk

Preventing Homelessness

The Home Options Team gives free, confidential and impartial housing advice and assistance to residents who have housing needs. Their main aim is to reduce and prevent homelessness in North East Lincolnshire whilst making sure that your home is suitable and that you are able to manage the tenancy.

Telephone - 01472 326296 Option 1

Supported Living

Supported living is a scheme where vulnerable adults (people with learning/physical disability/autism/mental health) are supported by a housing provider to maintain their own tenancy for a property. They are then supported by a care provider whose aim is to enable individuals to live as independently and safely as possible. Based on assessed needs, individuals can receive support and assistance with many aspects of their day-to-day life – this could include:

- Managing bills and money
- Cooking and healthy eating
- Shopping
- Learning new skills for independence
- Personal care and well-being
- Managing medication
- Accessing employment, sports and social activities

In North East Lincolnshire, we have a number of supported living accommodation options available. Providers are expected to deliver good quality outcomes to people living in both single occupancy and group dwellings (and to demonstrate achieved outcomes), and to increase and promote independent living. The Support Living Options currently available locally include apartment models, shared houses and individual accommodation.

Apartment Model

Typically apartments are where individuals have their self-contained flat in a shared block. Support is delivered to individuals within their individual accommodation. This model usually has communal areas for people living in the model to 'socialise together'. This model can work for individuals with a range of needs but works particularly well for individuals who want / require more independence.

Shared House

This model is based on a small number of individuals (usually no more than 5) living together in a shared house. Individuals have their own bedroom and all other areas of their home are shared with all tenants. With this model, everyone living in the shared house all contribute to the bills and upkeep of communal areas.

Individual Accommodation

This is an individual service for individuals wanting or needing to live on their own in a flat/house or bungalow. The individual is solely responsible for the bills and upkeep of their property. Any support required is delivered directly into their own home.

Support Needs

The support an individual needs is decided and planned with them directly and / or with family involvement or an advocate / IMCA. A Care Act Assessment is completed by a Social Worker / Co-ordinator who will identify how much support the individual requires and then refer the individual to a support provider. The support required can be provided on a 24/7 full time basis with someone either sleeping at the persons home or staying awake overnight. Support can range from a few hours a day or week, it really does depend upon what the person needs and wants to help them live within their own home.

What is the difference between residential support and supported living?

There are several key differences between residential support and supported living, these being:

- In residential care, people have their food, heating and general needs included in the weekly fee charged by the provider. People then receive a small weekly allowance.
- In supported living individuals are responsible for their own bills and cost of living which is usually paid for by the benefits they receive and can be topped up by any wage that they earn through employment.

Extra Care Housing

Providing Housing with Care for Older People in North East Lincolnshire.

About the scheme

The NHS is working with the Council to provide new homes that support older people in Grimsby to remain independent and healthy for as long as possible. Strand Court opened in July 2015.

What is Extra Care Housing (ECH)?

Extra Care Housing schemes are being developed in North East Lincolnshire, to provide housing with care and support for older people as their needs increase. ECH represents a real alternative to traditional residential care as it allows people to retain their own property, address and front door, whilst having easy access to the care and support they will need to keep healthy and continue living independently.

These individual homes (flats or apartments) will be grouped in a single building, set around communal facilities such as a residents' lounge, restaurant, activity rooms, hairdressing salon, and private landscaped gardens. People living in ECH still want to be part of their local community, so some of the communal facilities, such as the restaurant, hairdressers and some activities will be open for use by older people living in the local community, as well as residents. They will be close to main roads, served by public transport and close to local community facilities, to support independent living.

The Extra Care Housing being developed in NEL is for frailer older people and has many additional benefits, intended to help them maintain their own home for longer, whilst enjoying a good quality of life combined with safety and security. The homes are being built to high standards, including Lifetime Homes, which means that people are less likely to need to move home if their care needs change or they become less mobile and need equipment or adaptations to assist them with daily life. People living in Extra Care Housing are also much less likely to need residential care as their care needs increase.

A care team will be working at each scheme 24 hours a day, 365 days a year to provide care and support to those tenants needing it, and help in an emergency, such as when someone has an accident or becomes ill. This support will be there to respond to individual needs, including help with things like cooking meals, personal care (washing, getting up or into bed etc.), taking medicine or just getting around.

This is intended to help people to live independently for longer, through preventing them needing to go into hospital unnecessarily and also allowing them to be discharged as soon as they are fit after any hospital stay. Some flats could be used as a short stay/step down facility for people coming out of hospital whose current home is unsuitable for their changed needs and who need to either move home or have their current home adapted.

Strand Court, Albion Street, East Marsh, offers 60 ECH flats for rental. This scheme has been developed by Ashley House PLC, working closely with NELCCG and our partners and further schemes are planned over the next 5 years.

Living at home now & in the future

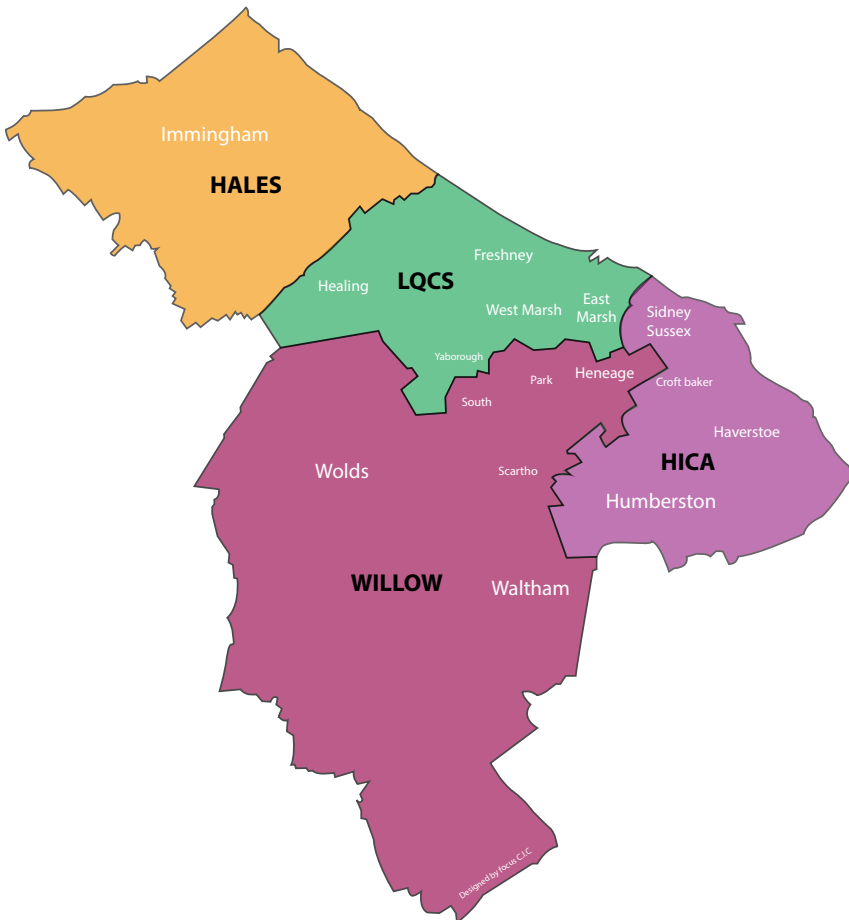
If you want to live at home as independently as you can, you'll find services, organisations, information and advice here that will support you to do it – for example:

- Domiciliary care (care at home) agencies can help you with personal care like washing and dressing, or eating.
- There's a wide range of equipment to keep you safe in the home such as grab rails for the bathroom; stair lifts; and monitors that can tell if you've fallen and will raise the alarm; and sensors that detect escaping gas or overflowing water.
- And there's equipment to help keep you mobile inside your home or when you're out and about: walking sticks and frames, rise and recline chairs, mobility scooters and wheelchairs.
- You can find organisations that offer gardening and house maintenance services, including answering emergency call outs.
- Do you have a Direct Payment? If so, you might want to think about how a Personal Assistant (PA) could help you to live independently at home. There are local services that will help you recruit one and then support you in dealing with things like tax and National Insurance.
- Do you need help with making a meal? You can find information about meals on wheels and other providers that will deliver ready meals to your home.

Home Care

There are currently five “care at home” providers in North East Lincolnshire, commissioned by NELCCG to deliver services to people who have been assessed as needing care at home. We work with providers to find new ways of commissioning care to ensure it is as flexible and person centred as possible.

There are a vast range of care at home agencies in North East Lincolnshire which can be found at www.services4.me.uk



Telecare & Telehealth Technology

Telecare services can help you to stay safe and remain more independent in your own home.

Telecare is a type of wireless technology that connects equipment in your home to a call centre using your telephone line. There is a range of home equipment, devices and tools such as; wristbands that you press to alert the call centre if you need help and monitors that can detect falls, or gas, or overflowing water.

Telecare systems are available 24 hours a day, so you can call for help in an emergency at any time of the day or night.

Carelink offers reassurance, through telecare, to individuals who may be vulnerable through illness, disability, isolation, violence or abuse.

For more information about Telecare services and the range of solutions available, visit the Carelink website, or the AT Dementia website for information about assistive technologies for people with dementia and their carers.

Sensory Impairment Assessments

focus provide specialist Care Act Assessments, support and information to individuals who have a hearing or sight loss or both.

Focus has a specialist worker for Sensory Impaired individuals who works closely with the Eye Clinic and Audiology at Diana Princess of Wales Hospital.

We have a wide range of equipment to promote independence on a 'Try before you buy' basis. These include loop systems, personal listeners, portable door bells, liquid level indicators, magnifiers and electronic magnifiers, and other equipment that may help in the home.

Assessments can be requested through the Single Point of Access, 01472 256256. You can request a home visit or come into the Val Waterhouse Centre where you will be able to see the full range of equipment available. Independent living skills training is also available to individuals who want to regain these skills.

For individuals with a visual impairment who want to be more independent with accessing the community, following assessment, mobility training may be available. This would include long cane training to enable individuals to access familiar routes learning new techniques and road safety.

focus are able to access the appropriate interpreters for BSL users who want to have a Care Act Assessment, ensuring confidentiality at all times.

Advocacy

From April 2015, care and support in England changed for the better. The new Care Act helped make care and support more consistent across the country.

‘Care and support’ is the term we use to describe the help some adults need to live as well as possible with any illness or disability they may have. It can include help with things like washing, dressing, eating, getting out and about and keeping in touch with friends or family.

If you receive care and support, or you support someone as a carer, you could benefit from the changes.

What is advocacy?

Advocacy is helpful for people who find it hard to make decisions about the care and support they need. An advocate is a person who works with you to make sure that your ideas and wishes are heard and that you get the right care and support for you.

Who is advocacy for?

Advocacy is useful for:

- children and young adults
- an adult whose care and support needs are being assessed or reviewed
- a carer whose needs are being assessed
- people who are being assessed during a safeguarding enquiry.

How do I get advocacy?

focus independent adult social work must always make sure that you are involved in the decisions made about your care and support.

If you (or someone you care for) finds it hard to:

- understand and remember important information
- use that information in daily life, or
- express views, wishes or feelings

then focus must offer you an advocate to help you get the support and care you want and need.

Tell me more about how an advocate can help me

Advocates are independent from the council, the NHS, your doctor, focus independent adult social work and other healthcare services. Your advocate will get to know you so they can support and represent you when decisions are made about your care. Your advocate will make sure that your wellbeing and interests are always carefully considered.

Your advocate will help you to:

- understand the care and support process
- talk about your wishes, views and feelings
- make decisions
- challenge decisions about your care and support if you don't agree with them
- understand your rights
- support you in the safeguarding process, if necessary.

Meals on Wheels

Community Meals, often known as 'meals on wheels', can help ensure that people receive proper nutrition on a daily basis, whatever their circumstances.

All the meals are nutritionally balanced, cooked locally and delivered hot to the home in foil containers. We recommend that you eat the meals hot, soon after delivery and do not try to reheat them. A typical meal will consist of a hot main course of meat or fish with vegetables and a hot or cold dessert. Diabetic, low carbohydrate, low fat, soft diet, gluten free and low sodium, as well as vegetarian, Halal, Kosher, Asian and Afro-Caribbean meals are also available.

Who can get meals on wheels?

This service is for people aged 18 and over, normally older people, who are unable to prepare and cook one hot meal a day. This may be a permanent situation due to a physical or learning disability, illness or a temporary situation such as recovering after a stay in hospital, to help you maintain your independence and quality of life. If you or the person you care for find it difficult to get to the supermarket, there is a range of providers who operate locally who can offer this service privately or through a care package following an assessment of needs. As explained above.

You could also arrange for a carer to come in and prepare meals for you through a private home care agency but remember to take care to choose one that is registered and inspected by the Care Quality Commission (CQC).

Recovering at Home

The Core Rehabilitation Team comprises of two of the range of Allied Health Profession (AHP) Services, specifically Occupational Therapy and Physiotherapy. Core Rehabilitation services comprise of staff employed by Care Plus Group and Northern Lincolnshire and Goole Hospitals NHS Foundation Trust working in partnership.

If you are requesting an Occupational Therapy Assessment, please contact Single Point of Access Tel 01472 256256.

The Assisted Living Centre

The centre provides advice and information for people who require equipment and support at home to be able to maintain their independence.

People can get advice on a range of equipment available to help them at home including wheelchairs, hoists, walking frames and even home adaptations including stair lifts.

The community equipment store is based in the centre, where many of these items are loaned out from. It also has a demonstration area featuring a kitchen, bedroom, bathroom and lounge, where people can see how equipment that could help them at home works. There are also clinic rooms, a wheelchair services workshop and a podiatry lab on-site as well.

The centre is open Monday to Friday, from 10am to 6pm (with last entry at 5.30pm), and Saturday's 10am to 4pm (last entry 3.30pm).

Parking spaces are available for visitors to the centre and are directly outside the building.

Contact us

Assisted Living Centre, Kingsley Grove, Diana Princess of Wales Hospital, Grimsby, (01472) 875592

Finances, Benefits and Property

Introduction

In North East Lincolnshire, the Council and the Clinical Commissioning Group work in partnership to ensure that care and support services are delivered to those who are assessed as needing them. A focus independent adult social work carries out financial assessments (along with other care and support functions) on behalf of the Council and the Clinical Commissioning Group.

Care & support at home is not provided free of charge. The amount that people pay depends upon their financial circumstances and the services they receive. **People are only charged if they have financial assets above a certain level.**

We want to help people to live at home as independently and as safely as possible. We also want the charges for the care that we provide for people at home to be fair.

Most of the services we provide for you in your own home will be assessed for a charge. You will not be charged for National Health Services (NHS).

Financial Assessments

As soon as your care needs have been assessed, someone from our Finance Team will be alerted to carry out an assessment of your financial circumstances. They will work out whether you are able to pay a contribution to the costs of your care. This information will form part of a service user's confidential record. Charging for care and support at home begins from the date your service starts.

A Visiting Officer will contact you to arrange a suitable visiting time, venue etc. You may have a member of your family or a friend present if you wish. Any information will be treated in confidence in accordance with our declaration under the General Data Protection Regulations (GDPR) which is included on the Financial Assessment form.

You will be asked to disclose details of your financial circumstances in order for a financial assessment to be conducted. You have the right to withhold consent for this disclosure, but if you do so, this will be considered as formally declining your right to be financially assessed and the full cost of your package of care will be charged.

The current Financial Assessment and up to the previous four assessments completed will be retained on file. The file will be retained during the period in which you receive services, and for a period of three years following the date of cessation of the last relevant service.

You must not give away any financial resources, or deprive yourself of them in any other way in order to reduce your ability to pay your charges. If you do so, adult social care may regard these resources as still belonging to you. If you are in any doubt about your situation you should seek legal advice. You do have the right to seek Independent Financial Advice and a list of local advisors is available on Services4me. This is not an exhaustive list and it is personal choice as to who you pick.

The finance team will be happy to answer any questions and explain the charging policy if there is anything you do not understand.

All of our staff carry identification with them so please check this before allowing anyone into your home.

If you receive your services via Direct Payments you will still be required to undertake a financial assessment.

Financial Assessment for care and support at home

If you receive care and support at home you will be offered a financial assessment to ascertain whether you will pay a client contribution rather than the full cost of your care package. A Visiting Officer will come to see you/ your Financial Representative and look at your income and expenditure in order to calculate your weekly charge. The calculation can be complex however; your Visiting Officer will go through the full process with you and ensure you are not charged more than the Government states you can afford to pay.

Within, the financial assessment, the Visiting Officer can look at what is known as Disability Related Expenditure (DRE). This means that if you are in receipt of a qualifying benefit, Attendance Allowance (AA), Disability Living Allowance (DLA) or Personal Independence Payment (PIP), additional expenses incurred due to your disability can be taken into account as part of the process. This can reduce your client contribution and receipts will be needed for your expenditure.

Paying for your care and support at home

Currently there are two methods of payment for your care and support. You can either pay by standing order, which means the monies will automatically come out of your bank on a 4 weekly basis or you can receive an invoice. Your invoice will cover a 4 week period and this can be paid using a number of payment methods which will be listed on the back of your invoice.

Direct Payments

As part of your care and support at home, you may be receiving your services via a direct payment. This means that you are organising your own care and support and are receiving your personal budget in to a seperate Direct Payment bank account for the purposes as identified within your support plan. As part of this process, you will need to pay your client contribution into the same bank account and this account will be audited by the finance team on an regular basis. If there are any discrepancies, it may result in your direct payment being suspended. For more information on direct payments please visit www.services4.me.uk.

Financial Assessment for care and support in a care home

If you receive care and support in a care home you will be offered a financial assessment to ascertain whether you will pay a client contribution rather than the full cost of your care package. A Visiting Officer will come to see you/ your Financial Representative and look at your income and expenditure in order to calculate your weekly charge. When someone resides in a care home, as part of the financial assessment process you have to be left with what is known as the Personal Expenses Allowance (PEA). Your Visiting Officer will talk to you about this and how your charge will be calculated.

Paying for your care and support in a care home

You will receive an initial invoice from the Council and then you will need to make your payment direct to the care home. Details will be given to you as part of the financial assessment process and then the staff at the home will assist you with making your on-going payments.

Deferred Payments

If you reside in a care home on a permanent basis and own a property, you may be offered a Deferred Payment. This means that you will pay a contribution towards your care and support and the difference between this and the full cost of care will be accrued against your property. In effect, you are receiving a loan. Once your property sells or you no longer require the service, the loan will be repaid from the proceeds of your house sale.

There are a number of instances where your property will be disregarded, such as spouse still remaining at home. Be aware, that there is an administration fee and interest is charged for a Deferred Payment. For more information, please contact the Community Care Finance Team.

Respite Care

There is usually a contribution to be made for your respite stay according to your financial circumstances. For the first 8 weeks this can range from £70* to £115* or if you have over £23,250* you will be expected to pay the full cost which will be approx. £400+ per week.

On rare occasions a respite stay may need to be extended beyond 8 weeks and in these circumstances a full financial assessment will need to be carried out.

If you are in receipt of Attendance Allowance and your respite stay is extended beyond 4 weeks, you will need to inform the Attendance Allowance Unit on 08457 123 456 of your situation.

Top-up Payments

If you reside in a care home on a permanent or temporary basis, you may be asked by the care home to pay a top up payment. Please note, that in most cases, an individual receiving the care and support is not eligible to pay their own top up payment and a third party is required to make this payment. It is important to understand this process as if a top up payment fails, you may be required to move to a different care home where there is no top up payment in place. A top up payment does not cover eligible care and support needs and is paid for additional services so please ensure you discuss this in full with the Care Home and Social Work staff in order to ensure you are clear on what additional items you are paying for.

Capital Over

If you have capital over the upper capital limit, which is currently £23,250 (2019), you will not be entitled to a financial assessment and will be expected to pay the full cost of your care. If you wish for 'focus' to arrange your care and support at home, you will be asked to pay an administration fee to cover the costs involved. Currently, the Care Act 2014 does not allow 'focus' to commission your care and support if you live in a care home.

Adult Social Care Debt

If you do not pay your client contribution, you will receive reminder letters and phone calls to see what is preventing you from making payments. If your debt increases on a regular basis and there are no arrangements in place with the finance team, your case will be referred to our solicitors and court action may be considered/taken.

Planning for your future

It is important that while you have the mental capacity to do so, you think about who you would like to deal with your personal affairs should anything happen to you and you become incapacitated. You can do this by putting a Lasting Power of Attorney in place. This can cover finances and health and will mean that if the time comes when you are unable to make this decision, the person you want to do this for you will have the legal power to do so. If this process is not in place and you do become incapacitated, a Court of Protection Deputyship may be needed and this means that a Court decides who deals with your affairs. This process can be lengthy and may result in 'focus' managing your financial affairs. It is important to put things in place early to safeguard yourself and those acting on your behalf.

Corporate Appointee Team

'focus' does operate a Corporate Appointee team. This team is responsible for looking after the financial affairs of those individuals who do not have anyone to do this on their behalf. The services offered range from becoming your benefit appointee right through to being your Deputy for Property and Affairs under the Court of Protection. If a Social Work Practitioner feels you need a Corporate Appointee, they will make a referral to the team and a member of the team will be in touch with you.

What we will need to see

It would be helpful if you could have the following information available for the Visiting Officer.

Income

- Benefit Award Notification e.g. Pension, Income Support etc.
- Notification of Private (Occupational) Pension

Savings

- Building Society Books
- Bank Statements
- Details of stocks and shares e.g. TESSA, PEP
- ISA etc
- Any other financial investment evidence.

Expenditure

- Rent Card
- Council Tax
- Mortgage details
- Receipts for disability costs

What you can expect from us when we visit you

- That anyone who visits you at home will have had the appropriate training and will be competent to undertake the financial assessment
- That we will treat you with courtesy and respect and will ensure that anything confidential will not be divulged without your consent (except in cases where it is required by law to do so, would prevent any harm to you and/or it is judged to be in the public interest)
- We will always give you our name and details of how to contact the service if you need to
- We will listen to you and respect your privacy and dignity at all times
- We will have clear, up to date identification which will be shown on arrival
- We will consult you about convenient times for visits to take place
- We will be visiting at the agreed time and if for any reason the visit does not take place or is delayed, you will be contacted as soon as possible.

If you are in any way unhappy with the way our visiting staff have treated you, please contact the Head of Business Development & Client Finance.

You will be expected to provide accurate information relating to your financial affairs. Any false or non-disclosure of information will result in changes to your client contribution which may be backdated to your original financial assessment or to the date the information was provided.

Focus independent social work CIC reserve the right to inform other relevant agencies about any financial wrongdoing.

Disability Related Expenditure (DRE)

It is not possible to give a complete list of DRE as this will vary according to individual needs. The overall aim is to allow for reasonable expenditure needed for independent living by a disabled person.

Primarily the Service User's Support Plan will guide the DRE, but allowances for expenses other than for care and support such as heating etc. will also be taken into account.

Any specialised equipment that is not normally purchased every month will be costed on an annual basis and divided into weekly equivalents and repaid over a reasonable period.

We will require receipts or similar evidence to back up claims for DRE, particularly for unusual items or heavy expenditure. If receipts are not available when the visit takes place you have 4 weeks to submit them. If receipts are not submitted within 4 weeks the claim will not be backdated.

Further details about DRE will be discussed with you as part of your Financial Assessment process.

Welfare Benefits

Many people do not claim all of the benefits that they are entitled to. We are committed to helping people to get their full rights and will offer you a welfare benefits check and help you with any claims that need to be made.

Assistance will be provided, where required, to complete the appropriate benefit claim forms.

If you would prefer independent advice on benefit entitlement, the Visiting Officer will refer the case, with your permission, to the appropriate agencies.

It is likely that your charges will increase if you get certain benefits, but for most people more than half of the extra benefits received are kept by them.

Change of Circumstances

You need to report changes to your circumstances so you keep getting the right amount of benefits.

Your claim might be stopped or reduced if you do not report a change straight away or you give incorrect information.

Changes can include:

- going into hospital, a care home or sheltered accommodation
- any changes to your medical condition or disability
- changes to your pension, savings, investments or property
- changes to other money you get (for example student loans or grants, sick pay or money you get from a charity)
- changes to the benefits you or anyone else in your house gets

More information can be found at www.gov.uk/report-benefits-change-circumstances

Reviews of Financial Assessments

To take account of increases in benefits, private pensions and the cost of living we will review your charge every year. This is known as financial re-assessment and you will be contacted when this is due.

Charges

The following care and support at home services will be charged for as stated in our Charging Policy:

- Home Care
- Day Care
- Transport
- Laundry
- Direct Payments

Home Care

£14.64 per hour*

Day Activities

£30 per day (£15 for half a day)*

Transport

£5.00 per journey*

Laundry

£4.89 per week*

*The above figures are correct as of April 2019. The latest figures can be found at www.services4.me.uk or contacting the Community Care Finance Team on 0300 330 2870.

What is “housing related” support?

- Help with managing budgets and bills or applying for benefits
- Help to maintain safety in the home
- Help to keep appointments, including someone to go with you if necessary
- Helping someone deal with other services they might need - skills training, further education, employment, health and social activities
- Assisting with planning weekly meals, shopping and food preparation.

How much should you be paying for the Supporting People service you receive?

If you receive a “**short term**” service which is less than two years (for example, supported lodgings or hostel accommodation) no charge is made to you. Instead “Supporting People” pays the support charge. The Supporting People team pays the money direct to your support provider (so they won’t ask you for it).

If you receive a “**long term**” service which lasts for more than two years (for example a sheltered accommodation) and are in receipt of Housing Benefit then the charge will be paid direct to the provider by Supporting People.

If you have not claimed Housing Benefit before, talk to your provider who should be able to give you some advice.

Your charge will commence from the start of your service.

If for any reason there is a delay in completing your assessment, your charge will be backdated.

Frequently Asked Questions

Q. What Services do we expect to be charged for?

- A. We charge for the following services:
1. Home care
 2. Day Care
 3. Transport
 4. Laundry
 5. Direct Payments
 6. Supported Accommodation

Q. Does everyone pay the same?

A. No. What you pay depends on your financial circumstances and services – everyone's charge is worked out individually after a financial assessment. If you are asked to make a contribution to the cost of your care, there are a number of ways to make your payment; your Visiting Officer will inform you of your options.

Q. How will you treat my partner's income and savings?

A. We will ignore your partner's income. If you share a joint account or joint ownership of assets with your partner we will only take into account your half share.

Q. Do I have to tell you if my income or savings change?

A. Yes as it may affect your charge. If you do not disclose a change it could result in your charge being backdated.

Q. What happens to information I give you?

A. We will use this to assess your charge and keep it confidential. More information can be found in the 'Keeping Your Information Safe' section of this booklet.

Q. Will my financial information be shared with anyone?

A. We only collect information for financial assessment purposes unless you give consent for this information to be shared. However, your information may be shared with other bodies administering public funds solely for the prevention and detection of crime (including fraud).

Q. What happens if I am unable to pay?

A. You must tell us if you are having difficulty in making payments.

Q. What do I do if I suspect any abuse, including financial abuse, of myself or any other person?

A. You can contact the Safeguarding Adults Team on 01472 256256 option 2 to discuss and register your concerns. This will then be dealt with by the appropriate person or agency. More information can be found in the 'Reporting Neglect or Abuse' section of this booklet.

Q. Who can I contact if I have any finance questions?

A. You can write, phone or email:

focus independent adult social work C.I.C
Heritage House, Fisherman's Wharf, Grimsby, DN31 1SY

Invoice Queries
Telephone: 0300 330 2870
Email: focus.mb-focus-financeassistants@nhs.net

Financial Assessments
Telephone: 0300 330 2910
Email: focus.mb-financevisitingofficers@nhs.net

Appeals Process

Part of the conditions laid down in the Charging Policy is the right of service users to lodge an appeal on the grounds of their inability to pay. Details of how to appeal can be obtained from:

FREEPOST
NHS North East Lincolnshire CCG

0300 3000 550
nelccg.askus@nhs.net

Complaints

If you are not happy with any aspect of the services you have received from us or the way you have been treated, speak first of all to the person you have been dealing with or their manager.

You can also contact a complaints officer on the address below:

FREEPOST
NHS North East Lincolnshire CCG

0300 3000 550
nelccg.askus@nhs.net

Self-Funders

Self-Funder Advice Note

This advice note is intended for anyone who has an eligible care and support need and has capital over the upper capital limit which is currently set at £23,250*.

This information will cover care and support in a care home and also care and support received in another setting (i.e. care in your own home)

Care and Support in a Care Home

If you have capital over £23,250* and receive services in a care home, you will be expected to self-fund your care until your capital falls below the upper capital limit. This means that you will be responsible for paying your care costs in full and your care home provider will inform you of what the weekly charge is set at. While you are paying for your own care, you may be entitled to claim Attendance Allowance (AA), Disability Living Allowance (DLA) or Personal Independence Payment (PIP) which are non means tested benefits which the government award to help you pay for additional care/items you require.

If you need to claim Attendance Allowance (AA), Disability Living Allowance (DLA) or Personal Independence Payment (PIP) please use the following telephone numbers or web link:

- AA Helpline 0345 605 6055 Mon – Fri 8am – 6pm
- DLA Helpline (existing claims for over 65 on 8/4/2013)
0345 605 6055 Mon – Fri 8am – 6pm
- PIP Helpline (Age 16-64) 0800 917 2222 Mon – Fri 8am – 6pm
- See www.gov.uk

As your capital gets closer to the upper capital limit of £23,250* please contact the Single Point of Access on 01472 256256 in order for a referral to be made for an assessment of need. If you have eligible care and support needs, adult social care will help to fund your requirements

once your funds fall below £23,250*.

If you would like information on Independent Financial Advice, Top Up Payments or Deferred Payments, please refer to these sections within the Information, Advice and Guidance portal on www.services4.me.uk.

Care and Support in Another Setting (i.e. your own home)

If you have capital over £23,250* or decide you do not wish to take part within the financial assessment process, you will be charged for the full cost of your care. This means that adult social care will not be able to assist you with the funding of your care, however; this does not affect your entitlement to receive an assessment of need.

If you have to pay for the full cost of care, this means that adult social care will not contribute towards your package so if for example you receive 2 carers to assist you with your needs, you will have to pay the cost for both carers that attend to you. You will not be covered by the 50% cap that has been applied to adult social care funded clients.

You may be entitled to claim Attendance Allowance/Disability Living Allowance or Personal Independence Payment which is a non means tested benefit which the government awards to help you pay for additional care/items you require.

- AA Helpline 0345 605 6055 Mon – Fri 8am – 6pm
- DLA Helpline (existing claims for over 65 on 8/4/2013) 0345 605 6055 Mon – Fri 8am – 6pm
- PIP Helpline (Age 16-64) 0800 917 2222 Mon – Fri 8am – 6pm
- See www.gov.uk

As your capital gets closer to the upper capital limit please contact the Single Point of Access on 01472 256 256 in order for a referral to be made for a care assessment. If you have eligible care and support needs, adult social care will help to fund this once your funds fall below £23,250*.

Services That You Fund/Pay for Yourself

As a self funding client you will be able to choose which provider you wish to purchase your service from. Staff at focus will be able to give you a list of providers that North East Lincolnshire Clinical Commissioning Group (CCG) contract with, however; this does not mean that you have to pick one of them. Focus staff will often be able to tell you if a service will meet your eligible need and they can also give you advice on what will happen when your capital falls below the upper capital limit and you are entitled to adult social care funding.

At the point of you entering adult social care services, you may not be able to continue with your provider of choice if they are not commissioned via the CCG. This does not mean that your needs will not be met, it just means that a different provider may be delivering the care to you.

If you pay the full cost of the services that you receive within your own home, you can have these arranged for you by focus. There is an administration fee for us doing this for you. If you would like further information on this service, please contact the Single Point of Access on 01472 256 256.

*The figures quoted in this booklet are correct as of April 2019. The latest figures can be found at www.services4.me.uk or contacting the Community Care Finance Team on 0300 330 2870.

Hospital Discharges

Introduction

The Hospital Discharge Team (HDT) provide a comprehensive, multidisciplinary and integrated discharge service, supporting all residents of North East Lincolnshire. Regardless of which hospital you are admitted to, if you require social care support, the team may be available to help you either face to face, over the phone or online.

The team is made up of professionals from a range of agencies including Care Plus and focus and includes Nurses, Social Workers and admission and discharge co-ordinators. focus work closely with partners to assess people and support safe discharge.

The Hospital Discharge Team work with all hospital trusts including North Lincolnshire & Google (NLaG) at the Grimsby site. This is to ensure a person centred safe and timely discharge from hospital.

The HDT also provide information and advice about support services to meet your needs. A Care Act assessment will be undertaken and provision of support as needed.

The Hospital Discharge Team service includes:

- Information, advice and signposting to community services.
- Care Act assessment to determine your support needs for safe discharge
- Case management support for people with existing care.
- Access to intermediate tier and reablement services
- Community Social Care
- Stroke discharge pathway
- Continuing Health Care
- End of life care pathways

What we do

After admission into hospital, and if appropriate, you will be assessed by the team in order to establish what your care and support needs will be on discharge. We will work with carers, family, hospital and community services in order to ensure your support is appropriate to meet your needs.

The team will fully explain the financial implications of all care arrangements recommended for you or requested by you. This will include funding available to you and any rehabilitation services that are appropriate for you.

You may need to contact the Department of Works and Pensions (DWP) to inform them of your hospital admission, as some benefits and pensions may be reduced, depending on individual circumstances.

We will also arrange suitable follow up after discharge to ensure the service that is in place continues to meet your needs and is working well. The team encourage you to start thinking about your discharge soon after you are admitted into hospital. If you know of any issues that might affect you or your friends and family on discharge from hospital, please contact us or discuss this with the ward staff.

Reporting Neglect or Abuse

What is Safeguarding Adults?

The term safeguarding adults refers to the processes that have been put into place by the Care Act 2014 to help people with care and support needs to protect themselves against abuse and neglect.

Section 42 of the Care Act 2014 states that where an adult:

1. has needs for care and support (whether or not the authority is meeting any of those needs),
2. is experiencing, or is at risk of, abuse or neglect, and
3. as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The local authority must make an enquiry, (or cause one to be made). The purpose of the enquiry is to identify the risks and take any actions that are necessary and proportionate to manage those risks. The types of abuse that may fall under the scope of section 42 includes:

- Physical
- Sexual
- Psychological
- Financial/Material
- Neglect/Acts of omission
- Organisational
- Discriminatory
- Domestic Violence
- Modern Slavery
- Self Neglect (including Hoarding)

If you think that you, or someone you know is being abused, you can get help and advice by calling the Single Point of Access (SPA) on 01472 256256. (If a crime is in progress, or you or someone else is in danger or needs emergency medical treatment, you should contact the emergency services by dialling 999).

What is Deprivation of Liberty?

The term 'Deprivation of Liberty' (DoL) comes from Article 5 of the European Convention on Human Rights and is about protecting people from situations where their freedom may be taken away. Article 5 states that it is unlawful for someone to be deprived of their liberty without their consent unless it has been authorised by a fair and proper legal process.

The term 'Deprivation of Liberty' is used when referring to health and social care because in some circumstances the care needs of a person are of such significance that delivering the right support to them means their freedom is/could be compromised. Supporting someone with their care needs could mean that they are under 'constant supervision and control' and 'not free to leave' the care setting that they are in. If a person is not able to consent to being accommodated for the purpose of receiving care and/ or treatment that they need due to an impairment, illness, or injury that affects the functioning of their mind or brain, it is necessary for someone else to make this decision for them in their 'best interest', through an authorised legal process.

If someone aged 18 or over is in a hospital or a care home, care and treatment arrangements that amount to a deprivation of liberty can be authorised by the local authority using a process called the Deprivation of Liberty Safeguards (DoLS). The DoLS were developed in 2007 as an addition to the Mental Capacity Act 2005. In these circumstances two specialist professionals, (a Mental Health Assessor (MHA), and a Best Interest Assessor (BIA)) are appointed to do a number of specific assessments. After the assessments are completed, the BIA makes a judgement about whether or not the care provided is necessary and proportionate taking into account the presenting risks and balancing these with the wishes and views of the person, their family and friends, and those involved in their care.

If the BIA agrees that the care and treatment is being delivered in the least restrictive way possible in the person's best interest they will recommend

that the local authority authorise the deprivation. The local authority is able to lawfully authorise a deprivation for up to 12 months. During the period of authorisation, there are safeguards in place that enable the authorisation to be formally reviewed, or where there may be objections or disagreements that cannot be resolved, the case can be referred to the Court of Protection for a decision.

The DoLS process cannot be used for people who receive their care and treatment in the community, outside of a hospital or care home and a process is in place for deprivations in other settings to be authorised by the Court of Protection.

If you need any help or advice about deprivation of liberty you can contact the MCA/DOLS business team on 01472 232244.

Deprivation of Liberty in Community Settings

The term 'Deprivation of Liberty' (DoL) comes from Article 5 of the European Convention on Human Rights and is about protecting people from situations where their freedom may be taken away. Article 5 states that it is unlawful for someone to be deprived of their liberty without their consent unless it has been authorised by a fair and proper legal process.

The term 'Deprivation of Liberty' is used when referring to health and social care because in some circumstances the care needs of a person are of such significance that delivering the right support to them means their freedom is/could be compromised. Supporting someone with their care needs could mean that they are under 'constant supervision and control' and 'not free to leave' the care setting that they are in. If a person is not able to consent to being accommodated for the purpose of receiving care and/ or treatment that they need due to an impairment, illness, or injury that affects the functioning of their mind or brain, it is necessary for someone else to make this decision for them in their 'best

interest', through an authorised legal process.

If someone aged 18 or over is in a hospital or a care home, care and treatment arrangements that amount to a deprivation of liberty can be authorised by the local authority using a process called the Deprivation of Liberty Safeguards (DoLS). The DoLS were developed in 2007 as an addition to the Mental Capacity Act 2005. In these circumstances two specialist professionals, (a Mental Health Assessor (MHA), and a Best Interest Assessor (BIA)) are appointed to do a number of specific assessments. After the assessments are completed, the BIA makes a judgement about whether or not the care provided is necessary and proportionate taking into account the presenting risks and balancing these with the wishes and views of the person, their family and friends, and those involved in their care.

If the BIA agrees that the care and treatment is being delivered in the least restrictive way possible in the person's best interest they will recommend that the local authority authorise the deprivation. The local authority is able to lawfully authorise a deprivation for up to 12 months.

During the period of authorisation, there are safeguards in place that enable the authorisation to be formally reviewed, or where there may be objections or disagreements that cannot be resolved, the case can be referred to the Court of Protection for a decision.

The DoLS process cannot be used for people who receive their care and treatment in the community, outside of a hospital or care home.

Deprivation of Liberty in the Community

It has been recognised that some people that live in community settings such as supported living may be deprived of their liberty. At the moment if the person cannot consent to the care and treatment themselves, the DoLS process does not allow local authorities to authorise this on their

behalf. So these cases have to be referred to the Court of Protection. The Court of Protection has been specifically set up to deal with certain financial and welfare matters relating to people who lack the capacity to make these decisions for themselves.

Where a deprivation of liberty (DoL) may be taking place in the community, the court is able to look at the circumstances and check that the care provided is necessary and proportionate, is the least restrictive, and is in the person's best interest. The court is also able to settle any disputes or disagreements about how the care is provided. The court can authorise the deprivation for up to 12 months; and when the authorisation period is due to expire, the case needs to be presented to the court again if the deprivation will need to continue. The court authorisation process for DoL in the community applies to people over the age of 16.

To prepare a case for the court, in a similar way to the DoLS process, a Doctor needs to be involved to make a statement about the person's mental health condition. This is often the person's GP or in some circumstances another doctor/ consultant involved in the person's care. In addition, a social worker, case manager or care co-ordinator will then provide all of the other information that the court needs to consider the person's circumstances. This will include the views all of those involved with the person, plus what the person may have thought before they lost capacity to make care and treatment decisions for themselves. Once the judge is satisfied that the care arrangements are necessary and proportionate, the deprivation can be authorised. The judge will not normally make any changes to the care arrangements unless they identify anything that they think could be done better.

Due to the demands on local authorities and the courts by the unanticipated high number of cases being referred for authorisation, the DoL process is subject to delays. At the moment, all local authorities are prioritising cases using nationally recognised risk assessment tools and good practice principles. Unfortunately this does mean that some cases are waiting for prolonged periods before being dealt with, especially

where the person has been in receipt of their care for a number of years, and where they are settled and no concerns have been raised by anyone involved. Whilst the risk to people in this situation is minimal, the local authority are working hard to make sure that cases are reviewed, and dealt with as quickly as possible.

Both the DoLS and the DoL processes are designed to protect the human rights of people who are unable to protect themselves. In the future, these processes may change, but the Government has not yet made a decision about this. The proposed changes may simplify the DoLS/ DoL processes, and in the majority of cases this will enable the authorisations to be agreed as part of the assessment process when the care arrangements are being set up and reviewed. This will vastly reduce the number of cases that need to be presented to the courts. In the meantime, the current authorisation process will continue.



www.focusadultsocialwork.co.uk

In North East Lincolnshire, if you have any concerns about the care arrangements that have been made for any person, please contact their case manager directly or raise your concerns via the Single Point of Access on **01472 256256**. For any general queries about deprivation of liberty please contact the MCA/ DoLS team on **01472 232244** and choose **option 2**.

Your Feedback

Help us to improve our service

We would like to hear your thoughts and opinions about the service you have received from focus. This will help us to improve and develop your experience in the future. (Feedback can be given anonymously).

There are many ways you can provide us with feedback;



Online

Visit www.focusadultsocialwork.co.uk/feedback and complete the online form.



Telephone

Please inform your assessor if you'd like a call back or contact us on 0300 330 2940



Face to Face

We endeavour to have regular open days for people to come and tell us their feedback. Date of our next open day can be found online.



Notes and Questions

Use this page to make notes or write questions you may have.



Keeping Your Information Safe

Full Privacy Notice

Data is retained in the adult social care system in line with the NHS record retention policies. These policies are in accordance with Data Protection Legislation, Government record retention regulations and best practice. Further information is available goo.gl/sCMDm3

focus is both the Data Controller and the Data Processor.

focus will share information only to provide health and social care professionals directly involved in your care access to the most up-to-date information about you. It will do this by sharing appropriate information between health and social care services at the time of patient contact. Access to information is strictly controlled, based on the role of the professional through NHS smartcards. For example, social workers will only have access to information that is relevant to the execution of their care duties and within the integrated shared record you have agreed to be shared in and out at each health or care organisation.

focus IT security and confidentiality policies ensure that your information is protected, and available only to staff directly involved in your care. focus does not store information locally for your full adult social care record, data is recorded on the NHS spine record.

The use of joined up information across health and social care brings many benefits. One specific example where this will be the case is the discharge of patients into social care. Delays in discharge (commonly known as bed blocking) can occur because details of social care involvement are not readily available to the staff on the hospital ward. The hospital does not know who to contact to discuss the ongoing care of a patient. The linking of social care and health information via the NHS Number will help hospital staff quickly identify if social care support is already in place and who the most appropriate contact is.

Ongoing care can be planned earlier in the process, because hospital staff will know who to talk to.

The addition of the shared record and social care data will bring additional benefits:

- Better coordinated and safer care across health and social care enabled through the sharing of real-time information.
- Better coordination of discharges from hospital into social care, as explained above.
- More time to spend on planning and coordinating social care because health staff can identify and involve social care staff earlier in the process.
- Earlier intervention to maximise the opportunities or reablement services leading to greater independence for patients.
- Less paperwork and more efficient use of social care resources.

You have the right to object to the sharing of your data in this way. This will not stop you from receiving care, but will result in the benefits outlined above not being realised. To help you decide, we will discuss with you how this may affect our ability to provide you with care, and any other options you have.

If you wish to opt-out from sharing your social care data, please talk with your social worker or Single Point of Access (SPA) by contacting us on 01472 256 256 or email to focus@nhs.net

If you have any concerns or complaints you can contact us on 0300 330 2940 or via email on focus.data@nhs.net – alternatively If you are dissatisfied with how we have processed your personal data you can contact the Data Protection Officer to request an internal review. If you are dissatisfied with the outcome of the internal review, they have the right to appeal directly to the Information Commissioner for an independent review. <https://ico.org.uk/concerns/>

Request access to your records

If you or somebody you are a legal representative for requires copies of your/their adult social care record; you can request this via a **Subject Access Request**.

Please ask your assessor/focus member of staff for a copy of the Subject Access Request form, specifically stating which documents you require when completing. Alternatively you can download the form from the web address supplied below for completion and return this to the Digital Information Team within focus; by post or email (please see contact details at the front of this booklet).

Please ensure you also read the guidance available and provide a copy of your ID (preferably a photograph of your driving license or passport). If you are requesting this on behalf of somebody else you will need to provide evidence of a lasting power of attorney or court of protection order. This will ensure the request is processed as quickly as possible.

Online forms and information can be found on our website:

www.focusadultsocialwork.co.uk/contact/sar



To find out more about your rights, please visit the Information Commissioners Officer (ICO) website ico.org.uk

focus CIC is committed to both the NHS Care Record Guarantee, Social Care Record Guarantee for all information we retain, under relevant Data Protection Legislation and Access to Health Records Act 1990.



Glossary

Abuse

Physical violence, verbal aggression, unwanted sexual contact, money or property taken without consent or under pressure, neglectful care or the deprivation of choice, privacy or social contact.

Benefits Agency or Department for Work & Pensions (DWP)

The Government Department that pays many of the state benefits that you might receive. Many still call it the DSS (Department of Social Security).

Care Quality Commission (CQC)

The independent regulator of health and adult social care in England.

Carer

An individual who provides unpaid support to a family member or friend who cannot manage without this help.

Client Contribution

The chargeable amount a person can be asked to make to their personal budget, subject to their available income and savings.

Commissioning

Process the CCG uses to plan and buy services for adults with care and support needs.

Community Based Services

Care and support services provided in the community rather than in hospital or residential homes.

Community Capacity Building

Activities, resources and support that strengthen the skills and abilities of people and community groups; both to take effective action and take leading roles in the development of their communities.

Court of Protection (COP)

The judicial body responsible for making decisions relating to the management of finances and other affairs of those individuals who lack the mental capacity to do so themselves.

Deprivation of Liberty Safeguards (DoLS)

Safeguards under the Mental Capacity Act (2005) that aim to protect people in care homes and hospitals from being inappropriately deprived of their liberty.

Direct Payment

Money payment made to people who need care following an assessment, to help them buy their own care or support, and be in control of those services.

Domiciliary Care

Provided to people who still live in their own homes but who require additional support with household tasks, personal care or any other activity that allows them to maintain their independence and quality of life.

Equality

Adult social care is fully committed to ensuring that no-one is treated in any way less favourably on the grounds of personal differences such as race, colour, nationality, ethnic or social origin, gender

reassignment, sex, sexual orientation, religious belief, age, disability, marital status, pregnancy or maternity, caring responsibilities or political or other personal beliefs.

Extra Care Housing

Extra care housing is housing designed with the needs of frailer older people in mind; varying levels of care and support are available on site.

Financial Assets

Savings, Investments, premium bonds, money in the bank, cash, property and annuities.

Financial Assessment

You will be asked to give details of your financial circumstances to an officer for adult social care. These details will be used to work out your disposable income and the amount of money that you will have to pay.

General Data Protect Regulations (GDPR)

The EU General Data Protection Regulation (GDPR) replaces the Data Protection Directive 95/46/EC and was designed to harmonise data privacy laws across Europe, to protect and empower all EU citizens data privacy and to reshape the way organizations across the region approach data privacy.

Health and Wellbeing Board

The health and wellbeing board is an NEL Council committee, which has responsibility to ensure that the health of the local population improves, and to ensure that health and social services are co-ordinated. These and other responsibilities of the board are set out in

the Health and Social Care Act 2012.

Health Inequalities

Health inequalities are preventable and unjust differences in the health experienced by certain population groups. People in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged. Health inequalities are not only apparent between people of different socio-economic groups they exist between different genders and different ethnic groups.

Hidden Carers

Many carers do not identify themselves as such, and are known as “hidden carers”.

Home Care

Help at home from paid carers for people with care and support needs.

Income

A regular payment, usually received weekly, 4 weekly, calendar months, half yearly or annually.

Integrated

An integrated service acts as a service hub for the community by bringing together a range of services, usually under one roof, whose practitioners then work in a multi-agency way to deliver integrated support to children, young people and families, for example, extended services or sure start centres.

Intermediate Tier

Intermediate tier services are those provided on a time limited basis to help people discharged from hospital, or to prevent a hospital admission. Their aim

is to re-enable people to regain their independence.

Key Ring Support Network

A supported living network made up of a number of ordinary homes for people who need support; a community volunteer lives in one of the homes and helps members. Paid workers are also available to give support.

Long Term Conditions

Long term conditions are health conditions that last a year or longer, impact on a person's life, and may require on-going care and support.

Managed Budget

Where a person asks the council to directly provide them with services to the value of their personal budget.

Outcome

End result, change or benefit for an individual who uses social care and support services.

Personal Budget

A money allocation available to someone who needs support; the money comes from the Council's social care funding.

Personal Health Budget

A personal health budget is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team.

Personalisation

New approach to adult social care that is tailored to people's needs and puts them in control.

Power of Attorney

The authority to act for another person in specified or all legal or financial matters.

Preventative Services

Services that involve early interventions to prevent long term dependency or ill health.

Reablement

Helping people to regain the ability and confidence to do some or all of the things they used to, such as cooking for themselves, bathing without help or getting to the shops.

Rehabilitation

Treatment or treatments designed to facilitate the process of recovery from injury, illness, or disease to as normal a condition as possible.

Residential Care

Care provided in a care home.

Respite

A time limited period away from home in a residential setting which could be for a few days or up to two weeks depending on the assessed needs of you and your carer. You will be notified on admission of the planned length of stay and given a date on which it is planned that you will return home.

Safeguarding

Protecting vulnerable people from neglect or physical, financial, psychological, verbal or other forms of abuse.

Safeguarding Adults Board

The safeguarding adults board focuses on the core safeguarding agenda - prevention, identification, investigation and treatment of the abuse of vulnerable

adults. It develops safeguarding policies and procedures, participates in the planning of safeguarding services, gives guidance and direction to those responsible for service delivery and champions good practice.

Self-directed Support

Self-directed support is about people being in control of the support they need to live the life they choose.

Service User

An individual who is in receipt of social care services.

Social Enterprise

A business with primarily social objectives whose surpluses are principally reinvested for that purpose.

Solution

The most appropriate method of meeting an individual's needs.

Supported Living Schemes

Schemes that help adults to live as independently as possible in the community.

State Benefits

Money paid, by an agency of the Department of Social Security, such as the Department of Works and Pensions, or Disability Living Foundation Unit.

Support Plan

This is a document that sets out what services or help you need and who will do these things.

Supporting Evidence

Birth, Marriage or Death Certificate, bank books or statements, benefit books or pay slips that confirm personal details such as

full name and date of birth and the sort and amount of financial assets that you hold.

Think Local Act Personal

Think Local Act Personal is a group of over 30 national partners that are committed to real change in adult social care. Their goal is for people to have better lives through more choice and control over the support they use; often referred to as "personalisation".

Third Sector

Voluntary or not for profit sector.

Time Banking

Time banking is designed to support people who help others, and to offer support to those that need it. Every hour spent doing something for somebody, generates a time credit. Each time credit can then be exchanged for an hour of someone else's time.

Urgent Care Team (*formally Rapid Response*) A service that focuses on preventing avoidable hospital attendances and admission, treating and supporting individuals who have gone into crisis whether they have a health or social care need.

Vulnerable Adult

A person aged 18 or over who may be unable to take care of themselves, or protect themselves from harm or exploitation due to mental health problems, disability, sensory impairment, frailty or other conditions.

Wellbeing

Health and happiness.



01472 256 256

focus@nhs.net

www.focusadulthoodsocialwork.co.uk

focus independent adult social work
Heritage House
Fisherman's Wharf
Grimsby
North East Lincolnshire
DN31 1SY

For booklet amendments or additional copies
please contact focus on 0300 330 2940 or email
focus.data@nhs.net