Adults, Wellbeing and Health Partnerships - Practice Framework

Edition 1A

SURREY
COUNTY COUNCIL

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Document Review and Revision Table:

No.	Document Version	Review Date	Revision Owner	Revision Description	Signed off by the Practice Assurance Board	Signed off by SLT on
1	1A	January 2024	Anja Barker	Revised following review and pilot implementation of the previous SOP	04.03.24	06.03.24

Governance Process:

This practice framework was co-produced with practitioners and managers from across the Adults, Wellbeing and Health Partnerships Directorate.

Sign off for the practice framework and any subsequent updated versions will go through two governance processes. The first being agreement at the Practice Assurance Board and then final sign off at the Senior Leadership Team (SLT) board meeting.

Contents

Overview

Purpose of the practice framework.

This practice framework replaces our previous Standard Operating Procedure (SOP) and Duty SOP. It is aimed at practitioners who work in operational teams, including locality teams, hospital teams and specialist teams.

The Adults, Wellbeing and Health Partnerships Directorate is part of Surrey County Council, dedicated to serving our residents, ensuring no one is left behind. Our vision is to have a consistent approach to achieving this across our directorate.

By working towards this practice framework, we will optimise our chances of success by:

- Understanding what is expected from all staff working in the Adults, Wellbeing and Health Partnerships Directorate
- Learning from each other
- Reducing delays and duplication
- Ensuring better outcomes for residents by having clear processes
- Prioritising our time and collective resources
- Effectively and efficiently tackle challenges that affect the entire system collaboratively
- Building on our collective skills and knowledge
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The purpose of the practice standards is to:

- provide a supporting structure upon which we can build our approach to managing demand on our teams and services
- provide a mechanism for collaboratively building capability, sharing learning and examples of best practice
- establish a common set of processes, a unifying vision and mutually understood language to ensure consistency, whilst being flexible and responsive to the needs of our residents

Our practice framework is applicable to all practitioners working directly with residents in social care and specialist teams within the Adults, Wellbeing and Health Partnerships Directorate.

Please do not keep printed copies of this framework or sections of them as your reference unless you require them for immediate use. The latest version will be available on Tri-X. Over time they will be replaced by more up-to-date versions.

How they are organised

The framework starts with an explanation of our general policy framework and then moves on to our standards across the Adults, Wellbeing and Health Partnerships Directorate, as well as some standard business processes. This framework should be seen as a guide and complement other, existing policies and best practice guidance. It is not intended to replace these but should be read in conjunction with those.

Our vision for Surrey County Council

The Surrey Way explains the way we do things at the council. It breaks down our ambitions and objectives, and provides us with a clearer, more joined up picture of what our ways of working should be across three key areas.

More information on our vision, values, working principles and strategies across Surrey County Council can be found on SharePoint.

Our vision for the Adults, Wellbeing and Health Partnerships Directorate

Surrey County Council's Adults, Wellbeing and Health partnerships Directorate is ambitious in its aspirations for Surrey residents, staff, and our partners.

Our vision is for people to live their best life by connecting to their communities, embracing supportive technology, and accessing joined-up and outcomes-focused support and care, when needed.

We are responsible for providing information and advice, assessments, reviews and access to care and support services to adults across the county. People who qualify for support, based on an assessment of their needs and resources, will have a physical or sensory disability, learning disabilities, mental health needs, substance misuse needs or be frail or autistic. Whilst care and support provision is a legal duty under the Care Act (2014), the council is also responsible for preventing, reducing, and delaying the need for care and support. It must promote personal independence, choice and control in all aspects of its support and care delivery. The council also has a duty to sustain the local social care provider market – including promoting sufficiency, diversity, and quality for all people who draw on care and support.

We are also responsible for ensuring the protection of adults at risk, as per the definitions provided of the Care Act (2014). Our primary responsibility under this framework is to gather further information, as determined necessary in the context of the concern raised, from the subject of the concern, their informal carers and formal care workers, involved organisations and our safeguarding partner agencies, and within doing so to determine whether a Section 42 enquiry is required, and if so to co-ordinate actions to be taken as part of the Section 42 enquiry to reduce and/or prevent the identified abuse and/or neglect, or risk of it.

The directorate plays an important part in delivering the council's priority objectives of 'Tackling health inequality' and aiming to have 'Empowered Communities'. The directorate will also continue to play a role in 'Growing a sustainable economy' by supporting vulnerable people into employment and 'Enabling a greener future' by supporting greener behaviours, infrastructure, and ways of working.

Surrey County Council's Adult, Health and Wellbeing Partnerships Directorate has several strategic priorities, which can be found in our Business Plan.

Our priorities include our ambitions across our directorate, such as developing innovative, high quality prevention approaches, improving mental health outcomes, improving our transition pathways and enhancing our commitment to consistent approaches that help to prevent, reduce and delay demand for long term care.

Our Business Plan is reviewed every year to ensure our priorities align with our strategic vision.

You can find the most up to date version on SharePoint.

More information around the Adults, Wellbeing and Health Partnerships can be found on SharePoint.

Business processes
This practice framework should be read in conjunction with our business processes that outline how people will interact with us and navigate through our service depending on different scenarios.

Policies and procedures
Anyone working within the Adults, Wellbeing and Health Partnerships needs to understand and be competent in working within the legislative framework that governs adult social care.

To help staff navigate the underpinning legislative framework we use a central policy and procedure system called Tri-X.

We also have a host of local resources, including additional guidance papers and practice information. You can find these on the local resources tab in Tri-X, as well as our SharePoint Page.

We are in the process of updating all our practice documents and over the coming months will transfer more of our practice documents to Tri-X as the one stop information platform.

Our Practice Framework

Introduction

Working in the Adults, Wellbeing and Health Partnerships Directorate means working directly with our residents, in often complex situations and challenging environments.

This practice framework sets out some of our key ambitions in the Adults, Health and Wellbeing Partnerships Directorate, when working with residents.

It does not replace the need for all practitioners to understand their legal obligations and our own internal processes and guidance papers but acts as a framework to explain our expectations and ambitions. Our vision is that all teams work as one, ensuring consistency and align processes.

Our overarching values

We always put our residents first and we want to get it right: As practitioners we are here to support the people of Surrey. In all our interactions and our work, we should always ensure that we put our residents and their best interests at the heart of what we do. We should not let complex processes, resources or challenging environments get in the way of putting our residents first. Putting our residents first means listening to them, their families and support networks and providing independent advocacy, in line with the provisions of the Care Act (2014). Putting our residents first means residents experiencing a seamless experience where our interactions and interventions build on their strengths and resources, as well as provide the right care at the right time.

We show we care: Residents that come to us for information and support may not know how we work and operate. The information and advice we provide should help residents to understand how care and support services work locally, the care and funding options available, and how they can access care and support services in their communities. We ***must*** provide understandable, honest responses and structure expectations realistically. We ***must*** remain positive and caring, even when dealing with the most challenging resident on the most difficult day. Our language towards residents and in our written communications should be factual, positive and easy to understand.

We work together: Putting our residents first can only be achieved if we all work together. That means we are all committed to showing excellent professional leadership in all our interactions with others. We are committed to learning from each other, supporting each other but also challenging each other to ensure we all provide the best possible service to our residents.

We work together to solve challenges: We openly acknowledge when we do not get things right and learn from our mistakes. We are all committed to providing the best service for our residents. When we do not get it right, we work with partners and residents to see how we can put it right, learn and improve.

Our overarching working principles

Wellbeing: We care about the wellbeing of our residents. This includes showing professional curiosity about their life, establishing what was, and is, important to them and working in way that promotes them to live the life they want to live. We consider wellbeing holistically, which means promoting health and wellbeing beyond just meeting basic human needs.

Empowerment: We believe that our residents are best placed to make decisions about their lives, future and circumstances. We ensure the voices of our residents are heard and respected in all our interactions and interventions. We support people to make informed decisions and support positive risk taking. We support those who cannot make decisions for themselves by involving families, carers, friends and advocates and by ensuring we reach decisions in collaboration with others and in guidance with legal principles. We use strengths-based practice principles in all our interactions and build on those strengths.

Proportionality: Our response and level of intervention is in proportion to the presenting issues, risks, and needs. We use professional judgement to inform our decision making and respond in a way that is meaningful and purposeful to our residents. We always consider the strengths and aspirations of our residents and tailor our response to build on these.

Partnership: We work in collaboration with others, using each other's expertise, experience and skills when appropriate. We are aware of information governance principles and protect the privacy of our residents whilst balancing this with the need to work in partnership with others. When working with our residents we consider who is best placed to support and guide them to enable them to live their best life.

Accountability: We keep up-to-date records of our interventions and ensure that we are all accountable for the quality of our work/practice. We ensure decisions are informed and evidence-based. We ensure interventions and decisions are communicated clearly and in a timely way. We ensure that we capture the voice of our residents, carers and their families and record these in a timely way. We also make sure everyone in our organisation is clear about their role and responsibilities. We are all aware of our current financial position and even though this cannot distract us from our statutory duties, we consider financial implications and financial pressures working in a way that provides best value for money. We ensure we communicate our financial processes and policies to our residents clearly and accurately throughout our interactions with them.

Prevention: We use a strengths-based approach in our work, not just focusing on presenting needs but considering the person holistically. We connect residents with their local community and work towards delaying and preventing needs from arising. We connect residents to support, using centrally managed online resources for consistency and accuracy that enables them to live healthy lives and build on their own strengths and resources.

Carers: We recognise that carers play a vital role in supporting our residents and ensure that their voices are heard. We offer carers' assessments and carer support and ensure we connect carers with their local community and build on their strengths and resources.

Protection: We should always work to protect adults with care and support needs and other people from abuse, harm, and neglect. If a person with care and support needs is at risk of abuse or neglect, we must act immediately. An effective response must be in place to protect the person in need. We consider a person's capacity when making decisions about our involvement and understand our legal remit to protect vulnerable residents. Whilst a person's preferences must always be considered, sometimes this has to be distinguished from their need for care. The wishes of the individual may be a primary influence, but they do not amount to an overriding consideration that would be in breach of our statutory duties. We always consider whether independent advocacy in line with the Care Act (2014) is needed, to ensure the voice of the person is being heard. If

advocacy is needed, we ensure that a referral is being made promptly and that advocacy is being provided.

Recording guidance

Our main recording system is LAS. The expectation is that practitioners record their actions, decisions and outcomes on LAS accurately and in line with our recording guidance.

It is imperative for practitioners and managers to remember that if something has not been recorded, it has not been 'done'.

We share contacts, assessments (including carers assessments), reviews and support plans with our service users and carers and invite them to feedback to us.

In our documents, we refer to residents, including carers, the way they would like to be addressed.

We have a library of best practice guidance notes that explain our expectations and processes and it is the responsibility of all staff to ensure they have read and understood their responsibilities and our expectations.

Recording prompts for LAS can be found on SharePoint.

The Care Act (2014) and Care and Support Statutory Guidance

The main legislative framework we follow is The Care Act (2014) & Care and Support Statutory Guidance. Everyone in Surrey County Council must follow the underpinning principles of the Care Act (2014). The act sets out responsibilities, duties and principles for us as a local authority.

Our responsibilities in the Adults, Health and Wellbeing Partnership Directorate extends beyond completing assessments and reviews. All staff must ensure they understand and follow all aspects of the Care Act (2014), such as our duty to consider the wellbeing of our residents, including carers, and our duty to work in partnership to achieve the best outcomes for our residents.

It is the responsibility of every member of staff working in the Adults, Wellbeing and Health Partnerships Directorate to be aware of and understand our statutory responsibilities and the overarching legal principles relevant to their role.

We expect that every member of staff in our directorate seeks and attends regular Care Act (2014) training, as well as participates in reflective practice sessions, peer supervision sessions and regular supervision. Learning and improving our understanding of the overarching legislative principles is a key part of the requirements of each role within the directorate.

The Care Act (2014) legislation and guidance can be found here:

Care Act 2014 (legislation.gov.uk)
40573_2902364_DH Care Guidance accessible pdf (publishing.service.gov.uk)

The overarching legal framework

Although the Care Act (2014) is the main legislative framework for practitioners, there are many other laws and regulations that underpin how we do things. Each practitioner will receive corporate induction training upon beginning with Surrey County Council to include the main areas of legislative frameworks they will encounter as part of their role, alongside a local level team induction and frequent formal supervision spaces, where training and development needs will be reviewed.

It is the responsibility of each practitioner to be aware of the overall legislative framework and relevant case law that governs our work and to seek guidance and support to ensure their knowledge of these is current and applicable to their role.

The vision of our Adult Social Care Academy is to create an inclusive and transformative learning and career development environment that empowers the adult social care workforce to unlock their full potential and provide exceptional support to Surrey residents.

Our legal team is responsible for giving legal advice on complex cases and each practitioner can contact the team directly or attend one of their legal surgeries.

Recording Standards

Below are some of our key recording standards we expect from all staff working in our directorate to follow:

Do:

- Store all personal data securely, for example, in a locked cabinet and secure the key.
- Securely dispose of all electronic personal data: for example, do not just delete items, ensure your desktop recycling bin is emptied regularly
- Delete information when it is no longer required
- Securely dispose of all paper based personal data using the confidential waste service
- Carry a locked briefcase or bag when transporting any data outside of the office
- Share data only when you are allowed to do so by law
- For sending and receiving sensitive personal information, use a secure email network
- Send paper records containing restricted data using enhanced postal services for example, Royal Mail Recorded or Special Delivery
- Create your computer passwords using the password complexity rules, outlined in the Information Security Policy
- Report any data loss or theft including mobile devices such as USB sticks and laptops to your manager immediately
- Always ‘lock’ the desktop on your computer when leaving the desk
- Clear away personal data from your desk when you are not using it
- Use council-issued memory sticks

Do Not:

- Create password-protected documents
- Leave papers containing personal data lying on your desk unattended
- Store large quantities of personal data on the desktop or on the C drive of your computer
- Put any paper-based personal data in the normal waste or recycling boxes
- Store personal data on mobile devices such as laptops, smartphones or USB sticks without written approval from your line manager or the Caldicott Guardian
- Disclose your computer password to anyone or write it down on a piece of paper
- Send sensitive and protectively marked information outside the council using regular email
- Insert non relevant information into an email containing adult/carer information
- Leave notebooks/diaries unsupervised

Timelines

Our overarching principle around timelines is to ensure that our residents are kept informed of our actions and progress as soon as practicably possible.

For safeguarding referrals/concerns please see our separate Safeguarding Guidance.

If work falls outside of the below time frames, then it is the responsibility of the practitioner to discuss this with their line manager, supervisor or duty manager and to formulate a plan on how the delay can be resolved. If we are unable to meet the expected timelines, we must communicate this to our residents, explain the reasons, set out our proposed plan, and apologise for any delays.

Activity	Description	Time Frame to respond and record our involvement/ decisions/ actions
Telephone calls	Telephone calls to practitioners or the general team phone	Telephone calls should be answered via our administrative teams straight away and passed to the appropriate worker or duty team immediately. Telephone calls should be logged on LAS straight away and no later than within 24 hours.
Returning telephone calls	Either to residents or other professionals	Telephone calls, where the resident is waiting for a call back, should be made within 24 hours. Telephone calls should be logged on LAS straight away and no later than within 24 hours.
Emails to the duty inbox	Into the duty email box	Emails will be triaged and responded to within 24 hours.
Emails to individual workers	Into personal email addresses	Emails will be triaged and responded to within 24 hours.
Referrals	Into the team via all channels	Referrals will be actioned from triage to the appropriate social work team on the same day (within 24 hours).
Enquiries into the team	Via email or electronic referral forms	All enquiries coming into the duty screening inbox and team duty emails must be screened on the day they come into the team (within 24 hours).
Contacting a resident/ carer by the allocated worker once the case has been allocated	Via the resident's preferred communication method	Within five days of allocation.
In person visits from residents to social care teams	This could be when a resident presents at one of our offices	The person should be seen straight away to discuss their enquiry by the most appropriate person and our above time frames should then be applied, relevant to the presenting issue.
Enquiries that result in information and advice only	Following completion of a contact assessment	Where information and advice and/ or signposting only is given, we close the contact once all the work has been done. We inform the person to come back to us, should the information and advice and/or signposting information given has not achieve the desired outcome.

Referral/ Enquiry outcomes		The outcome of a referral must be relayed back to the referrer within two to five days, dependent upon priority and adhering to confidentiality principles.
Safeguarding concerns	Concerns relating to an identified Adult at Risk	Stage one: Ensure immediate action is taken in cases of urgent protection needs identified, Stage two (Information Gathering): Initial visit and/or conversations to take place within 48 hours to screen the concern received and decide whether a Section 42 enquiry is indicated. Stage three (Section 42 enquiry): If a Section 42 enquiry is required, enquiry plan to be established within 5 working days. Enquiry actions to be completed within target time of 20 days and explanation clearly provided for any delays in enquiry beyond this point and shared with necessary Section 42 enquiry stakeholders. Stage four (Outcome of Section 42 enquiry): Agreed outcome and safeguarding plan (if necessary) to be established within 5 days of enquiry completion. Stage five (Enquiry review): If a review of enquiry outcomes and agreed actioned is determined to be necessary, this should be completed in no more than 3 months, dependent upon the level of risk. Stage six (Closing the enquiry): Enquiry report and safeguarding plans to be shared with any necessary stakeholders within 5 working days of the enquiry being signed off by Safeguarding Adults Decision Maker (SAD).
Assessments, including carer's assessments	Adult Social Care assessments	These should be completed within 28 days. Assessments should be sent out within five days of the assessment having been signed off.
Hospital discharges and initial reviews		These should be completed within six weeks of discharge/start of new support plan
Personal budget decisions	On new or updated support plans	Residents should be informed within 14 days of completion of the Adult Social Care Assessment or review of their proposed personal budget, subject to agreement as per our finance processes
Support plans and Carer support plans		Proposed support plans should be shared with the person within 14 days of completion of the assessment. Support plans should be sent out within five days of them having been signed off.
Referral for financial assessments	For new or updated services	Referrals to our financial assessment team should be made at the earliest opportunity.
Reviews and Carer reviews	Standard reviews	Reviews should be completed annually, and the completed review shared with the person within five days.

General enquiries

Residents, carers and their families should always be informed of our decisions within at least 24 hours of triaging, or sooner depending on presenting risks and needs.

Management of allocation and unallocated cases

The safe and effective management of allocation and of unallocated cases is the responsibility of the team manager, with oversight provided by the senior manager and area director. Each team should have robust plans in place to manage cases that are unallocated and/or await allocation. Allocation meetings should happen at least weekly and case notes added to report on decisions within 24 hours. Residents should be informed of any decisions on their referral within 24 hours.

Workflow principles

Each team will use LAS trays to oversee and manage the cases open to them. LAS Trays should be set up as follows:

Duty tray: This will include contacts for new referrals and contacts that have been created for unallocated cases in the team.
Team safeguarding tray: This is where unallocated safeguarding work is kept until the task/case has been allocated.
Managers approval Tray: Where contacts are sent, waiting for managers to review.
Discharge to Assess (D2A) tray: For people discharged under the D2A pathway.
Allocations tray: Holds tasks that need to be put forward for allocations.
Occupational Therapy (OT) duty tray: Contacts for new referrals.
OT allocation tray: Unallocated cases waiting OT allocations.
Review tray: Unallocated cases waiting for reviews.
Consistent Practice Meetings tray: For cases that need to be discussed at a consistent practice meeting.

Referrals that may need to be sent on to other teams within Surrey County Council
If a team receives a contact or a referral for a case that is already open to another team or that would be best referred on to another team, this will be triaged and forwarded on to the new/other team without delay. It is the responsibility of the team having received the initial contact to ensure the new team has received the information and is aware of the priority rating and has taken responsibility for actioning it. The expectation is that the receiving team follows the agreed time frames of receiving referrals.

Cases should be transferred in a clear, consistent and safe way. Transferring cases to other teams via LAS Trays only is not a safe way to ensure we fulfil our statutory responsibilities around managing risks. Transfers should not be sent to a keyworker but to the duty team, in case the existing keyworker is away from the office.

Case transfers should always be actioned using a collaborative and partnership approach, ensuring the resident and their wellbeing is always being put first.

Whether or not a case transfer between teams is appropriate should be decided at assistant team manager and team manager level and outcomes and actions recorded on LAS.

Closing Cases
When deciding to close a case practitioners need to ensure that this has been discussed with their supervisor or manager. Any decision to close a case must be recorded on LAS and our case closure process must be followed. We should always communicate a case closure with the involved person or their families and provide information and advice on how to refer to us if needed.

Case Transfers between local authorities
Please see our separate guidance around case transfers between local authorities.

Duty Principles

Key principles

The core purpose for all teams in Adults, Wellbeing and Health Partnerships Directorate is to deliver our vision of supporting people to live their best life.

The core functions of duty in each team across Surrey are:

- To manage new referrals and requests
- To manage unallocated cases that are open to the team
- To provide initial information and advice to residents and professionals
- To work with our partners to safeguard identified adults at risk known to the team, or where a complex Section 42 Enquiry is required for an Adult at Risk not previously known to SCC ASC but within the remit of that team

The duty team works with an ‘open door’ policy. That means we accept contacts, referrals, and requests for information in a variety of ways. These include:

- Emails into the duty inbox
- Telephone calls
- Planned and unplanned visits to locality offices
- Online referrals
- Letters
- Social media channels

Our principle is to ensure residents and professionals experience a seamless experience, where they speak to the right professionals at the right time. We are open and transparent about the advice and information we provide and ensure that no decision is being made without involving the resident.

Our duty function is key in managing some of the demand into our services by triaging, prioritising and managing initial risks.

It is the responsibility of the team manager to ensure the duty team is staffed appropriately and that the demand for support and advice is being managed safely. Decisions on duty should be made by suitably trained and experienced staff.

Although we accept referrals from professionals in a variety of ways, to ensure consistency and equality, professionals should always be asked to complete our online referral form as a preferred way of referring.

Contacting and priority rating

Each new contact/referral will be given a priority rating. It is important that the decision as to what priority the contact/referral has been given, is being done in collaboration by suitably experienced and skilled staff. The priority rating of each contact/referral should be clearly reflected on LAS.

Contacts with a high priority rating could be:

a. Safeguarding/self-neglect/ risk to self and or others and protection measures required
b. Withdrawal of care
c. Provider failure
d. Carer breakdown/carer – carer unable to provide care
e. Home alone unsafe
f. Risk of hospital admission
g. Moving and handling concerns
h. Equipment breakdown
i. Fire risk
j. Person living in an unsafe environment
k. Significant decline in physical and or mental health
l. Urgent section 9 and/or 10 assessments (NB: carers assessments are equally as important as needs assessments)
m. Mental Health Act assessment request (if a request for a Mental Health Act assessment is referred to a team the ATM/Senior Practitioner must refer immediately to the AMHP Service)
n. Missing person with concerns for mental health and or mental capacity

Contacts with a normal priority rating could be:

a. Change in need (includes decline in physical and or mental health)
b. Concern raised by a professional
c. Carer strain/respite may be needed
d. Hospital discharge - equipment
e. Reablement pickups (where there is no reablement potential)
f. Where capital threshold has been reached
g. Variation of package of care
h. Mental capacity assessments where a decision is not needed immediately
i. Risk to tenancy/homelessness that is not immediate

Contacts with a low priority rating could be any referral/contact that do not require an immediate/within one week resolution.

About this document

Title – Practice Framework

Purpose - This practice framework replaces our previous Standard Operating Procedure (SOP) and Duty SOP. It is aimed at practitioners who work in operational teams, including locality teams, hospital teams and specialist teams.
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Updated by – Anja Barker

Document author – Anja Barker

Document owner – Anja Barker

Date – Jan 2024

Version number: V1A

Status: Final

Review Frequency: 9 months

Next review date – Oct 2024