

Adult Social Care

Locality Peer Review, Risk Enablement Panel Guidance and Practice Decision Forum Guidance

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CONTENTS

1	Purpose – Peer Review	Page 3
2	Worker responsibilities – Peer Review	Page 4
3	Chair responsibilities – Peer Review	Page 5
4	Process – Peer Review	Page 6
5	Exceptions Criteria – Peer Review	Page 7
6	Practice Decision Forum	Page 7
7	Review	Page 8
8	Appendix A – Peer Review/PDF Practitioner Checklist	Page 9
9	Appendix B – Support Plan Quality Assurance – Quick Reference Guide	Page 11
10	Appendix C – Peer Review F&P Report Template	Page 12

1. Purpose – Peer Review

Purpose:

Peer forums are an opportunity to work together with colleagues and/or partners to identify the very best solution for a person - sharing ideas, resources, solutions and contacts. Peer forums should be a time to offer support to colleagues, to bring a different perspective and if necessary to offer constructive challenge and embed good practice within and beyond Adult Social Care.

Here's a reminder of the principles of good social care and support, and how peer forums are a useful enabler:

Person centred - the person is always at the centre of a peer forum discussion:

- ✓ You can use the resource wheel to tell their story and let others know what really matters to them.

Enabling conversations - collaborative working enables creative thinking:

- ✓ Focus the discussion around the person's strengths and what the community can offer.

Informed choice - by working with others we can identify a wider range of local options of support for the person:

- ✓ Remember you can also consult the Live Well Telford online directory to identify and discuss other community solutions that are available.

Locality Peer Review's will also ensure staff are supported within their locality teams with their decision making for care and support following completion of a Care Act Assessment or Care Act Review. Our Peer Review's will ensure that staff have a level of autonomy around their decision making and all interventions are holistic and person centred.

The Locality Peer Reviews are our forum to ensure that the conversations we have are meaningful with the individuals and family/carers we support.

It is important that attendance at Peer Review is for all locality team members; Social Workers, OT's, OTA's and Adult Practitioners. The expectation is to fully participate and contribute to the sharing of knowledge, experience and resources within the team.

All Support Plans with or without funded support should be brought to Locality Peer Review to ensure that learning, resources and experience is shared within the team.

Reviews completed where it has been identified that there are no changes to the current provision will also be discussed at the Locality Peer Review, to offer support and challenge.

The Peer Review is also an opportunity to consider the risks for each individual ensuring that decisions are not oppressive or alternatively place people at undue risk to themselves and others. This will ensure that robust Risk Assessments have been

completed, multi-agency consideration has been applied and shared experience, knowledge and resources are identified and applied as appropriate. This will also provide the opportunity to discuss support plans and/or reviews that identify unmet risks with the wider team.

Information in all documentation should only be completed with 'I' statements.

The professional summary provides the opportunity for the practitioner's professional analysis of the situation.

2. Worker responsibilities – Peer Review

This is a time to offer colleagues support and therefore:

- Be on time and in the room
- Phones on silent (or vibrate if on duty)
- Respect each other's point of view
- Only one conversation at a time
- Respectful listening is important

Each worker should ensure a holistic, person centred assessment or review has been completed with the individual and their carer/family.

The Professional Summary should apply a strengths based approach with community assets, OT and Assistive/Digital Technology always considered.

The Professional Summary should capture the following:

- Who is important in their life
- What existing support networks do they have
- What wider network of support do we need to consider, including other professionals
- Who do you need to introduce them to (consider the role of the Community Participation Team)
- What support have we explored for other individuals that worked well
- What assets do they have that they are able to use and expand
- What do they need to explore to increase their independence - consider groups in the community, OT, specialist health services
- What outcomes have we identified with them in their support plan to increase their independence (do we need an earlier review?)

A Person Centred Plan should be completed with all individuals who need support to understand the assessment process and need their information presented to them in an easy read format.

A multi-disciplinary approach will ensure agencies and professionals are included in the information gathering, and decision making where appropriate. Referrals to other agencies should be clearly documented, this includes to secondary health services, OT, Community Participation Team and EEAST.

Conversation should also be clearly documented following Best Practice Guidance for completion of Care Act Assessments and Care Act Reviews, also available in LAS. The assessment/review should have clearly identified needs, and level(s) of eligibility. Contingency in regards to Direct Payments and Carers POA, plans/arrangements should be documented within the individual's support plan.

A Carer's Assessment should be completed with all identified carers with advice and information provided as appropriate. Additional support may be identified from the Carers Centre.

A robust Risk Assessment should be included in the Support Plan/Review and consideration should be given to the application of the Risk Enablement Panel as part of the discussion. This should be clearly documented in the individual's record. Feedback is provided to the individual as appropriate. Consideration and rationale should be applied as to who else needs to know the risks identified.

Outcomes should be specific to the individual and follow a strengths based ethos, promoting and supporting the person's independence.

Each support plan should have clear outcomes to support the individual's needs and journey to independence. The support plan should ensure that outcomes are person centred and maximise the independence of individuals. Consideration should be given to early reviews where outcomes are progressive and need more frequent monitoring.

The worker will ensure that they attend the Peer Review with all the relevant information. A Practitioner Checklist should be completed and added to the record before a support plan and/or review can be discussed.

Please see Appendix A for Peer Review and PDF Practitioner Checklist.

3. Chair responsibilities – Peer Review

The chair of the Peer Review will ensure that LAS is reflective of the individual being discussed and consideration and application has been made by the worker to the points highlighted above. The chair must ensure they undertake quality monitoring on the intervention that is being presented, following our Quality Standards highlighted in the Quality Assurance Framework.

During peer discussions the chair will check the assessment/review and the support plan. The person's voice should be heard throughout the documentation and 'I' statements should be used for the following questions:

- **Tell us the reason for the assessment, what is most important to me and what I would like to achieve?**
- **What are my concerns and risks to my independence?**
- **What is working in my life right now?**
- **What is not working for me at the moment?**
- **Previously I've tried the following to help with my independence:**

- **What personal support could I build on to achieve what's important to me? Personal strengths and skills, people such as family and friends, community.**

The chair will direct the discussions and ensure that all members of the Peer Review are respectful and appropriate.

The chair will start each discussion with the following questions to the practitioner:

- **What is important to the person?**
- **What are the person's outcomes?**
- **What are the non-commissioned services that are in place or you have considered?**
- **What are you asking for?**

Decisions, discussions and actions should be documented on the person's record as follows:

- **Titled case note as – 'Peer Review'**
- **Document current situation**
- **Discussions including any alternative provisions/services**
- **Identify Support Plan - request for funded services**
- **Financial information including capacity - financial reps, property, completed FD, financial assessment (online) etc.**
- **Outcome/decision with rationale**

The chair will be responsible for monitoring the team work tray for support plans being presented at Peer Review.

The chair will be responsible in ensuring the team is aware of where and when the Peer Review will take place and that access to LAS is available.

The chair will be responsible for applying the Support Plan Quality Assurance – Quick Reference Guide. This ensures that the support plan has been completed in a timely way with all the relevant information needed to authorise. Where there are quality assurance issues these need to be discussed with the worker and the necessary amendments made.

Please see Appendix B for Quick Reference Guide.

The chair will also be responsible for ensuring that individuals who meet the exception criteria (below) are presented to a Service Delivery Manager for discussion and authorisation.

4. Process – Peer Review

The worker should complete the Care Act Assessment/Review prior to the Peer Review meeting and design a strengths based support plan.

Once the support plan is completed this should be assigned to the Locality Team work tray. The support plan will be presented by the worker to the wider Peer Review team.

Completion of paperwork needs to be in line with LAS business processes.

Consideration to be given to Safeguarding, Mental Capacity, Best Interest Decisions, and Community DOLS etc. - needs to continue as business as usual and follow current business processes.

Authorisation Levels

<u>Authorisation Levels community care / support packages</u>	<u>Role</u>
Up to £550 per week Direct Payments with a standard £10.50 hourly rate	Team Leader or deputised Senior Social Worker
Up to £1500 per week Direct Payments above standard £10.50 per hour And All long term residential/nursing/supported living placements	Service Delivery Manager
Above £1500 per week And All under 65 long term placements	Reserved to Assistant Director

The support plan should be completed and assigned to the team desktop by 12.00pm the day before Peer Review. There will be no individual slots for presentation.

The team will provide feedback to each other for the requested support encouraging exploration of community assets and ensure the individuals strengths are identified through the assessment and support plan.

Direct Payments

Direct Payments should also follow the Peer Review process, packages over £550 per week long term should be presented at PDF. The chair should inform PPQ of the individual(s) who need to be presented at PDF.

Once the Direct Payment is approved, notification from PDF should be sent to the Direct Payment Officers to process the Direct payment. Any requests for an increased hourly rate, from £10.50, regardless of total amount of package needs to be approved by an SDM through PDF process.

Direct Payments checklist (see Appendix C) should be completed and saved to individual's record as a quality assurance step.

If a Direct Payment is requested under exceptional circumstances for a Personal Assistant, who lives in the same property as the Direct Payment recipient, the

request needs to be presented at PDF for a decision. This should be through PPQ team.

5. Exceptions Criteria – Peer Review

Emergency situations which warrant urgent support plans will be considered outside this process, this should be done through discussions with Team Leader and/or Senior Social Worker in first instance. Application of above authorisation levels to be applied - discussion with Service Delivery Manager may be required.

Following all emergency interventions the Peer Review process should be followed – **no long term intervention will be agreed in an urgent or emergency situation.**

6. Practice Decision Forum

To support long term decisions above the Team Leader authorisation levels all long term residential/nursing, supported living placements and short term placements/respite over 6 weeks should be presented by the Team Leader at Practice Decision Forum (PDF).

PDF will be chaired by a Service Delivery Manager and should be attended **once the individuals support plan has been actioned by Brokerage.** For all long term placements a market search should be completed giving choice and control to the individual on how their long term care and support needs may be met.

Consideration should always be given to the Mental Capacity Act, Advocacy and Carers views before long term decisions can be made. Financial implications of long term placements and completion of the Financial Assessment through the online app should be completed and documented.

PDF will review the case note recording of Peer Review in order to inform their decision making.

The outcome of PDF will be captured in a case note on the individual's record. The case note will highlight the decision, any further actions needed and if/when re-presentation is required and the reason why.

Where sufficient information is not available to make the decision the chair will advise the presenting Team Leader.

7. Review

There will be monthly reviews of the Peer Review process with feedback from each locality team. This will be collated and any changes made communicated through updated Peer Review guidance only. This will ensure a uniformed approach to the Peer Review and support future developments of it.

The Quality Assurance Framework will support the monitoring of cases presented and feedback should be taken to individual workers through supervision as directed by the chair.

The review and monitoring of the Peer Review will support preparation and implementation of the Self-Authorisation guidance and process for each locality team.

A weekly agenda template should be used to support the peer review. This should be kept as a record of the discussions taken place and to feed into the Team Leaders Finance and Performance (F&P) monthly report, this report will be presented at monthly F&P meeting with all Adult Social Care leadership team.

Please see Appendix C for F&P report template.

This is to ensure that our decisions are in line with the community based support and strengths based ethos. This will allow us to provide a level of security to our decision making while we continue to embed this approach across the Adult Social Care workforce.

Adult Social Care**Locality Peer Review/Practice Decision Forum****Practitioner Checklist****Care Act Assessment**

Ensure the following:

- Is the persons voice heard throughout the assessment, are 'I' statements used throughout?
- Is the risk assessment necessary and proportionate? Have we enabled the person to take risks?
- Your professional summary is strengths based and person centred with the ethos of Community Led Support.
- You have applied a multi-agency/disciplinary approach.
- You have rationalised and communicated your decision making with the individual and the people important to them.
- You have applied the principals of Professional Curiosity and Defensible Decision making.
- Consider your legislative approach (refer to Best Practice Guides).

Volunteers/Community

- Are connections with the community part of the solution?
- Has a referral or advice been sought from Community Participation Team?
- Has the voluntary sector been actively considered?

Employment

- Has this been explored? (Particularly Mental Health and Learning Disability)
- Have volunteering opportunities for the individual been explored?
- Access to the Stepping into Work Programme, Job Junction, EAST?

Carers – if you have identified a Carer, a Carer's Assessment should be completed.

- Consider:
 - Has a Carers Assessment been considered?
 - Has Emergency Carers Response Service (ERCS) been put in place?
 - Has 25 hours Carers Contract been offered?
 - Does anyone receive a Carers Allowance for this person?
- Ensure consideration is given to the forward planning to prevent carer breakdown.
- Is there a need to plan for the future care of the person e.g. ageing parents for someone with a learning disability?

Occupational Therapy (OT)

- Consider:
 - Has OT equipment, therapeutic involvement or assessment been completed?
 - Have you identified strengths based and/or enablement outcomes?
 - When are these to be reviewed?

Assistive Technology (AT)

- Consider
 - What AT is in place?
 - How can we enhance the home environment with AT?
 - How can AT develop the individual's independence?
 - Do we need to use Just Checking to evidence our decision making?

CHC - Check list to be completed when identified complex health or behavioural needs..

- When completed:
 - Is it saved on the individuals record (EDM)?
 - If a DST is awaiting – what is the date?
 - If Funded Nursing Care (FNC)/Joint Funding is applicable – is proof of agreement from Complex Care saved to record (EDM)?

Mental Capacity - Consideration and application of the Mental Capacity Act and Best Interest Decisions.

- Is the assessment fully recorded in the person's record?
- What decisions are we supporting, finances, care and support, accommodation?
- Has a Best Interest Decision Meeting been held? Is the outcome recorded on the person's record?
- Does the person need an IMCA and/or IMHA?
- Are there any issues that need to be referred to the Court of Protection e.g. disputes/safeguarding issues?

Deprivation of Liberty Safeguarding (DoLS)

- If applicable:
 - Has an Urgent/Standard Authorisation been submitted?
 - Does an application to Court of Protection need to be considered? If so, has a referral to legal gateway been completed and submitted?

Finance

- Considerations:
 - Has Charging Declaration and Financial Declaration (FD) been completed, signed and saved to person's electronic record?
 - Is there formal legal representation in place e.g. Power of Attorney (POA), appointee, deputyship etc.?
 - Is there any outstanding debt?
- If individual is moving into a permanent placement:
 - Has partner been informed of how their benefits will change once permanent placement has been made?
 - Has Brokerage completed an up to date market search?

Support Plan Quality Assurance – Quick Reference Guide

Quality Assurance (QA) of Support Plans is an important step in our processes to ensure the Council continues to provide its high level of service. Guidance for each Support Plan section is below:

Care and Support Plan – to be recorded:
• Start date.
• Relationships.
• Involvements.
• Who else is involved in my care and support.
Professional Summary – to be recorded:
• Assessment and eligibility.
• Professional Summary.
• Provider and/or Carer comments.
• Disability Related Expenditure.
• Required dates and 'completed by'.
Risk Assessment – to be recorded:
• Type of Risks Assessment.
• Risks recorded have professional analysis and proportionate management detailed.
Support Planning – to be recorded:
• Level of Support.
• Details of eligibility provide sufficient evidence to determine the person eligibility.
• Alternative Care Arrangements detail all community/network based resources being access
• Services key points to check: <ul style="list-style-type: none"> ○ Type of service selected is correct. ○ No service is selected with a 'zz' at the start of the name. ○ Service end date (if required) is recorded. ○ Ensure start and end dates are accurate and sequential (if applicable). ○ Ensure alternative care arrangements are recorded. ○ Ensure the required units are correct. ○ Ensure the frequency is correct (i.e. 1 = once every week/ 2 = once a fortnight etc). ○ Brokerage information is recorded.
Direct Payments (DP) it is important to check: <ul style="list-style-type: none"> • The amount of money identified for 'one offs' have the correct financial amount. • If there is a Personal Assistant (PA) following needs to be recorded: <ul style="list-style-type: none"> ○ PA hourly rate. ○ One off insurance (if a new DP). ○ Payroll. ○ Management fee. • Any other combination of DP Payments will have to be checked.
• Double up care calls requirement is recorded.
• My Personal Budget is recorded in both boxes.
Indicative Budget – to be recorded:
• Indicative Budget calculation is recorded.
Non-Plan Services – to be recorded:
• Check this has been recorded (if required)
Contingency Plan – to be recorded:
• Contingency plan.
Direct Payment Details – to be recorded:
• All relevant section should be completed.
Support and Care Requirements – to be recorded:
• Each section must to be completed to ensure.
• Do you have a communication need must be competed
What Now – to be recorded:
• It is important that it is clearly recorded what future actions are and who is responsible.

NOTE:

If information has been copied forward from a previous Assessments, Review or Support Plan check that it has been updated appropriately.

Ensure there are no long term services on an Enablement Plan and no short term services on a Support Plan.

Appendix B

Peer Review Agreements									
Please insert numbers agreed in the corresponding cells below									
	Residential Placements (65 plus)	Residential Placements (18-65)	Nursing Placements (65 plus)	Nursing Placements (18-65)	Residential EMI Placements (65 plus)	Residential EMI Placements (18-65)	Nursing EMI Placements (65 plus)	Nursing EMI Placements (18-65)	
Mental Health									
Learning Disability									
Older Person									
ABI									
Physical Disability									
	Domiciliary Care Support (65 plus)	Domiciliary Care Support (18-65)	Community Based Activities (65 plus)	Community Based Activities (18-65)	Day Centre Provision (65 plus)	Day Centre Provision (18-65)	Direct Payments		
Mental Health									
Learning Disability									
Older Person									
ABI									
Physical Disability									
Supported Accommodation Definition: Various types of support are offered with some residences being for a small									
	Residential Education Colleges (18 plus)	Supported Accommodation (65 plus)	Supported Accommodation (18-65)	Shared Lives Long Term (65 plus)	Shared Lives Long Term (18-65)	Shared Lives Short Term (65 plus)	Shared Lives Short Term (18-65)	Shared Lives Day Hours (65 plus)	Shared Lives Day Hours (18-65)
Mental Health									
Learning Disability									
Older Person									
ABI									
Physical Disability									
Total Agreed Spend for performance period =									