Request for funding approval from NHS Birmingham and Solihull (BSOL) ICS

to access mental health support for a Birmingham or Solihull Child in Care placed out of area

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| * This form should be completed in **FULL** and returned **BEFORE** assessment or treatment begins. * A **secure** email address **MUST** be used to share patient identifiable information (PID). The request will need to be sent to the ICS via a secure route, details of which can be located here <https://digital.nhs.uk/services/nhsmail/guidance-for-sending-secure-email>. * A SLA detailing the service to be provided, the total agreed funding and invoicing information will be returned to you if the funding request receives ICS approval. * As a condition of funding, clinical scoring data, a written report on progress and any recommendations must be returned to the ICS following service completion to evidence the outcomes delivered for the young person. * In ADDITION to progress reported to the ICS, all NHS providers must flow paired outcomes scores for this young person to the Mental Health Service Data Set (MHSDS). * If further or ongoing service provision is required, a separate funding request form must be completed.   Please return your completed funding request to: bham.ccp@nhs.net |
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| Section One: Young Person’s Information | |
| Surname: |  |
| Forename(s): |  |
| Date of birth: |  |
| NHS number: |  |
| Date of becoming a Child in Care: |  |
| Date of last health assessment review: |  |
| Current placement address: |  |
| Current GP and practice address: |  |
| Last known Birmingham / Solihull address: |  |
| Birmingham / Solihull GP and practice address at the point of becoming a Child in Care: |  |
| Section Two: Service Information | |
| Service to be funded: |  |
| Reason for referral to this service: |  |
| Service provision start date: |  |
| Service provision end date (estimated if unknown): |  |
| Service provider: |  |
| Service provider Address: |  |
| Service contact name and telephone number/email: |  |
| Additional information in support of this funding application including:   * Any professional assessment undertaken with the recommendation for referral to the proposed service. * For referral to a non-NHS provider, the reason for not accessing NHS CAMHS and assurance of the provider’s professional qualifications and references. |  |
| Section Three: Financial Information | |
| Cost of service:  *Please provide a breakdown per unit of activity*  *e.g. assessment, choice appointment, therapy sessions x no. etc.* |  |
| Total cost of funding request:  *This should include all potential costs e.g. assessments, reports travel costs, room hire and session costs.* |  |
| Section Four: Previous Funding Requests | |
| Has a previous funding request for mental health support for this young person been made? |  |
| Was the funding request approved? |  |
| If yes, please provide the following details:   * Approval date * Approved funding total * Service provided |  |
| Were outcomes following completion of service delivery communicated to Birmingham & Solihull ICS? |  |
| Section Five: Social Worker Information | |
| Social worker name: |  |
| Telephone contact number: |  |
| Email address: |  |
| Team leader / manager’s name: |  |
| Locality office address: Address: |  |
| Social Worker Signature:  Date: | |

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| Section Six: Commissioner Use Only | |
| Details of treatment agreed: |  |
| Length of treatment agreed: |  |
| Authorising Commissioner:  Authorising Commissioner Signature:  Date: | |