Peer Group Discussion for Generic Personalisation & Prevention Teams Practice Guidance
Derbyshire County Council - Adult Social Care

If you would like to make any comments, amendments, additions etc please email: ASCH.adultcare.policy@derbyshire.gov.uk

This practice guidance is for practitioners in generic Personalisation and Prevention teams

Contents

Background

What is a Peer Group Discussion?

A peer group discussion is a structured forum of peers. It supports a practitioner to obtain peer-input on 'priority case decisions' where a person's level of independence is most at risk. We use these to help form a professional recommendation about what would enable the person to be as independent as possible. This recommendation is shared with the person (or their representative) as information and advice when planning their support.

Why do we use Peer Group Discussions?

Peer group discussions are used to support people to achieve more independent outcomes.

They help us achieve this because:

- talking with a group of peers helps to identify the most independent options for people - we come up with even better ideas and options as a group (case reviews with practitioners, Feb 2020)

- they help us feel more confident with our decision making and support risk-enablement (practitioner feedback during 2020 pilot period)

- a safe space with peer support helps balance the expectations/pressures from others with other factors and evidence (practitioner survey, Feb 2020)

- structured discussions with peers assist in identifying solutions around the factors that can make the biggest difference to people's independence; multi-disciplinary input, use of homecare, professional support, equipment and technology (case reviews, May 2020)

- structured discussion enables the sharing of knowledge and experience - this can be particularly beneficial for newer members of the team

The 'Statement of Purpose'

We use a peer group discussion forum to help support people to live as independently as possible, for as long as possible.

We bring cases for discussion to help form a professional recommendation as to what would enable the person to be as independent as possible. This is part of pre-support planning that is a bridge between the assessment and support planning stage.

This is a supportive and reflective space to assist a practitioner to form this professional recommendation with the help of peers. It uses a structured conversation to help us share knowledge and build creative solutions. It supports strength-based approaches and risk enablement. It gives us the space to reflect, balance the voices

of the person and the different parties involved, and consider the most independent options. It is not a panel or authorisation process; it should be collaborative and seek to reach a consensus.

Following this forum, the practitioner will share the professional recommendation with the person (or their representative) as information and advice to help them to plan their support.

Cases to Be Discussed

Any case can be discussed with the peer group, but they must address the following:

Priority Cases

Priority case decisions are those where the person's independence is most at risk.

These are in priority order:

1. Short term care placement is being considered and there is sufficient lead-in time for peer group discussion.
2. Short term care placement has been accessed and the person is not able to return home within the 3-week short-term care period.
3. Long term care placement is being considered or is a likely outcome.
4. Long term homecare support is likely to be used directly, and the person has not been referred for short term services via the Care Hub.
5. An increase in the person's long-term homecare support is expected following a re-assessment review (where a new Short-Term Service (STS) referral has not been made for this change in need).

Note that this includes decisions for people who will be self-funding their care where we are involved in their assessment and/or support planning; 'a financial assessment must have no bearing on the assessment process itself' (Care Act Statutory Guidance 2014).

What Stage to Bring a Case for Discussion

The peer group discussion sits as a bridge between assessment and support planning and helps us to form a professional recommendation about the support that would enable the person to be as independent as possible.

We discuss cases at the pre-support planning stage; this is after we have sufficient assessment information, but before we undertake any detailed support planning with the person, their representative or their multi-disciplinary team. This enables us to share this recommendation as information and advice to help the person to plan their support.

Cases can additionally be brought as required at other times in the person's journey.

Attendance

The peer group discussion is made up of the following attendees:

Attendee	Job Role	Role in Peer Group Discussion
Facilitator	This could be a peer or senior practitioner	Introduce the purpose Prioritise the cases for discussion Facilitate the discussion
Practitioner	The person bringing the case for discussion	Present the case Keep an open mind Listen & contribute to group discussion Record a summary & outcome on the Mosaic system Undertake agreed actions
Peers	Ideally a small group of around 4. Including social worker, community care worker, occupational therapist	Share perspective, knowledge and ideas Help form professional recommendation

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Content of the Peer Group Discussion

The peer group discussion should use the structure below:

1. **Session Introduction**
   The facilitator opens the session by summarising or reading the 'statement of purpose'

2. **Case Summary**

   The points that the practitioner may need to cover:

   i) **Context**: what we need to know about the person and the context of this decision.

   ii) **Goals:** what the person is working toward (think about short, medium- and long-term goals) and what is important to and for them.

   iii) **Needs and risks**: the person's eligible needs and the perceived risks if these needs are not met - consider whether we need to do anything else to understand these.

3. Group Discussion

The themes that the group will discuss and reflect on will include:

- opportunities to maximise the person's independence
- opportunities to make the most of the person's strengths, networks and community resources
- what we know about the remaining unmet eligible needs and the perceived risks if these are not met and how we can best respond to these

4. Conclusion – Professional Recommendation

The practitioner will summarise the professional recommendation that they plan to discuss with the person/their representative. They will identify the recommended support type and level of support which will most independently meet their needs and desired outcomes. They will summarise any other actions agreed.

Practicalities of a Peer Group Discussion

The length, frequency and location should be agreed to suit the needs of the team. It should be regular enough so as not to unduly delay case decisions.

Practitioners need to be able to plan to bring cases or schedule cases for discussion. The administration of this should be agreed to suit the team.

Recording

Peer group discussions should be recorded on Mosaic. The below summarises where to record the discussion.

For Long Term Support

Peer group discussions relating to a person's long-term support should be recorded in the *Core Assessment* section 7 'Pre-Support Planning Considerations'. See 'Mosaic Form Guidance - Core Assessment' for more details.

For Short Term Care placements

Peer group discussions are used where short-term care placement has been accessed and the person is not able to return home within the 3-week short-term care period. This should be recorded in the short-term intervention review. See 'Mosaic Form Guidance - Short Term Intervention Review' for more details.

For any other cases

In all other situations, a case note should be used to record the peer group discussion.

Case Notes

Any case notes relating to peer group discussions should select the 'peer group discussion' case note type.

Supporting the Development of our Services

A peer group discussion will sometimes identify a more independent outcome that cannot be shared with the person on the basis that it would not be available to them. This may include services that do not currently exist in the area, services without capacity to offer the support to the person, or services that we are unable to commission.

This information is captured in the core assessment within the peer group discussion record. This helps to build a picture of the barriers to achieving the most independent outcomes for the people we support and allows teams, and the Adult Social Care department to respond to these.

Author History

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