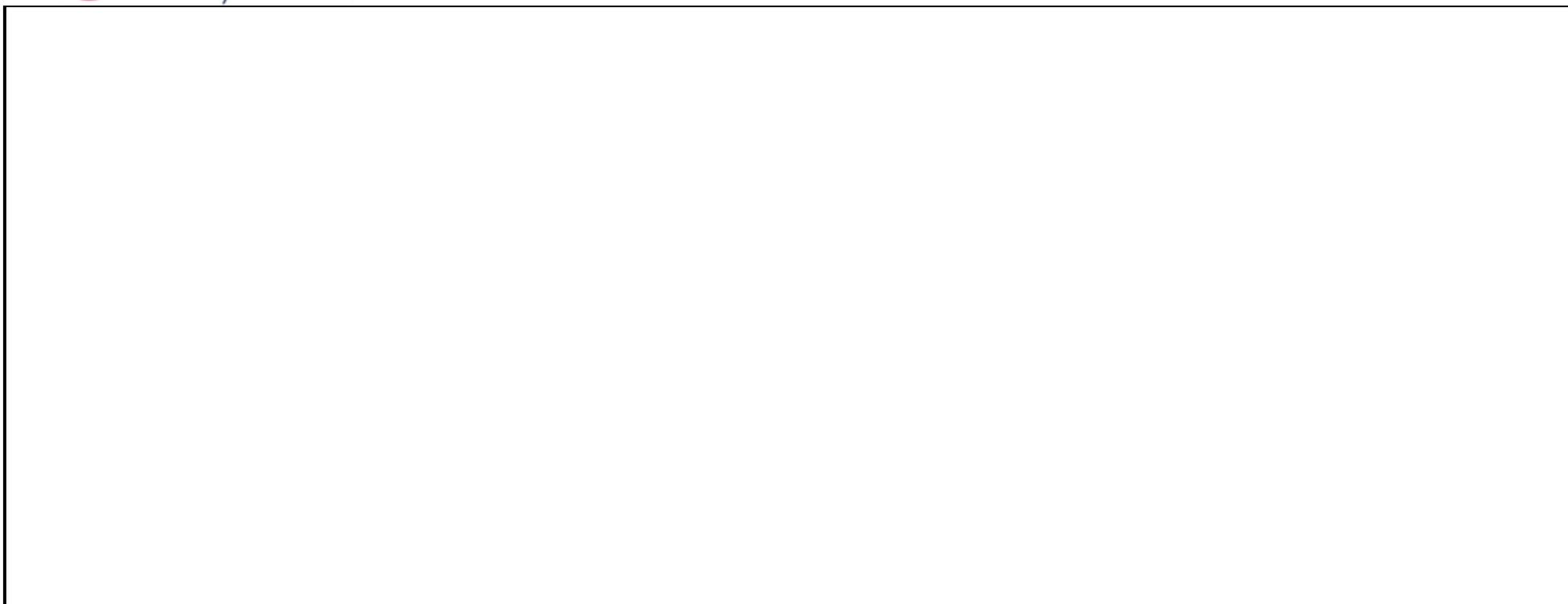


Please Circle Statement A, B, C or D in Each Domain which applies	A	B	C	D
<p>BEHAVIOUR *</p> <p>Mark below if NO NEEDS:</p> <p><input type="checkbox"/></p>	<p>Some incidents of 'challenging' behaviour. A risk assessment indicates that the behaviour does not pose a risk to self, others or property or a barrier to intervention. The person is compliant with all aspects of their care.</p>	<p>'Challenging' behaviour that follows a predictable pattern. The risk assessment indicates a pattern of behaviour that can be managed by skilled carers or care workers who are able to maintain a level of behaviour that does not pose a risk to self, others or property. The person is nearly always compliant with care.</p>	<p>'Challenging' behaviour that poses a predictable risk to self, others or property. The risk assessment indicates that planned interventions are effective in minimising but not always eliminating risks. Compliance is variable but usually responsive to planned interventions.</p>	<p>'Challenging' behaviour of severity and/or frequency that poses a significant risk to self, others or property. The risk assessment identifies that the behaviour(s) require(s) a prompt and skilled response that might be outside the range of planned interventions.</p> <p>OR</p> <p>'Challenging' behaviour of a severity and/or frequency and/or unpredictability that presents an immediate and serious risk to self, others or property. The risks are so serious that they require access to an immediate and skilled response at all times for safe care.</p>
<p>Assessed Level <input type="text"/></p>				
<p>Summary of needs and evidence:</p>				



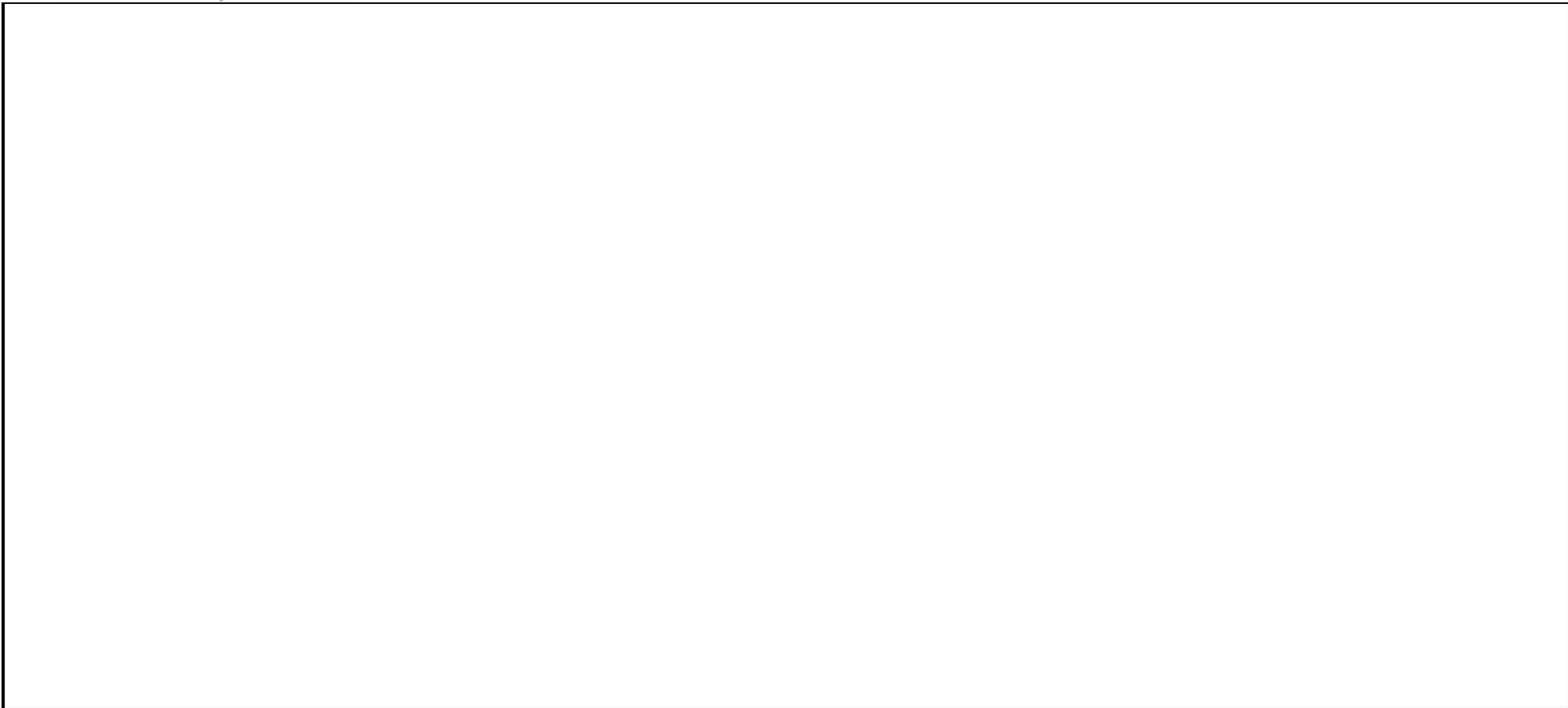
Please Circle Statement A, B, C or D in Each Domain which applies	A	B	C	D
<p>COGNITION *</p> <p>Mark below if NO NEEDS:</p> <p><input type="checkbox"/></p>	<p>Cognitive impairment which requires some supervision, prompting or assistance with more complex activities of daily living, such as finance and medication, but awareness of basic risks that affect their safety is evident.</p> <p>OR</p> <p>Occasional difficulty with memory and decisions/choices requiring support, prompting or assistance. However, the individual has insight into their impairment.</p>	<p>Cognitive impairment (which may include some memory issues) that requires some supervision, prompting and/or assistance with basic care needs and daily living activities. Some awareness of needs and basic risks is evident. The individual is usually able to make choices appropriate to needs with assistance. However, the individual has limited ability even with supervision, prompting or assistance to make decisions about some aspects of their lives, which consequently puts them at some risk of harm, neglect or health deterioration.</p>	<p>Cognitive impairment that could include frequent short-term memory issues and maybe disorientation to time and place. The individual has awareness of only a limited range of needs and basic risks. Although they may be able to make some choices appropriate to need on a limited range of issues they are unable to consistently do so on most issues, even with supervision, prompting or assistance. The individual finds it difficult even with supervision, prompting or assistance to make decisions about key aspects of their lives, which consequently puts them at high risk of harm, neglect or health deterioration.</p>	<p>Cognitive impairment that may, for example, include, marked short-term memory issues, problems with long-term memory or severe disorientation to time, place or person.</p> <p>The individual is unable to assess basic risks even with supervision, prompting or assistance, and is dependent on others to anticipate their basic needs and to protect them from harm, neglect or health deterioration.</p>
<p>Assessed Level <input type="text"/></p>				
<p>Summary of needs and evidence:</p>				

Please Circle Statement A, B, C or D in Each Domain which applies	A	B	C	D
Psychological and Emotional Needs * Mark below if NO NEEDS: <input type="checkbox"/>	Requires prompts to motivate self towards activity and to engage them in care planning, support, and/or daily activities.	Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, which are having an impact on their health and/or well-being but respond to prompts and reassurance.	Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, which do not readily respond to prompts and reassurance and have an increasing impact on the individual's health and/or well-being. OR Due to their psychological or emotional state the individual has withdrawn from most attempts to engage them in care planning, support and/or daily activities.	Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, that have a severe impact on the individual's health and/or well-being. OR Due to their psychological or emotional state the individual has withdrawn from any attempts to engage them in care planning, support and/or daily activities.
Assessed Level	<input style="width: 60px; height: 20px;" type="text"/>			
Summary of needs and evidence:				
<div style="border: 1px solid black; height: 200px;"></div>				

Please Circle Statement A, B, C or D in Each Domain which applies	A	B	C	D
<p>Mobility *</p> <p>Mark below if NO NEEDS:</p> <p><input type="checkbox"/></p>	<p>Able to weight bear but needs some assistance and/or requires mobility equipment for daily living.</p>	<p>Not able to consistently weight bear.</p> <p>OR</p> <p>Completely unable to weight bear but is able to assist or cooperate with transfers and/or repositioning.</p> <p>OR</p> <p>In one position (bed or chair) for the majority of time but is able to cooperate and assist carers or care workers.</p> <p>OR</p> <p>At moderate risk of falls (as evidenced in a falls history or risk assessment)</p>	<p>Completely unable to weight bear and is unable to assist or cooperate with transfers and/or repositioning.</p> <p>OR</p> <p>Due to risk of physical harm or loss of muscle tone or pain on movement needs careful positioning and is unable to cooperate.</p> <p>OR</p> <p>At a high risk of falls (as evidenced in a falls history and risk assessment).</p> <p>OR</p> <p>Involuntary spasms or contractures placing the individual or others at risk.</p>	<p>Completely immobile and/or clinical condition such that, in either case, on movement or transfer there is a high risk of serious physical harm and where the positioning is critical.</p>
<p>Assessed Level <input type="text"/></p>				
<p>Summary of needs and evidence:</p>				

Please Circle Statement A, B, C or D in Each Domain which applies	A	B	C	D
<p>Nutrition – Food and Drink *</p> <p>Mark below if NO NEEDS:</p> <p><input type="checkbox"/></p>	<p>Needs supervision, prompting with meals, or may need feeding and/or a special diet.</p> <p>OR</p> <p>Able to take food and drink by mouth but requires additional/supplementary feeding.</p>	<p>Needs feeding to ensure adequate intake of food and takes a long time (half an hour or more), including liquidised feed.</p> <p>OR</p> <p>Unable to take any food and drink by mouth, but all nutritional requirements are being adequately maintained by artificial means, for example via a non-problematic PEG.</p>	<p>Dysphagia requiring skilled intervention to ensure adequate nutrition/hydration and minimise the risk of choking and aspiration to maintain airway.</p> <p>OR</p> <p>Subcutaneous fluids that are managed by the individual or specifically trained carers or care workers.</p> <p>OR</p> <p>Nutritional status “at risk” and may be associated with unintended, significant weight loss.</p> <p>OR</p> <p>Significant weight loss or gain due to identified eating disorder.</p> <p>OR</p> <p>Problems relating to a feeding device (for example PEG.) that require skilled assessment and review.</p>	<p>Unable to take food and drink by mouth. All nutritional requirements taken by artificial means requiring ongoing skilled professional intervention or monitoring over a 24 hour period to ensure nutrition/hydration, for example I.V. fluids.</p> <p>OR</p> <p>Unable to take food and drink by mouth, intervention inappropriate or impossible.</p>
<p>Assessed Level <input type="text"/></p>				
<p>Summary of needs and evidence:</p> 				

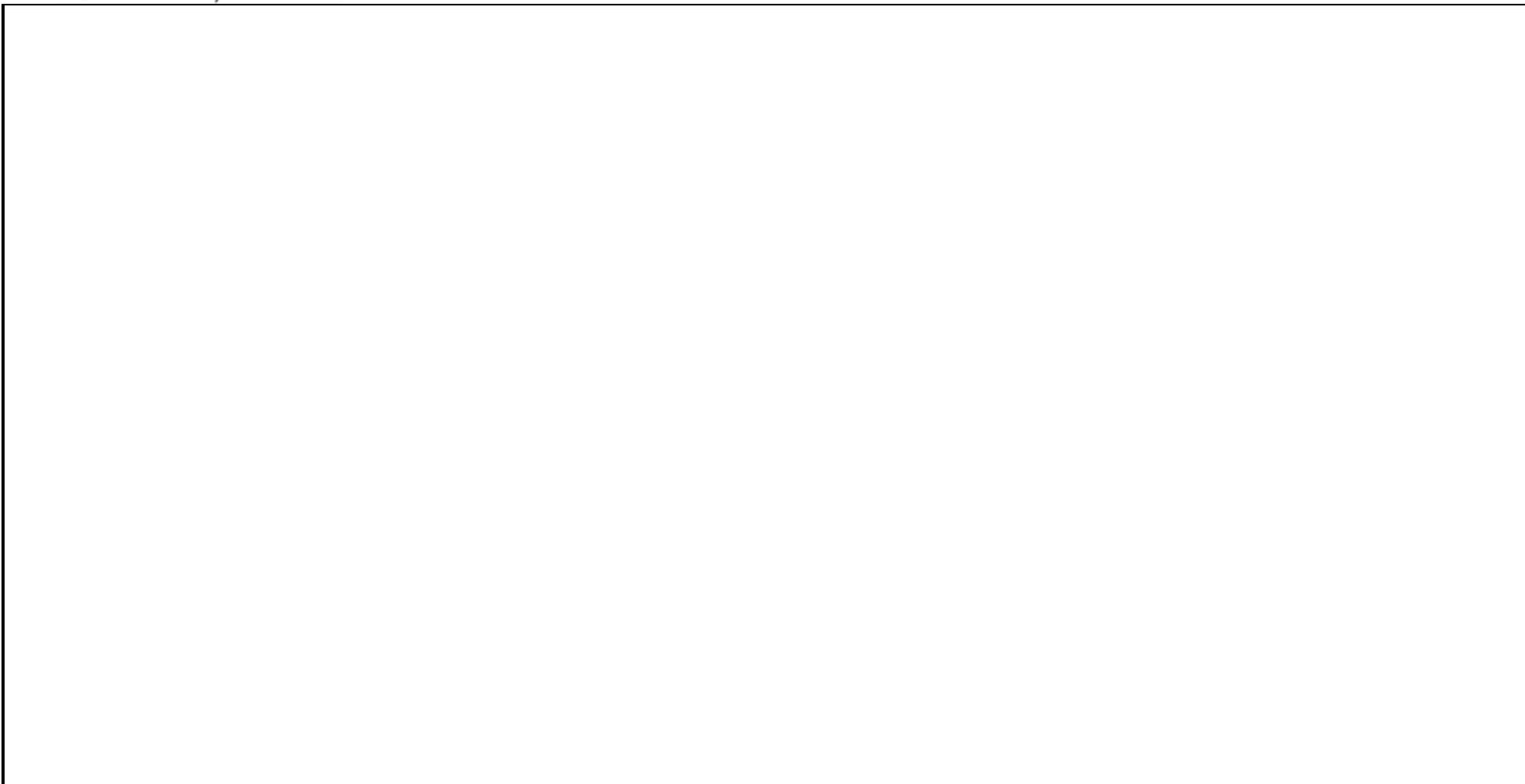
Please Circle Statement A, B, C or D in Each Domain which applies	A	B	C	D
<p>SKIN*</p> <p>Mark below if NO NEEDS:</p> <p><input type="checkbox"/></p>	<p>Risk of skin breakdown which requires preventative intervention once a day or less than daily without which skin integrity would break down.</p> <p>OR</p> <p>Evidence of pressure damage and/or pressure ulcer(s) either with 'discolouration of intact skin' or a minor wound.</p> <p>OR</p> <p>A skin condition that requires monitoring or reassessment less than daily and that is responding to treatment or does not currently require treatment.</p>	<p>Risk of skin breakdown which requires preventative intervention several times each day, without which skin integrity would break down.</p> <p>OR</p> <p>Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is responding to treatment.</p> <p>OR</p> <p>A skin condition that requires a minimum of daily treatment, or daily monitoring/reassessment to ensure that it is responding to treatment.</p>	<p>Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is not responding to treatment</p> <p>OR</p> <p>Pressure damage or open wound(s), pressure ulcer(s) with 'full thickness skin loss involving damage or necrosis to subcutaneous tissue, but not extending to underlying bone, tendon or joint capsule', which is/are responding to treatment.</p> <p>OR</p> <p>Specialist dressing regime in place; responding to treatment</p>	<p>Open wound(s), pressure ulcer(s) with 'full thickness skin loss involving damage or necrosis to subcutaneous tissue, but not extending to underlying bone, tendon or joint capsule' which are not responding to treatment and require regular monitoring/reassessment.</p> <p>OR</p> <p>Open wound(s), pressure ulcer(s) with 'full thickness skin loss with extensive destruction and tissue necrosis extending to underlying bone, tendon or joint capsule' or above</p> <p>OR</p> <p>Multiple wounds which are not responding to treatment.</p>
<p>Assessed Level <input type="text"/></p>				
<p>Summary of needs and evidence:</p>				



Please Circle Statement A, B, C or D in Each Domain which applies	A	B	C	D
<p>BREATHING *</p> <p>Mark below if NO NEEDS: x <input type="checkbox"/></p>	<p>Shortness of breath which may require the use of inhalers or a nebuliser and has no impact on daily living activities. OR</p> <p>Episodes of breathlessness that readily respond to management and have no impact on daily living activities.</p>	<p>Shortness of breath which may require the use of inhalers or a nebuliser and limit some daily living activities. OR</p> <p>Episodes of breathlessness that do not respond to management and limit some daily living activities. OR</p> <p>Requires any of the following: low level oxygen therapy (24%). room air ventilators via a facial or nasal mask. other therapeutic appliances to maintain airflow where individual can still spontaneously breathe e.g. CPAP (Continuous Positive Airways Pressure) to manage obstructive apnoea during sleep.</p>	<p>Is able to breathe independently through a tracheotomy that they can manage themselves, or with the support of carers or care workers. OR</p> <p>Breathlessness due to a condition which is not responding to treatment and limits all daily living activities</p>	<p>Difficulty in breathing, even through a tracheotomy, which requires suction to maintain airway. OR</p> <p>Demonstrates severe breathing difficulties at rest, in spite of maximum medical therapy OR</p> <p>A condition that requires management by a non-invasive device to both stimulate and maintain breathing (bilevel positive airway pressure, or non-invasive ventilation) OR</p> <p>Unable to breathe independently, requires invasive mechanical ventilation.</p>
<p>Assessed Level <input type="text"/></p>				
<p>Summary of needs and evidence:</p>				



Please Circle Statement A, B, C or D in Each Domain which applies	A	B	C	D
<p>Drug Therapies and Medication: Symptom Control *</p> <p>Mark below if NO NEEDS:</p> <p><input type="checkbox"/></p>	<p>Requires supervision/administration of and/or prompting with medication but shows compliance with medication regime.</p> <p>OR</p> <p>Mild pain that is predictable and/or is associated with certain activities of daily living. Pain and other symptoms do not have an impact on the provision of care.</p>	<p>Requires the administration of medication (by a registered nurse, carer or care worker) due to: non-concordance or non-compliance, or type of medication (for example insulin), or route of medication (for example PEG).</p> <p>OR</p> <p>Moderate pain which follows a predictable pattern; or other symptoms which are having a moderate effect on other domains or on the provision of care.</p>	<p>Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for the task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. However, with such monitoring the condition is usually non-problematic to manage.</p> <p>OR</p> <p>Moderate pain or other symptoms which is/are having a significant effect on other domains or on the provision of care.</p>	<p>Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for this task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. Even with such monitoring the condition is usually problematic to manage.</p> <p>OR</p> <p>Severe recurrent or constant pain which is not responding to treatment.</p> <p>OR</p> <p>Risk of non-concordance with medication, placing them at risk of relapse.</p> <p>OR</p> <p>Has a drug regime that requires daily monitoring by a registered nurse to ensure effective symptom and pain management associated with a rapidly changing and/or deteriorating condition.</p> <p>OR</p> <p>Unremitting and overwhelming pain despite all efforts to control pain effectively.</p>
<p>Assessed Level <input type="text"/></p>				
<p>Summary of needs and evidence:</p>				



Hampshire OPMH Matrix assessment

PLEASE ENTER THE SCORE FROM EACH DOMAIN:

Level of need scores	A	B	C	D
Level of need values	SC = 1 H = 0	SC = 0.75 H = 0.25	SC = 0.25 H = 0.75	SC = 0 H = 1

		Social Score	Health Score	A	B	C	D
1	Behaviour			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Cognition			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Psychological Needs			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Communication			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Mobility			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Nutrition – Food and Drink			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Continence			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Skin (including tissue viability)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Breathing			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Drug Therapies and Medication			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Altered States of Consciousness			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total Score =			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total score x 100 ÷ number of domains scored						

Divide the totals only by the number of domains in which you scored the individual.

For all cases proceed as follows:

Round up/down % (figures should be rounded up from 5 and above) e.g. 65 = 70; 63 = 60
 If added together the two figures should = 100 (e.g. 73/27 becomes 70/30 and 66/34 becomes 70/30)

TOTAL Social care = Health =

This outcome gives the % of the placement fee to be paid by social care/health. A score that is 75% or over will become 100% the responsibility of a single organisation

Social care (SC)

Health (H)

75% and over = fully SC funded	70/30	60/40	50/50	40/60	30/70	75% and over = fully health funded
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Working out the cost of a placement

Example for a 70 (social care) / 30 (health) outcome

Placement cost = 456.31 week
 $456.31 \times 70 = 31941.70 \div 100 = 319.417$ (round up to 319.42) Social care to pay £319.42 per week
 $456.31 \times 30 = 13689.30 \div 100 = 136.893$ (round down to 136.89) Health to pay £136.89 per week

Funding outcome: SOCIAL CARE £ wk HEALTH £ wk

Summary/Comments:

- Has this Outcome been discussed with the care provision? YES NO
- Has a Copy of the Matrix been signed by health & social care? YES NO

Social Care Assessor Name:	Social Care Assessor Signature:		Date:
Role:	Organisation:	Telephone No:	email:
Health Assessor Name:	Health Assessor Signature:		Date:
Role:	Organisation:	Telephone No:	email:

Please Return:

To: The Vulnerable Adults Team, Older People’s Mental Health (OPMH) email - WHCCG.OPMHS117@nhs.net

Based at: Omega House, 112 Southampton Road, Eastleigh, SO50 5PB

Domain Guidance

1. Behaviour:

Human behaviour is complex, hard to categorise, and may be difficult to manage. Challenging behaviour in this domain includes but is not limited to:

- aggression, violence or passive non-aggressive behaviour
- severe disinhibition
- intractable noisiness or restlessness
- resistance to necessary care and treatment (this may therefore include non-concordance and non-compliance, but see note below)
- severe fluctuations in mental state
- extreme frustration associated with communication difficulties
- inappropriate interference with others
- identified high risk of suicide

The assessment of needs of an individual with serious behavioural issues should include specific consideration of the risk(s) to themselves, others or property with particular attention to aggression, self-harm and self-neglect and any other behaviour(s), irrespective of their living environment.

2. Cognition:

This may apply to, but is not limited to, individuals with learning disability and/or acquired and degenerative disorders. Where cognitive impairment is identified in the assessment of need, active consideration should be given to referral to an appropriate specialist if one is not already involved. A key consideration in determining the level of need under this domain is making a professional judgement about the degree of risk to the individual.

Please refer to the National Framework guidance about the need to apply the principles of the Mental Capacity Act in every case where there is a question about a person's capacity. The principles of the Act should also be applied to all considerations of the individual's ability to make decisions and choices.

3. Psychological and Emotional Needs:

There should be evidence of considering psychological needs and their impact on the individual's health and well-being, irrespective of their underlying condition. Use this domain to record the individual's psychological and emotional needs and how they contribute to the overall care needs, noting the underlying causes. Where the individual is unable to express their psychological/emotional needs (even with appropriate support) due to the nature of their overall needs (which may include cognitive impairment), this should be recorded and a professional judgement made based on the overall evidence and knowledge of the individual.

4. Communication:

This section relates to difficulties with expression and understanding, in particular with regard to communicating needs. An individual's ability or otherwise to communicate their needs may well have an impact both on the overall assessment and on the provision of care. Consideration should always be given to whether the individual requires assistance with communication, for example through an interpreter, use of pictures, sign language, use of Braille, hearing aids, or other communication technology.

5. Mobility:

This section considers individuals with impaired mobility. Please take other mobility issues such as wandering into account in the behaviour domain where relevant. Where mobility problems are indicated, an up-to-date Moving and Handling and Falls Risk Assessment should exist or have been undertaken as part of the assessment process (in line with section 6.14 of the National Service Framework for Older People, 2001), and the impact and likelihood of any risk factors considered. It is important to note that the use of the word 'high' in any particular falls risk assessment tool does not necessarily equate to a high level need in this domain.

6. Nutrition – Food and Drink:

Individuals at risk of malnutrition, dehydration and/or aspiration should either have an existing assessment of these needs or have had one carried out as part of the assessment process with any management and risk factors supported by a management plan. Where an individual has significant weight loss or gain, professional judgement should be used to consider what the trajectory of weight loss or gain is telling us about the individual's nutritional status.

7. Continence:

Where continence problems are identified, a full continence assessment exists or has been undertaken as part of the assessment process, any underlying conditions identified, and the impact and likelihood of any risk factors evaluated.

8. Skin (including tissue viability):

Evidence of wounds should derive from a wound assessment chart or tissue viability assessment completed by an appropriate professional. Here, a skin condition is taken to mean any condition which affects or has the potential to affect the integrity of the skin.

9. Breathing:

As with all other domains, the breathing domain should be used to record needs rather than the underlying condition that may give rise to the needs. For example, an individual may have Chronic Obstructive Pulmonary Disease (COPD), emphysema or recurrent chest infections or another condition giving rise to breathing difficulties, and it is the needs arising from such conditions which should be recorded.

10. Drug Therapies and Medication: Symptom Control:

The individual's experience of how their symptoms are managed and the intensity of those symptoms is an important factor in determining the level of need in this area. Where this affects other aspects of their life, please refer to the other domains, especially the psychological and emotional domain. The location of care will influence who gives the medication. In determining the level of need, it is the knowledge and skill required to manage the clinical need and the interaction of the medication in relation to the need that is the determining factor. In some situations, an individual or their carer will be managing their own medication and this can require a high level of skill. References below to medication being required to be administered by a registered nurse do not include where such administration is purely a registration or practice requirement of the care setting (such as a care home requiring all medication to be administered by a registered nurse).

11. Altered States of Consciousness (ASC):

ASCs can include a range of conditions that affect consciousness including Transient Ischemic Attacks (TIAs), Epilepsy and Vasovagal Syncope

All domains should be considered in the light of:

- **Nature:** This describes the particular characteristics of an individual's needs (which can include physical, mental health, or psychological needs), and the type of those needs. This also describes the overall effect of those needs on the individual, including the type ('quality') of interventions required to manage them.
- **Intensity:** This relates to both the extent ('quantity') and severity (degree) of the needs and the support required to meet them, including the need for sustained/ongoing care ('continuity').
- **Complexity:** This is concerned with how the needs present and interact to increase the skill needed to monitor the symptoms, treat the condition(s) and/or manage the care. This can arise with a single condition or can also include the presence of multiple conditions or the interactions between two or more conditions.
- **Unpredictability:** This describes the degree to which needs fluctuate, creating challenges in managing them. It also relates to the level of risk to the person's health if adequate and timely care is not provided. Someone with an unpredictable healthcare need is likely to have either a fluctuating, or unstable or rapidly deteriorating condition.

References

This document makes reference to the NHS Continuing Healthcare Decision Support Tool (DST) and has adapted domains and terminology used in the DST, which was created by the Department of Health. You can find the national guidance for CHC and the supporting documents at <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>