

Adult Care

Consent and Capacity to undertake an assessment and share information

Full name:	DOB:	AIS No:	
Assessing your needs and recording information			
<p>Lincolnshire County Council has a duty to undertake assessments of need where it appears someone may need services provided by the Council. As part of your assessment we will also consider whether you are eligible to receive support from the NHS called Continuing Health Care funding. This will involve sharing relevant information from your assessment with the NHS.</p> <p>All Information about you and your needs is recorded electronically and where necessary we share it with other organisations involved with your care and support.</p> <p>The Data Protection Act provides the Council with a framework to safeguard your personal information and sharing would be on a need to know basis. For further information about how your information will be handled please see the Councils Privacy Statement 'How we use your information' leaflet which is available on the Councils website www.lincolnshire.gov.uk, or a copy can be provided upon request.</p> <p>This form records your consent to us undertaking your assessments, to recording them electronically and to us sharing information with those organisations who could help with your care and support.</p> <p>For people who do not have capacity to consent it also records details of any decisions taken in your best interests by either your formally appointed representative or your assessor in relation to consenting to the assessment, recording and information sharing.</p>			
Capacity to consent			
<p><i>The assessor should have regard to Mental Capacity Act 2005 and Code of Practice applying the two stage capacity test considering: Is there an impairment of, or disturbance in the functioning of a person's mind or brain? If so, is the impairment or disturbance sufficient that the person lacks the capacity to make the decisions related to the assessment?</i></p>			
1: Does the person being assessed have the mental capacity to decide whether to consent and co-operate with this assessment including a CHC Checklist and if eligible Decision Support Tool?	Yes (Go to q5)	No	
Where known, briefly record why you believe the person does not have capacity to make this decision:			
2: Does someone have:	a Lasting Power of Attorney for Personal Welfare	Yes	No
	Court Appointed Deputy with a Court Order for Personal Welfare	Yes	No
<p><i>Where a person does not have capacity and there is not a formally appointed representative, the assessor will act as decision maker. Where all parties involved are in agreement the assessment, recording and information sharing will be deemed in the persons best interests and the assessments and CHC screening will continue.</i></p>			
3: Do all people present agree it is in the person's best interests to continue?	Yes	No	
<p><i>Where the person lacking capacity does not wish to be assessed or any involved people do not think the assessment should take place, a full capacity assessment and best interest form should be recorded and filed.</i></p>			
4: Has a full Mental Capacity Assessment and Best Interest Checklist been completed and filed for this decision?	Yes	No	

Information Sharing

5: Has the person indicated that they would like an adult they trust to receive information about their assessment process and the support they may be offered?

Yes

No

If 'Yes' list the adult(s) identified and their relationship to the person:

6: Adult Care sometimes asks voluntary organisations who represent service users to check the quality of the work we do. Do you consent to your contact details being shared with a voluntary organisation so they can contact you about your involvement with Adult Care?

Yes

No

Information sharing for young people in transition:

Sharing information with other departments of Lincolnshire County Council

The information gathered in your assessment will be shared with Children's Services departments where it is necessary for the Council to fulfil its statutory duties and responsibilities. Most of these are set out in the Children's Act 2004 and related legislation. Under this framework, the Council provides services to children and young people to ensure they have the best opportunity to be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic wellbeing. You may be contacted by Children's Services departments that have a legal responsibility to offer you help to achieve these aims.

To find out more visit our website www.lincolnshire.gov.uk/teeninfo/lincs.

7: I confirm my consent for Lincolnshire County Council Adult Care to assess my needs including screening for NHS Continuing Healthcare, to record my assessment information electronically and to share information with those organisations that could help with my care and support.

Your signature:

Assessed Person

Deputy or Best Interest Decision Maker

Please Print Name:

Date:

I was unable to sign to indicate my consent to Adult Care Professional Involvement and Support; please detail below how consent was given, e.g. blinking, thumbs up, nodding head, smiling, squeezing hand etc.

Additional Notes

Please use this space to record any additional information or circumstances that should be taken into account during assessment and service provision