WIRRAL

NHS
Wirral Clinical Commissioning Group

Funding Request

Joint Mental Health Complex Commissioning Panel

To be submitted electronically to WICCG.Wirralcomplexcare@nhs.net

Please note that unless **all fields** are completed this application will not be accepted.

Please **do not** use this form for reviews. There is a separate template for reviews.

Date of Panel Meeting ……

1.	Individual:		
2.	Date of Birth:		
3.	NHS Number:		
4.	Ethnicity		
5.	Marital status		
6.	Liquid Logic Reference:		
7.	Address:		
8.	MHA Status (please include section 117):		
9.	GP and Contact Details:		
10.	Lead Worker & Contact details:	Health	Social Care
		Name: Title: Organisation: Address: Email: Telephone: Mobile: **Date Completed:** Signature:	Name: Title: Organisation: Address: Email: Telephone: Mobile: **Date Completed:** Signature:
11.	Case to be presented at panel by:		

<table>
<tr><td>12.</td><td colspan="2">Is the individual aware of this application and do they consent to it? (please include details if MCA has been implemented)</td><td colspan="3"></td></tr>
<tr><td rowspan="3">13.</td><td colspan="5">Decision required from panel:</td></tr>
<tr><td colspan="2">New Package</td><td></td><td>Increase to existing Package</td><td></td></tr>
<tr><td colspan="2"></td><td></td><td>Reduction from existing package</td><td></td></tr>
<tr><td>14.</td><td colspan="2">**Current** package of support (including provider details, breakdown of costs) and detailing any self-funded care:</td><td colspan="3"></td></tr>
<tr><td rowspan="2">15.</td><td rowspan="2">**Current** costs to</td><td>Social Care:</td><td colspan="3"></td></tr>
<tr><td>Health:</td><td colspan="3"></td></tr>
<tr><td>16.</td><td colspan="2">Why is the existing Package of Care not appropriate to meet the current needs of the individual?</td><td colspan="3"></td></tr>
<tr><td>17.</td><td colspan="2">Is the individual and their family satisfied with the provision of care?</td><td colspan="3"></td></tr>
<tr><td rowspan="2">18.</td><td rowspan="2">Identified unmet need</td><td>Social Care:</td><td colspan="3"></td></tr>
<tr><td>Health:</td><td colspan="3"></td></tr>
<tr><td>19.</td><td colspan="2">Request for Panel to consider
(Please include rationale why existing resources cannot meet this need and state what has already been accessed or considered)</td><td colspan="3"></td></tr>
</table>

20.	Expected outcome of recommended intervention (Benefits to Individual)			
21.	Options that have been considered to meet need (Not required if no change to existing package) Please include an options appraisal, highlighting the preferred option and providing a supporting rationale – this can be an embedded document if appropriate *A minimum of 3 options is expected, subject to procurement procedures*			
22.	Care Coordinator Outcome Based Care Plan			
23.	Proposed provider and address			
24.	Proposed address for client			
25.	Breakdown of **proposed** costs		Weekly	
			Annual	
			One off	
			Total average weekly	
26.	**Proposed** costs to	Social Care:		
		Health:		
27.	**Proposed** start date			
28.	**Proposed** end/review date			
29.	Supporting information		**Checklist**	**Please embed electronically**
			Social Care Assessment , dated…	

		Detail of Careplan of care to be commissioned dated….	
		Proposed Provider Service schedule and Pen Picture circulated to potential providers, dated….	
		Health Assessments (please list and date):	
		Risk Assessment, dated…	
		If appropriate, CHC Checklist, dated……	
		If appropriate, Decision Support Tool , dated…	
		Others: please state, e.g supporting letter from clinician, dated…	

30.	If completed, Summary of Decision Support Tool:	**Care Domains**	Pri	Sev	Hig	Mod	Low	No
		Behaviour						
		Cognition						
		Psychological Needs						
		Communication						
		Mobility						
		Nutrition, Food and Drink						
		Continence						
		Skin, including tissue viability						
		Breathing						
		Drug, Therapies & Medication						
		Altered States of Consciousness						
		Other significant care needs						
31.	Please provide a Summary pen picture of the individual's situation, the impact of the individual's health needs, relevant history, current needs and identified significant risks							

32.	Team Manager	Health	Social Care
		Name: Title: Signature: QA date:	Name: Title: Signature: QA date:
	Team Manager's comments		