

ConnectedLives

PRACTICE PRINCIPLES

Introduction

In Hertfordshire we want to empower and support our staff to deliver excellent professional practice leading to positive outcomes for people.

Our Connected Lives model puts choice, independence, enablement and citizenship at the heart of everything we do. It gives us an opportunity to look at real and innovative solutions that enable people to live their lives to the full.

Based on evidence of what works for people, we respond to the challenges we face in a changing society by offering help and support that is enabling and cost effective and ensures fair distribution of resources according to need so we can meet our responsibilities to all.

These **Practice Principles** seek to make excellent practice consistent and let staff know they have support in implementing difficult decisions.

They apply directly to all staff who carry out assessments and care management on behalf of Adult Care Services (ACS); but all ACS staff need to be aware of these principles and to work to them where applicable.

The **ConnectedLives Practice Principles** are in line with our Care Act duties, the BASW Code of Ethics and the Royal College of Occupational Therapy Code of Ethics.

ConnectedLives

A model for Hertfordshire



Connect and Prevent
Connect and Enable
Connect and Support



Strength Based
Risk Positive



Connect People
Sustain Relationships



Independence
Citizenship

Search 'Connected Lives' on the intranet for information and resources

Adult Care Services



The *ConnectedLives* Practice Principles:

1. Independence and citizenship

Independence and the ability to maintain/develop roles as citizens is our ultimate aim, but this means different things for different people. For some, this may be learning new skills to build upon independence whilst for others, this may mean exploring the potential for further recovery and rehabilitation. With the right support, everyone can achieve some independence. We want to support people to maximise their own potential for control over their lives. We can promote and value the contribution people can make to their communities and ensure that people feel safe to do this.

2. Every contact is strength based and risk positive

Strengths-based practice emphasises people's self-determination, skills and assets and should underpin every conversation and contact.

Risk-taking is a part of life and a part of social care too. It's something we all do every day to make our lives better and achieve our goals. Risk involves the potential for benefit as well as harm so we would never want to remove it completely. By taking a proportionate approach to reducing and mitigating the potential for harm, we can reach a balance between independence and personal autonomy against the risk of harm.

3. Alternatives to traditional care services

We should work creatively with people to source alternatives to traditional care services and should explore options and choices of services to meet assessed eligible needs in collaboration with the service user so a joint decision can be reached about their most appropriate option. Wherever possible the person's choices will be supported.

Awareness of 'value for money' is essential. Where Personal Budgets are offered, this must be based on the most cost-effective way of meeting needs.

Telecare and technology can also enable people to remain at home longer and can help in managing risks.

Non-traditional services should:

- Meet assessed needs and outcomes
- Be safe, lawful and appropriate
- Either cost no more than the Personal Budget offered, or the person is willing to fund the difference themselves

4. Safeguarding

Safeguarding people at risk of abuse or neglect is one of our most important tasks and we should adhere to our Safeguarding Adults Policy and guide. Safeguarding is everyone's responsibility so we all have a role to celebrate good practice and take immediate action where practice falls short of our own standards.

5. Clear Understanding of the legal framework for adult social care

This includes The Care Act 2014, Mental Capacity Act 2005 and the Mental Health Act 1983.

Where key decisions such as in eligibility, care assessments, care and support planning, best interests and safeguarding are made, professional case notes must evidence how appropriate social care law has been applied and how required legal and professional processes have been followed.

The wellbeing principle means we should actively seek improvements for people and their carers, and this should be central to our involvement. The council's duty is to *promote* people's wellbeing, not always to provide resources for everyone to be well or achieve their wishes. We do this by giving preventative messages and signposting to sources/places of potential interest or help.

The person should be at the centre and fully involved in their assessment and care planning process. Advocacy services should be used where needed. The person must be provided with a copy of the assessment, eligibility determination and a copy of the Care and Support Plan.

6. Timely and Defensible Decision making and recording

Recording must evidence robust decision-making - with an analysis of why a particular decision has been reached and why other options were not appropriate.

The level of recording is to be proportionate to the complexity of the case and must always be written in plain English to be understandable by the person and their family. Recording on ACSIS must be completed within two working days of contact with the person, including provisional care packages where these are available.

7. Value for money, effectiveness and efficiency

Where resources offered, this must be defensible and based on your professional judgement, but people should be encouraged to make their own choices about how their available resources are used. Direct Payments should be considered but must be within people's personal budget.

All other options to promote people's wellbeing, enablement and meet their needs should be explored before long term support is considered.

Similarly, eligibility for Funded Nursing Care (FNC) or Continuing Healthcare (CHC) should be checked before consideration for a permanent placement.

Within a multi-professional setting such as a hospital, the opinion of other professionals should be taken into account but adult care services practitioners have the ultimate professional responsibility for the assessment of a person's social care needs and would be expected to challenge other professionals where their opinion differs.

8. Working with partners and providers to deliver good outcomes

Our work doesn't finish with commissioning good care. We have a responsibility to make sure providers and partners understand their role in achieving outcomes and enabling people to live independent lives.

Services, care and pathways should always be designed to prevent needs from escalating.

9. Support for our staff

Working directly with people and their families is highly skilled and complex work. It can create emotional as well as practical and intellectual challenges. Practitioners can expect clear leadership from managers, regular reflective supervision and good, varied opportunities for development to support us in our roles.

The Practice Principles provide support for staff in their practice. Staff and managers can advise, challenge and support any decision made within this framework. When complaints or representations are received – adherence to these principles is what will be tested.