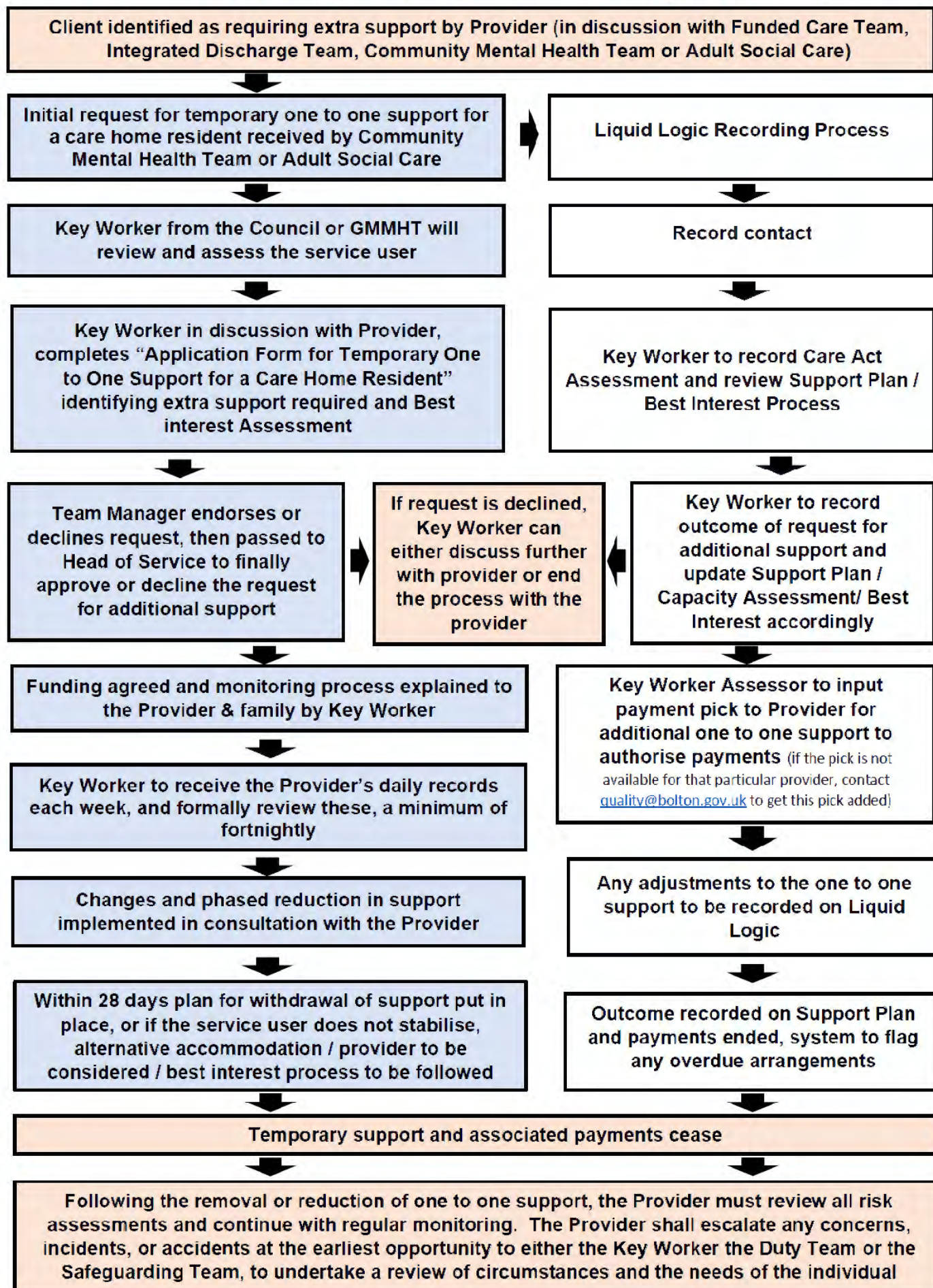
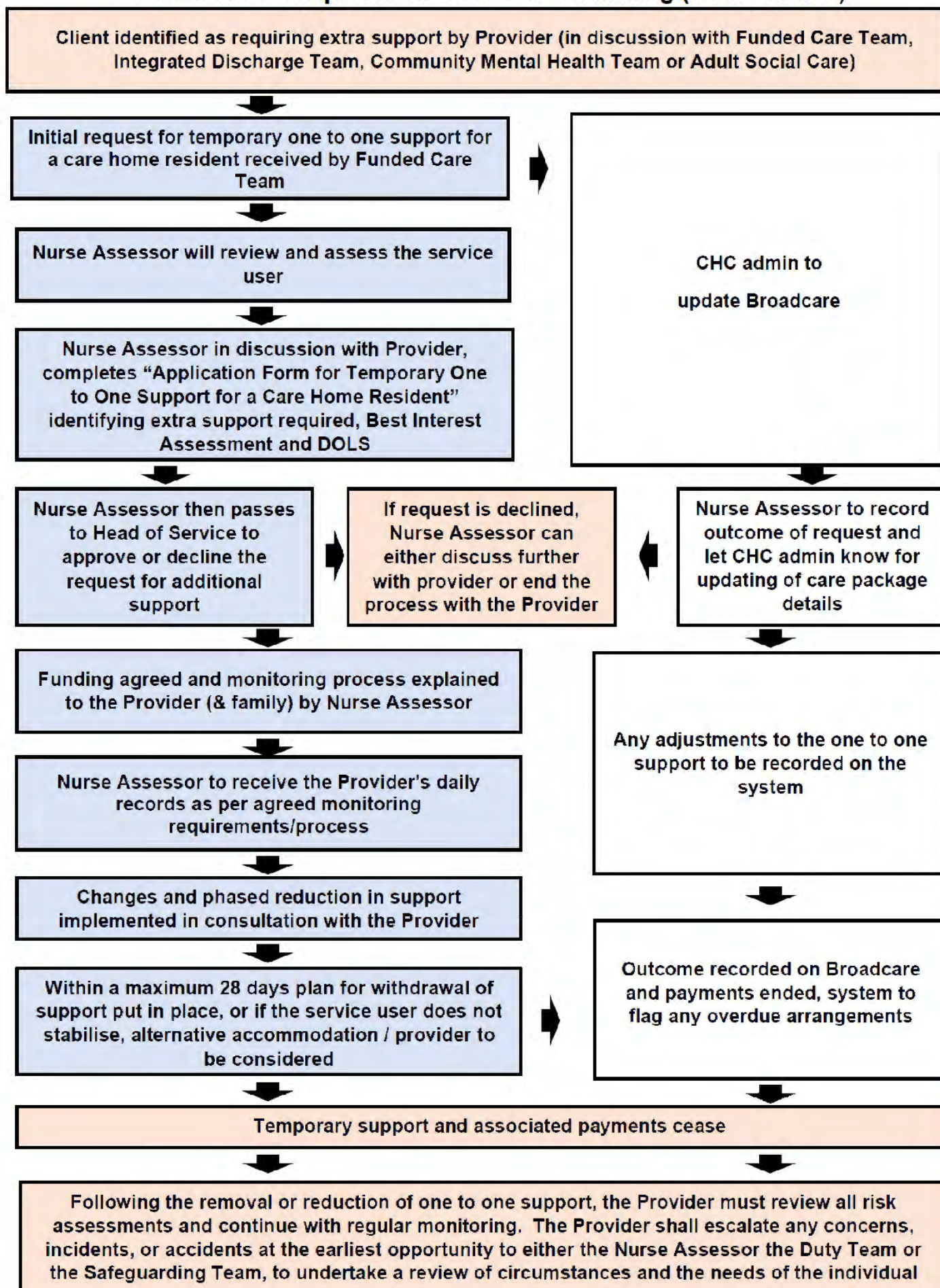


Process Flow: Requests for One to One Funding (LA Funded)



Process Flow: Requests for One to One Funding (CCG Funded)



Guidance for Requesting Extra Funding

- If the individual requires extra support the practitioner is expected to document evidence of support required and how it is being used.
- With one-to-one support, there should be regular interactions recorded and evidence of activities undertaken. One to one care should not be put in place where an individual is merely 'followed round'.
- The extra support should enable the individual to participate in either general activities or to provide opportunity for them to have individual attention.
- The extra support is also to provide increased resources to manage daily activities such as hygiene, diet, and fluid intake.
- Monitoring charts should usually be updated a minimum of hourly, these should detail the previous hour's activities, it may be that in some instances the requirement is for updates every 15 minutes, this shall be discussed with the provider as part of the set-up process. Any behaviours or events that happen in between should also be recorded including the use of any PRN medication or distraction techniques. This does not replace the Provider's own existing monitoring processes.
- If the extra care is for particular times of day, then the monitoring forms must be completed for those times.
- To ensure continued funding of the one-to-one care it is essential that monitoring forms are completed, returned, and reviewed usually on a weekly basis, though on occasions these may be required more frequently, if this does not occur funding may be withdrawn.

One to One Care Monitoring Record

Name:		NHS / Liquid Logic / Broad Care Number:		
Description of behaviour(s) to be recorded:				
Date	Time (please include breakdown half hourly or as agreed in referral)	Activities and Behaviour (please identify triggers to the behaviour)	Interventions and Comments	Name of Person Completing Record

Original records must be retained by the care home. Copies should be shared every week via secure email to either Bolton Council's Care Management or NHS Bolton CCG Funded Care Team or GMMH Community Mental Health Team as appropriate

Application Form for Temporary One to One Support for a Care Home Resident

Service User/ Patient Name:			
Date of Birth:		Date of Admission:	
NHS Number:		Liquid Logic or Broad Care Number:	
Home Address: Telephone Number:	Or		
Current GP: Practice Address: Telephone Number:			
Currently Funded by:	Continuing Healthcare/ Funded Nursing Care	Local Authority	Self-Funder
	Name of CCG funding the patient:		
Request Completed By: (Name and Role)			
Other Professionals Involved	Name	Contact Number & Email	
Social Worker			
Community Mental Health Worker			

Medical History (include diagnosis dates if known)

[illegible]

Summary of Current Health Needs

[illegible]

Request for Extra Funding (include the number of hours required daily and anticipated length of time required)

Reason Extra Funding Requested (include details of expected outcome)

--

Signed:

Dated: