

Adults Quick Guide

Commissioning Planned Services

The workflow required to plan and cost for all new planned (personal budget) services and permanent changes to existing services is:

New Case =

Adult My Assessment/Adult My Transition Assessment including the (Adult) My Care and Support Plan and (Adult) Support Plan Costings optional forms > Adult Purchase Service Request

Open Case =

Adult My Review including the (Adult) My Assessment*, (Adult) My Care and Support Plan and (Adult) Support Plan Costings optional forms > Adult Purchase Service Request

*(Adult) My Assessment should be completed if there is a change in the person's needs or circumstances.

The **Adult Personal Budget Letter** template is available in the Adult My Assessment and Adult My Review steps.

It should always be completed and provided to the person / their representative whenever support plan costings are created or updated.

Refer to the **Assessment, Plan and Review Activity – Hints and Tips** user guide for further details about these steps, forms and letters.

Support Plan Costings

Services should be costed within the **(Adult) Support Plan Costings** optional form. This form is located within the **Adult My Assessment** and the **Adult My Review** steps.

Please refer to the **Support Plan Costings Hints and Tips** user guide for further guidance around completing the support plan costings form and the **Assessment, Plan and Review Activity – Hints and Tips** user guide for further guidance around recording a plan within an assessment or review step.

To cost for services you must select the relevant 'Service Type' checkbox(es).

Existing ongoing services will automatically display, these can be amended as required.

Services which are no longer required can be 'unticked'.

Small changes to existing services can also be made within the review.

To ensure that the 'proposed cost of services per year/per week' is correct services must have the correct number of units (days, nights, or hours dependent on service type) and the correct unit cost.

At the end of your assessment or review, you will need to:

- make sure you have recorded a next action of **Adult Purchase Service Request** and assigned it to yourself (**Assign to Me** button)
- make sure you have recorded a next action of **Adult Initial/Annual Review Conversation** and assigned it to yourself (**Assign to Me** button), another worker (Pass to worker > **Find** button) or the relevant team (Pass to team dropdown menu) as appropriate
- add any other relevant next actions


Purchase Service Request



To start the **Adult Purchase Service Request** step, from within the person's record:

- Click the **Incoming work** icon  within **Current work** on the **Person summary** screen
- Click **Start work** from the menu

The **Adult Purchase Service Request** will open in a separate window

Section 1. Personal Details

Information will prepopulate into the fields marked with the **blue cog** . If some information is missing or incorrect, it can be added or edited by:

- clicking the **Show subject summary** icon  to minimise the workflow step window
- editing the information on the **Person summary** screen (user guides on updating the person's details can be found on the **Mosaic Hub**)
- maximising the workflow step window and clicking the **Refresh current form** icon  to update the information in these fields

Purchasing Team = Select as appropriate from the dropdown menu.

For joint worked cases, the leading team should be selected as the purchasing team. This is usually based on the **Primary Support Reason** (Service User Group).

For hospital cases, the purchasing team will vary depending on the type of service required:

- For temporary admission (short term) residential and nursing services, select the Hospital Team.
- For permanent residency (long term) residential and nursing services or brokered home care services, select the relevant Area Team based on where the person lives.

Budget Code = Detail Cost and GL codes and specific service details so that services can be purchased correctly. This will ensure costs are paid from the correct budget. Any joint funding arrangements with health services, such as LPFT, also need to be detailed here.

An Area Team practitioner should use the Area cost code if they are arranging for a person to be discharged from hospital into a temporary admission (short term care).

Sections 2 – 5

These sections will populate with information recorded in the **Support Plan Costings** form within the assessment or review step.

If details are incorrect you will need to arrange for the purchase service request to be deleted and then assessment/review to be re-opened so the costings can be amended and re-authorised before you start a new purchase service request.

To do this, contact the **Mosaic Service Desk**

- **LCC staff** should use Our Intranet > Mosaic Requests > Change Person Record/Workflow
- **Non LCC staff** should call 01522 555555

Only the sections relating to the **Service Types** selected in the **Support Plan Costings** form will display information.

Existing or ongoing services will display alongside any new services being requested.

For each service displayed, you must use the **Type of Service Request** dropdown menu to state whether the service is a:

- New Service(for any brand new services)
- Change in Service (for any permanent changes)
- No Change in Service(for current services already in place which are not changing)

You must also complete all other necessary details for each service, such as the start date, provider, break down of hours/days, room number, etc.

Certain fields are mandatory e.g. the start date, provider (supplier) and room number are mandatory for permanent residency (long term) residential or nursing care.

If you are searching for an organisation to add them as a supplier/provider e.g. to add an out of county care home for temporary admissions or permanent residency and you cannot find them you should email CommercialTeamPeopleServices@lincolnshire.gov.uk

The Commercial Team arrange for all new suppliers/providers to be set up on Mosaic once a signed contract has been received.


For current services already in place and which are not changing i.e. those selected as **No Change in Service**, you should not need to record any other details. There are some exceptions; the mandatory questions will be highlighted where it is necessary for you to re-record missing details.

You will not be able to finish the **Adult Purchase Service Request** until all necessary fields have been completed.

Section 6. Direct Payment Suspension and Termination Checklist

If you indicate that you are ending a direct payment service the checklist will display in this section.

You must also record details of the direct payment service to be ended within section 7.

Once the checklist and rest of the workflow step are complete you must send the **Adult Authorise DP Termination/Suspension** request to your manager (available in the **Requests** icon .

Section 7. Services No Longer Required

This section can be used to request services are ended.

Use the **Add** button to specify the type of service, end date and other relevant details regarding the service(s) to be ended.

If ending a direct payment service it should be listed here, as well as completing the checklist in section 6.

Next actions

At the end of your **Adult Purchase Service Request**, you should record the relevant next action(s).

Although there are various actions available from this workflow step, only two relate to planned services. The appropriate next action(s) will depend on your person's package of support:

- **Adult Non-Homecare Services Required**

To be used for

- non-homecare services
- homecare services not arranged by Brokerage e.g. when provided by a Direct Payment

It should be assigned to the appropriate **inbox*** via the pass to worker dropdown menu

*To decide on the appropriate inbox you should consider the type of 'non-homecare services' being purchased.

- If there are any direct payment services select 'Direct Payments – Inbox'
- If there are no direct payment services but there are residential or nursing care select 'Residential/Nursing Care – Inbox'
- If there are no direct payment or residential or nursing care services select 'Non-brokered Non Res services – Inbox'


If you are purchasing a mixed package you should select the action **Adult Non-Homecare Services Required** once and use the notes box to list the different services types being purchased and send it to one inbox; Serco will pass it to the other inboxes.

- **Adult Homecare Services / Shared Lives Services Required**

To be used for brokered homecare services and Shared Lives services which are **not** provided by a direct payment.

- For brokered homecare services, this action should be assigned to the appropriate **Brokerage zone inbox** via the pass to worker the dropdown menu.
- For Shared Lives services this action should be assigned to the **Shared Lives – Inbox** via the pass to worker the dropdown menu.

Both next actions (**Adult Non-Homecare Services Required** and **Adult Homecare Services / Shared Lives Services Required**) should be recorded if there is a mixture of homecare and non-homecare services.

Once you have recorded the relevant next action(s), you must consider whether you need to use the toolbar icons and then finish the workflow step by clicking the **Finish** icon .