

Mosaic Workflow: Mental Health

| Next actions ke | <u>ey:</u> |
|-----------------|--|
| | Workflow steps proposed |
| | Additional workflow steps that can be selected |
| | Dead end workflow step (ends the workflow chain) |

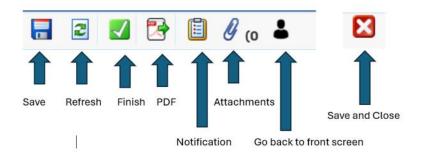
Referral and Assessment

This workflow step is created from 'Start' and is the first step in the Mental Health workflow chain. It combines both the Referral step and Assessment step in one.



Workflow step navigation

When the workflow step opens, your toolbar at the top is as follows:





Forms for completion within the Referral and Assessment

You will note there are already forms waiting for you when you open this step.

- AMH/ SAMH Referral and Assessment form

reasons.

- PI form- Assessment (which includes a section for 'Next actions')

| AMH/SAMH - Referral and Assessment : Tanija Test 2138438 | | | | | | | |
|--|--|---------------|--|--|--|--|--|
| Ξ 🗹 📴 🖉 το 🚢 | | | | | | | |
| PI Form - Assessment AMH/S | PI Form - Assessment AMH/SAMH Referral and Assessment form | | | | | | |
| Sections 1. Mandatory PI Information | | | | | | | |
| 1. Mandatory PI Information | | | | | | | |
| 2. Next actions PI Referral Information | | | | | | | |
| indicates completed section Referral Route* | | | | | | | |
| | Community / Other route | O Discharge 1 | | | | | |

AMH/ SAMH Referral and Assessment form: It requires minimal information to be inputted here. However, you should also be uploading the word document version of your Conversation 3/ Care Act Assessment, which will include a support plan. You can upload this via the $\mathscr{G}_{(0)}$ icon in the toolbar (it will then automatically appear under documents on the person's main file).

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|---|------------------------------------|--|
| PI Form - Assessment AMH/S | AMH Referral and Assessment form | |
| Sections | 1. Referral and Assessment Details | |
| 1. Referral and Assessment Details | Date referral received | |
| indicates completed section | Referrer Name | |
| | Referral Source Please Select 🗸 | |
| | Referral Method Please Select 🗸 | |
| | | |

| PI Form - Assessment: You will need to answer all questions listed on this form, for reportin |
|---|
|---|

| Sections | 1. Mandatory PI Information | | |
|--------------------------------|---|--|--|
| 1. Mandatory PI Information | | | *indicates |
| 2. Next actions | PI Referral Information | | |
| indicates completed section | | | |
| | Referral Route* | | |
| | ○ Community / Other route | O Discharge from Hospital | Intervention to avoid hospital admission |
| | Client transferred from Children's (transition) | ○ Self-funder with depleted funds | damason |
| | Outcome of Referral* | | |
| | O Assessment | \bigcirc Signposted to other services only | OT / Sensory needs assessment only |
| | Housing and outreach assessment only | ○ 100% NHS funded care | O No services provided - deceased |
| | No services provided - any other reason | | |

If you're completing this step on behalf of a mental health practitioner, they need to provide you with all this information.



Optional forms within this step:

Under the forms/letters icon in the toolbar, you will find optional forms available. These are mainly old forms we no longer use. However, please do use the Proposed Indicative Budget Allocation-Urgent Care form, to generate a budget, before sending your request to the purchasing team:

| AMH/SAMH - Referral and Assessment : Tanija Test 2138438 | | | | | |
|--|---|--|--|--|--|
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| PI Form - Assessment AMH | /SAMH Referral and Ass | Optional forms and letters | | | |
| Sections | 1. Mandatory PI I | Forms | | | |
| 1. Mandatory PI Information | | Care and Support Plan | | | |
| 2. Next actions | PI Referral Informat | Enabling Plan and Review Proposed Indicative Budget Allocation (Overview) | | | |
| indicates completed section | Referral Route* Community / Ot Client transferre (transition) | Proposed Indicative Budget Allocation-Urgent Care Cancel | | | |

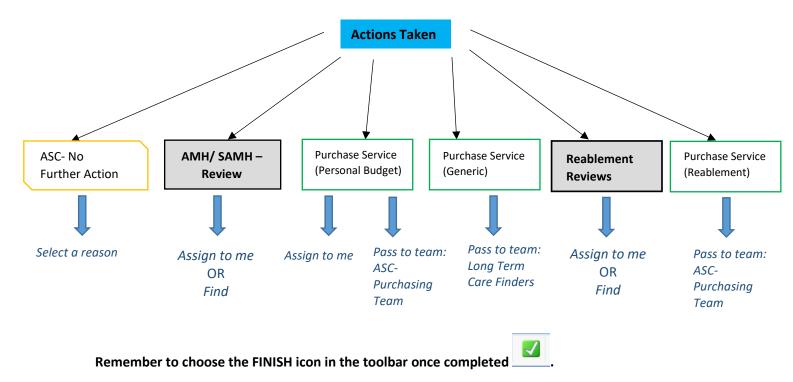
Choosing a Next action

The **Next actions** listed below, are all the possible actions that can be selected as an outcome of this workflow step.

| PI Form - Assessment | AMH/S | AMH Referra | | | |
|--------------------------------|--------|-------------|---------------|--|---------|
| Assessment | Ann, S | | Next actions | | |
| Sections | | 2. Next a | Select action | Please select 🗸 🗸 | |
| 1. Mandatory PI Information | | Next Actic | | Please select AMH/SAMH - 6 Week Review | |
| 2. Next actions | | | Note | ASC - No Further Action | |
| indicates completed se | ction | | | Purchase Service (Generic) Purchase Service (Personal Budget) | |
| | | | | Purchase Service (Reablement) | |
| | | Next | | Reablement Reviews | |
| | | | Priority | | |
| | | | 🔿 Å Urgent | 🖲 🗎 Normal | 🔿 🎦 Low |
| | | | | | |
| | | | | | |

- If requesting for ongoing services to be put in place, you would select AMH/ SAMH- 6 Week Review, AND either Purchase Service (Personal Budget) if it's community support OR Purchase Service (Generic) if it's a residential or nursing placement.
- <u>If requesting for a reablement service to be put in place</u>, you would select **Reablement Reviews**, **AND Purchase Service (Reablement).** *Please note*, you would also have uploaded a Conversation 2 word document form prior to this.





Review

As the person will already have a service in place, an **AMH/ SAMH Review** workflow step will be available on the person's main file under 'Current work'. This can simply be started.

| Person sum | mary | - Ms Tanija Test (21 | 138438) born 19 Dec 1974 (49 years | s old) | |
|-------------------------|--------|----------------------|---|--------------------------|---------------------------|
| Person details | > > | Summary Cas | se history | | |
| Case notes Documents | | Demographic | information | Case status | |
| Visits | | Address | <u>Change</u> | Open 12 Aug 2024 | |
| Education | > | Main address | 1 TEST SQUARE | | |
| Health | > | | LONDON AA1 1AA (<u>View map)</u> | Current work | Workflow map History |
| Consent Legal status | | | Authority: Camden Ward: Holborn and Covent Garden Cluster team(s): No teams serve | AMH/SAMH Assigned to: | - Review Nicola Antoni |

Forms for completion within the AMH/ SAMH Review

Within the Review workflow, you will only find the **PI Form- Review (On-going)** form, where the necessary information needs to be completed for reporting reasons. As before, the '**Next actions**' are a section of this form:

| AMH/SAMH - Review : Tanija T | est 2138438 | | | | | |
|--------------------------------|-----------------------------|--|--|--|--|--|
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| PI Form - Review (On-going) | | | | | | |
| Sections | 1. Mandatory PI Information | | | | | |
| 1. Mandatory PI Information | | | | | | |
| 2. Next actions | August 2024 | | | | | |
| ✓ indicates completed section | | | | | | |
| | Referral Route* | | | | | |



If you're completing this step on behalf of a mental health practitioner, they need to provide you with all this information.

You will also need to upload the word document version of the What matters Review, which includes the support plan. You can upload this via the $\mathcal{Q}_{(0)}$ icon in the toolbar (it will then automatically appear under documents on the person's main file).

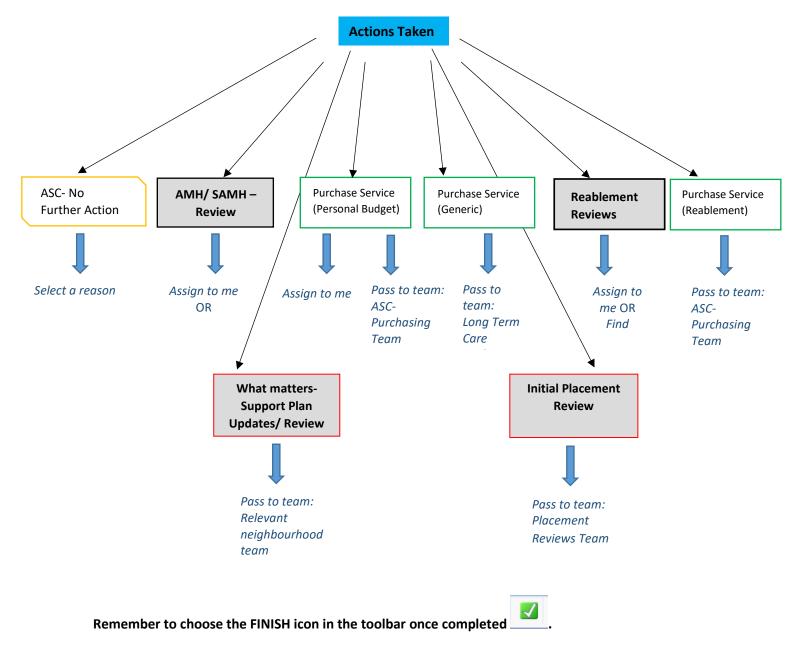
Choosing a Next action

The **Next actions** listed below, are all the possible actions that can be selected as an outcome of this workflow step.

| AMH/SAMH - Review : Tanija Test 2138438 | | | | | |
|---|------------|---------------|--|--|--|
| 🗟 🗹 🔁 🖥 🖉 | 0 | | | | |
| PI Form - Review (On-going) | | Next actions | | | |
| Sections | 2. Next a | Select action | Please select V | | |
| 1. Mandatory PI Information | Next Actic | | AMH/SAMH - Annual Review | | |
| 2. Next actions constructed section | | Note | ASC - No Further Action Initial Placement Review | | |
| Indicates completed section | | | Purchase Service (Generic) Purchase Service (Personal Budget) Purchase Service (Person | | |
| | Next | Priority | Purchase Service (Reablement) Reablement Reviews | | |
| | | 🔿 🕭 Urgent | What matters - Support Plan Updates/Review | | |
| | | | | | |

- If the ongoing service is going to continue, you would select AMH/ SAMH- Annual Review.
- <u>If you need to make amendments to the service</u>, you will also need to send a purchasing outcome to the Purchasing Team- either **Purchase Service (Personal Budget)** if it's community support **OR Purchase Service (Generic)** if it's a residential or nursing placement.
- <u>If requesting for a reablement service to be put in place</u>, you would select **Reablement Reviews**, **AND Purchase Service (Reablement).** *Please note, you would also have uploaded a Conversation 2 word document form prior to this.*
- <u>If you are passing on the case to ASC</u>, you would select one of their reviews- either **What** matters- Support Plan Updates/ Review for the community or Initial Placement Review for residential or nursing placement.





Reablement

From your previous workflow step (either AMH/ SAMH - Referral and Assessment or AMH/ SAMH - Review), you would have selected two actions, **Reablement Reviews** and **Purchase Service** (Reablement).

Within the Reablement Reviews step, you will find the PI Form- Reablement form where the necessary information needs to be completed for reporting reasons:

| Reablement Reviews : Tanija | Test 2138438 | | | |
|--------------------------------|---|--|-----------------------------------|-----------|
| . 2 V 5 8 5 | • 🖉 (o 💄 | | | |
| PI Form - Reablement | | | | |
| Sections | 1. Mandatory PI Information | | | |
| 1. Mandatory Pl Information | | | | |
| 2. Hospital Discharge ONLY | PI Referral Information | | | |
| 3. Next actions | Referral Route* | | | |
| orindicates completed section | Community / Other route | O Discharge from Hospital | O Intervention to av admission | |
| | Client transferred from Children's (transition) | \bigcirc Self-funder with depleted funds | 1 | gust 2024 |
| | Outcome of Referral* | | | 5 |
| | Assessment | \bigcirc Signposted to other services only | OT / Sensory nee | |



As before, the '**Next actions**' are a section of this form. You will not need to complete section 2. of the form.

You will also need to upload the updated word document version of the Conversation 2 form/ Reablement goal and timetable, which details your reviews. You can upload this via the $\mathcal{Q}_{(0)}$ icon in the toolbar (it will then automatically appear under documents on the person's main file).

If ongoing services are required as an outcome of reablement, a Conversation 3/ Care Act assessment would also need to be uploaded here.

Choosing a Next action

The **Next actions** listed below, are all the possible actions that can be selected as an outcome of this workflow step.

| Reablement Reviews : Tanija Test 2138438 | | | | | | |
|--|------------|---------------|--|-----|--|--|
| \Xi 🖸 🛃 🔁 🛅 | 🖉 (o 🖁 | • | | | | |
| PI Form - Reablement | | | | | | |
| | | Next actions | | | | |
| Sections | 3. Next a | Select action | Please select 💊 | | | |
| 1. Mandatory PI Information | Next Actic | | Please select AMH/SAMH - Review | | | |
| 2. Hospital Discharge ONLY | | Note | Careline Referral Conversation 3: What matters - Building a good life | | | |
| 3. Next actions | | | No further action (specify reason below) Purchase Service (Generic) | | | |
| indicates completed section | Next | Priority | Purchase Service (Personal Budget) Purchase Service (Reablement) | | | |
| | | O 🕭 Urgent | Sensory Needs Assessment What matters - Support Plan Updates/Review | _ow | | |

- <u>If you need to make amendments to reablement during the 4 week period</u>, you would choose **Purchase Service (Reablement)**, to make this request with the Purchasing team.
- If an ongoing service is required as an outcome of reablement, you would select AMH/
 SAMH- Review. AND either Purchase Service (Personal Budget) if it's community support
 OR Purchase Service (Generic) if it's a residential or nursing placement.
- If an ongoing service is required, but this needs to be passed to ASC for assessment,
 Conversation 3: What matters- Building a good life can be selected and sent to the relevant neighbourhood team.
- If the ongoing service is already in place as an outcome of reablement, but the Review needs to be sent to ASC, What matters- Support Plan Updates/ Review can be selected and sent to the relevant neighbourhood team.



• You can also refer to Careline via **Careline Referral**, or to Sensory needs via **Sensory Needs** Assessment (not shown in the actions taken below).

For Careline: You would send the Careline Referral workflow to yourself to complete.

<u>For Sensory Needs</u>: You would send the Sensory Needs Assessment to *Sensory Deaf and* Hard of Hearing ASC or Sensory Vision ASC.

