

## **Adult Social Care Neighbourhood Quality Assurance Panel**

### **Standard Operating Principles**

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#### **Document Control**

Approved By: Head of Service Neighbourhoods

Procedure applies to: Adult Social Care Practitioners

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## **1. Role of the Neighbourhood Quality Assurance Panel**

This document sets out the standard operating principles for the Neighbourhoods Quality Assurance panel. This procedure relates to all staff within Adult Social Care (ASC) that have a responsibility for Case Management, including Sensory Needs, Safeguarding, Mental Health and are members of the Quality Assurance panel.

The Adult Social Care service is for people, aged 18+ who reside in the community or hospital and have been identified as having care and support needs. The aim of this document is to set out guidelines for the evaluation and funding of all services. This is with the objective of enabling equity in decision making and embedding consistent, excellent assessment practice. The aim is to promote strengths-based outcomes that achieve value for money.

**The Standard operating principles apply to all new or requests for increased expenditure within Adult Social Care including funding support for people leaving Hospital.** The exception being that QAP review for hospital discharges, need to take place retrospectively.

### **1.1 Submitting QAP requests and evidence**

For submission of QAP requests, all evidence and case notes should be documented on MOSAIC prior to QAP submission. QAP requests and decisions must also be documented by Neighbourhood Team Managers, so that the entire process can be evidenced and audited for monthly reporting purposes.

Social Care Practitioners and Neighbourhood Team Leads will be expected to attend QAP to present their cases. As there will be no formal desk review of evidence prior to QAP, it is the Practitioner and Team Managers responsibility to ensure that all assessments, including care assessments and financial assessments, are completed prior to submitting a case to QAP.

### **1.2 Attending the Quality Assurance Panel**

Service and Team Managers will be provided with the recurring MS Teams meeting link to attend QAP and will be responsible for sharing information about the meeting, including the time and if relevant, location (e.g., onsite /online/hybrid) with the social care practitioner. The Neighbourhood Quality Assurance Panel will take place each Thursday afternoon, between 1:00pm and 5pm. The designated 4 hours should allow sufficient time for each of the neighbourhood wards and Hospital discharge cases, to be presented to the panel.

The schedule for presenting cases will be embedded within a shared MS Outlook calendar (accessible by Service Managers and Team Managers), which will rotate across 5 different timeslots between 13:30pm and 16:10 for neighbourhoods, each lasting 40 minutes. Hospital discharges will be at the same time each week (13:00 for 30 mins) and Specialist Support Team (16:50 for 10 mins).

Reablement, Placement reviews & Safeguarding will join according to the neighbourhood associated with the resident. Time slots for the five neighbourhood teams will vary each week,

allowing every team to join at different times between 13:30 and 16:50. This will be reflected in the Shared calendar which will have a 5-week rota cycle. Each neighbourhood will be designated a 40-minute time slot. Hospitals will have a fixed 30-minute slot at the beginning of the Quality Assurance Panel. The Specialist Support Team will have the last 10 minutes (from 16:50) to present cases. It will also be possible to review cases retrospectively.

Team Managers and practitioners can agree on timings to present within the allocated time window based on the rota detailing specific time points allocated to each of the 5 neighbourhoods (e.g., NH East, Week 1 will join at 1:30pm for approximately 40mins).

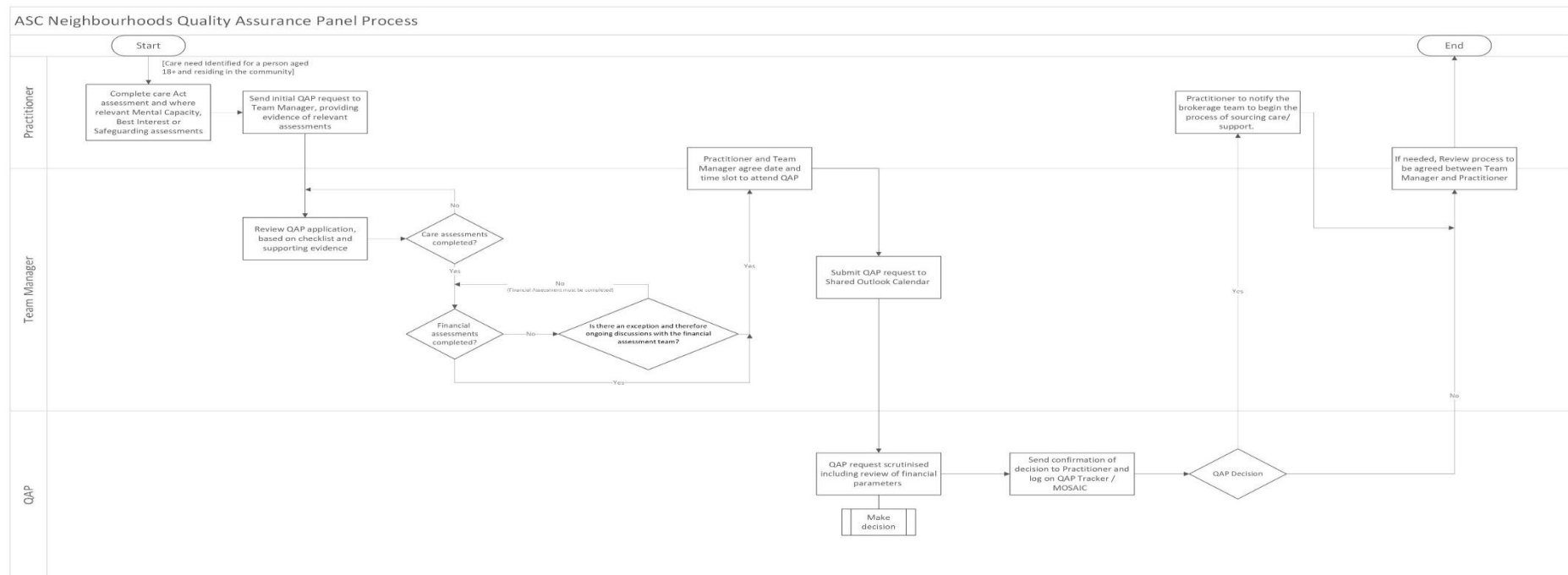
Practitioners will only be expected to attend for their allocated time to present their case(s). It is the responsibility of Neighbourhood Team Managers to ensure that QAP requests are prioritised according to risk and need. For detailed instructions on how to add requests to the QAP calendar, please refer to the Neighbourhood QAP rota guidance document which has been added to the Neighbourhood QAP calendar. All Service Managers and Team Managers have access to the calendar.

Team Managers will be responsible for keeping track of cases to be presented at QAP. QAP Panel members will ensure cases to return to QAP are represented on the required date. Please see the appendices for an example of the 5-week rolling rota.

## 2. The Neighbourhood Quality Assurance panel process

To ensure consistency, equity and oversight in the assessment and decision-making arrangements for people who draw upon care and support, the following process has been designed to embed excellent audit processes, overseen by the Team Managers within operational teams:

### 2.1 Neighbourhood Quality Assurance panel process map



The process is centred around key decision points relating to assessment and approval of individual requests. Decision making authority and responsibility is designated to QAP panel members which must be chaired by the Head of Service and include a neighbourhood Service Manager, along with representation from the Adults and Health Finance Team.

## 2.2 Funding limits and Decision making

The table below provides examples of the expected processes that must be followed and will need to have been completed prior to submission to the Neighbourhood Quality assurance panel:

NH QAP Panel responsibilities	Practitioner & Team manager responsibilities
<b>Funding / decision making thresholds</b> <ul style="list-style-type: none"> <li><b>All expenditure above £250 per week</b> (excludes Reablement Packages)</li> <li><b>One-off support packages:</b> Where required, due to risks to the resident (to include annual payments)</li> <li><b>Deep Cleans:</b> above £250 will need to be presented</li> <li><b>Requests below £250 -</b> Neighbourhood Team Managers authorise and are expected to review the assessment and outcomes intended in the support plan. Rigorous scrutiny of each request is essential, to assure quality of practice and transparent decision-making. This is with the objective of achieving excellent outcomes for people, along with an equitable distribution of funds and best value.</li> </ul> <p><i>Practitioners must ensure the requirements within the guidance are met, evidencing decision making, value for money and outcomes for residents.</i></p>	<p>Are the assessment strengths based? Is the person in receipt of direct payments? Has a CHC checklist been completed? Is there a need for FNC? Have you considered financial assessment/ position including debt/contribution (See draft checklist in appendices)</p> <p>Check funding parameters (ensure there is no double funding from health)</p> <p>Consideration of short-term support</p> <p>Weekly cost of current care and weekly cost of proposed care</p>
<b>Quality Assurance</b> <ul style="list-style-type: none"> <li>Ensure that there is a focus on identification and use of the individuals' strengths and resources, to achieve positive outcomes. This may include considering the individual own abilities as well as wider network such, as family friends, voluntary sector and universal services.</li> <li>Ensure that there is evidence of maximising individuals' abilities such as Rehab/equipment/Assistive tech, Lilly programme. For further information on this please refer to the ASC Practice guide: <a href="#">What Matters: Three Conversations   Practice Guide</a></li> </ul>	<p>Evidence that the individual's extended support network has been considered</p> <p>Clear evidence of individual's specific needs and outcomes as well as options considered such as assistive tech, OT, careline, community networks, VSO and universal services</p> <p>Evidence that mental capacity /best Interests have been considered</p>
<b>Safeguarding and risks</b> <ul style="list-style-type: none"> <li>Where necessary, demonstrate a good understanding of the safeguarding framework,</li> </ul>	<p>Evidence that any safeguarding concerns have been escalated</p> <p>Consideration of risks and management of these risks have been documented</p>

underpinned by the Care Act (2014), aiming to address safeguarding concerns based on the three principles of empowerment, prevention and protection of vulnerable individuals. Evidence of safeguarding procedures followed when needed.	The presenting practitioner must have completed a comprehensive assessment using the What Matters 'conversation 3' plan. Evidence of management oversight on case notes, any following safeguarding actions to be recommended if needed.
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## 2.3 Safeguarding capacity and risk management

This section sets out the expectations for safeguarding within the Neighbourhood Quality Assurance Panel process:

- All practitioners must ensure that safeguarding concerns are fully considered and where required, that a safeguarding concern is raised in accordance with the London Multi-Agency Safeguarding Adults Policy and Procedures. Any safeguarding issue should be addressed prior to presenting to QAP, as due to time constraints, there will not be sufficient time to address safeguarding queries.
- Team Managers must assure themselves that any outstanding safeguarding concerns or protection plans have been addressed prior to presenting a case for funding.
- Where safeguarding enquiries (section 42) are underway, these should be noted clearly within the QAP submission, with any funding decisions reflecting the individual's protection plan.
- The Safeguarding Adults Manager (SAM) role must be clear in any case that is presented where safeguarding is a factor.
- Where safeguarding issues emerge during QAP discussion, panel members should consider whether additional safeguarding actions are required and agree responsibilities for follow-up.

## 2.4 Urgent decisions made outside of QAP

For urgent cases including critical needs, where funding approval cannot wait until the next QAP, an out of QAP decision can be sought by the Resource Allocation Team to seek a care provider. In exceptional cases only, financial assessments may need to be completed retrospectively. For urgent decisions, authorisation can be made via the Neighbourhood Service Manager, up to £1200 (per week). Any support or packages of care costing above £1200 per week, will need to be approved by the Head of service. **Retrospective presentation at QAP is required within two weeks.**

If a full care act assessment has not been completed, the practitioner must establish what support is needed in the interim and provide a comprehensive summary of care and support needs, so that the care provider can consider care or support needs and any necessary risk assessments relating to the provision of the service.

### **3. Membership to the Quality Assurance Panel and Quoracy**

Neighbourhood QAP will be quorate when panel members from the list below are in attendance:

- Head of Camden ASC Neighbourhoods (Core Member and Chair). If not present, then a representative from Camden ASC Neighbourhood Leadership Team will attend with delegated authority.
- Resource coordination (or a team manager if Service Manager is not available)
- ASC Neighbourhood Service Manager

To present case to QAP:

- ASC Neighbourhood Team Manager from the relevant neighbourhood
- Social Worker / Practitioner presenting the case

If one of the neighbourhood Team Managers identified is unable to attend, ideally another senior person within the same team should be nominated.

### **4. Assistive technology - Lilli project**

Assistive technology, including the use of discrete sensors that monitor behaviours and daily activities (e.g., motion, eating, hydration habits and bathroom visits), may be used as a proactive approach to identify the progression of care needs and enable a vulnerable person to remain in their home safely. This approach can help with identifying care needs sooner and promote independence for vulnerable residents who may need support to manage their day-to-day activities and may also be at risk of falling.

### **5. Mechanisms that feed into to ASC Neighbourhood Quality Assurance panel**

Aligning with The Care Act (2014) and Camden's 'What Matters' strategic principles, the Neighbourhood Quality Assurance panel aims to implement a strength-based approach to assessing individual needs and promote the wellbeing of individuals needing care and support. This means having oversight of the quality of assessments and support planning, whilst focusing on optimising opportunities to increase independence by understanding the root causes of the needs identified.

Within this context, as part of the assessment, the social care practitioner must be able to evidence the individuals access to personal resources, social networks and community resources. The Quality Assurance Panel will seek assurance from Practitioners, that a skills and strengths-based approach is being prioritised where possible, over approaches that can create dependency and minimise independence. For further information on strength-based practice in



Adult Social Care, please refer to the ASC practice guide (<https://ascpractice.camden.gov.uk>).

## **5.1 Camden's What Matters Strength based strategic approach to adult social care**

The 'What Matters' framework is Camden's approach to delivering Adult Social Care Support and is based on the DHSC strengths-based practice framework. The three conversations underpinning this approach are as follows:

**Conversation 1** – Listen actively and connect people and families / carers to things that matter, giving information and advice.

**Conversation 2** – Work intensively with people in crisis to enable them to regain stability and control through reablement and / or a short-term package.

**Conversation 3** – Support people who need long-term care and support to build a good life, exploring informal and formal support options.

For more information on the What Matters conversation workflow steps please visit this page: <https://ascpractice.camden.gov.uk>.

## **5.2 The application of financial management and legal frameworks**

Paragraph 10.27 of the Care and Support Statutory Guidance outlines how local authorities should address the financial aspects of meeting an individual's care and support needs. The guidance advises against setting arbitrary cost limits on how needs are met, as this would be inconsistent with person-centred and public law principles. Instead, the guidance suggests evaluating the costs of different options on a case-by-case basis, making decisions based on achieving the desired outcome in the most cost-effective way:

*“In determining how to meet needs, the local authority may also take into reasonable consideration its own finances and budgetary position. The local authority may reasonably consider how to balance that requirement with the duty to meet the eligible needs of an individual in determining how an individual's needs should be met (but not whether those needs are met). However, the local authority should not set arbitrary upper limits on the costs it is willing to pay to meet needs through certain routes – doing so would not deliver an approach that is person-centred or compatible with public law principles. The authority may take decisions on a case-by-case basis which weigh up the total costs of different potential options for meeting needs and include the cost as a relevant factor in deciding between suitable alternative options for meeting needs. This does not mean choosing the cheapest option but the one which delivers the outcomes desired for the best value.*

*Para 10.27 Care and support statutory guidance.*

To summarise in addition to promoting well-being and preventing the delay or development of needs, the statutory guidance advises that the financial aspects of meeting an individual's care, and support needs should be considered within the following contexts:

- Local Authority Finances
- Public Law Duty
- Assess on a case-by-case basis
- Assess the best value, not the cheapest
- No arbitrary Limits

### **5.2.1 Brokerage and Financial Assessments**

Referrals to the Brokerage and Placements Team are to be made after the QAP decision and not before.

Practitioners are not to contact care providers or make any arrangements or agreements prior to QAP, these actions are solely to be taken by the Brokerage and Placements team, which ensures CQC and relevant quality checks are in place.

It is expected that financial assessments are completed prior to presentation at QAP. If this has not been possible the reason and actions in place will need to be provided as part of the QAP presentation.

If a case is presented to the Quality Assurance Panel and there has been no financial assessment, but funding has been agreed for care or support, the practitioner is responsible for ensuring that assessments are completed within a 2-week period from the date of the QAP decision.

### **5.2.2 Care Costs and Placement Rates**

#### **Residential and Nursing Care**

Where placements are being considered referrals will be made to Providers who have a block contract in place in the first instance via the Brokerage and Placement's Team. Where there is no block provision available or the block providers are unable to meet the persons needs the Brokerage and Placement team will make referrals to spot providers.

Whilst individual circumstances will always be considered the following is expected for spot placements: -

- In the North Central London (NCL) or inner London area placements will normally need to be within the agreed fee bandings

- Where placements are in other Local Authority areas these will normally need to be funded within the host local authority fee guidance rates.

The placements team will identify provision as part of their search (this will not include homes where they do not accept Camden or NCL rates) Where identified homes rates are higher than NCL bandings further authorisation on costs will be required and can be authorised by Head of Service outside without the need to reattend QAP.

Where family members are requesting a care home whose fees are above what Camden would usually expect to pay and declined offers made within fee guidance, this will need to be considered under the Choice of Accommodation guidance.

### **Other Provision**

Where block contract and commissioning arrangements are in place with Camden providers (homecare, extra care and reablement) Brokerage will place with these providers in the first instance. Any purchase of care outside this arrangement will be in exceptional situations.

If care is being arranged with providers outside of these frameworks further authorisation will be required.

### **5.2.3 Mental Capacity and Consent**

Adult Social Care practitioners must ensure that the appropriate arrangements (evidence of LPA's) are in place if a person does not have capacity to give consent to manage finances on their behalf. This should include but is not limited to, evidence of a Mental Capacity Assessment. It is paramount that the practitioner can evidence that best interest decisions have been made and if applicable, make a referral to the Independent Mental Capacity Advocacy Team, to ensure that the Mental Capacity Act guidance is being followed.

### **5.2.4 Joint Funding**

Guidance set out by the National Framework for Continuing Healthcare (CHC) and Funded Nursing Care (FNC) states that eligibility for joint funding may only be considered where the person is deemed not to qualify for NHS Continuing Healthcare.

Furthermore, NCL Joint funding policy states that joint funded care becomes available only when the health needs that have been identified, are not within the remit of the local authority or are ancillary to care needs that the Local Authority would provide under sections 18-20 of the Care Act (2014).

The NCL Joint Funding Policy only applies to adults aged over 18 (or during the transition assessment process), where no alternative source of funding has been identified. Examples of agreements that enable joint commission and integrated working between Health and social care include s117, s75 or s256 budgets, discharge to assess (D2A) or FNC. Joint funding should only be considered for care services that are not currently commissioned by NCL ICB or pooled budgets (e.g., if the service already exists).

For joint funding to be considered, the following assessments and processes should have been completed:

- CHC assessment and decision support tool
- Multidisciplinary team recommendation should be ratified as not eligible for CHC by NCL ICB or the eligibility panel process.

It is the responsibility of the Local Authority to submit a request for joint funding, which must be submitted to the ICB CHC service following receipt of the CHC assessment outcome. As part of the request, it is essential that Local Authority Practitioners provide a detailed description of the specific needs identified through the Care Act and CHC assessment, that are beyond the remit of the local authority to meet under the requirements of the Care Act.

Joint funded care packages should be reviewed by health and social care with Social Care maintaining the care co-ordination role and NCL ICB responsible for the health-related component of the jointly funded package.

This policy should not be applied if urgent care provision is required and completion of a CHC assessment would be inappropriate at the time due to unstable needs. In this scenario commissioning and funding should be agreed jointly between NCL CCG and respective Local Authority until a CHC assessment can be completed.

For further information, please refer to the [Joint Funding Policy for individuals assessed as not eligible for Continuing Healthcare Funding](#).

The Quality Assurance process will support practitioners to apply for joint funding where identified and not in place before attendance at QAP

### **5.2.5 Section 117 Funding**

Section 117 refers to a clause in the Mental health Act, which states that Integrated care Boards (ICB) and Local authorities have a duty to provide or arrange the provision of aftercare services to individuals that have been detained in hospital under the following sections:

- Section 3
- Section 37 (with or without a restriction order)
- Section 45A (with or without a limitation direction)
- Section 47 or 48 (with or without a restriction order)

The duty to provide after care applies for as long as there are needs relating to a mental disorder and the individual remains under a S117. Similarly, if an individual is on a Community Treatment Order (CTO) they will be eligible for aftercare for the entire duration of the CTO. Aftercare may continue after the CTO has ceased, if assessed needs under s117 continue to be present.

## **6. Community networks and resources**

It is recommended that social care practitioners aim to support residents to regain independence, by working with residents to optimise their strengths and assets within the local

community. This is because whilst statutory support may be available to individuals, this does not replace the network of support needed to mitigate the risks of social isolation and decline in wellbeing of vulnerable people who need to draw upon care and support. Therefore, regardless of the individuals' entitlements, the strengths-based principles need to be implemented as a foundation for increasing independence and autonomy.

## **6.1 Carers assessments**

It is essential that practitioners consider informal carers needs and offer an assessment to the carer in their own right or as part of the assessments for vulnerable person. Carers must be offered assessments and support which enables them to remain part of the care for persons support network. Social Care practitioners need to provide information to carers about support and services that are available to them.

## **6.2 Advocacy**

Advocacy services are available for people who need support with representing their interests and obtaining the services they need to promote social inclusion and equity. A resident can advocate for themselves, or they may draw upon the support of family and friends to advocate on their behalf. If this is not possible, Care Act Advocates must be considered.

Advocacy services are provided by the Camden and Islington Integrated Advocacy Service (CIAS) delivered by Rethink Advocacy. For more information on Advocacy and the types of Advocacy services provided, please visit the Adult Social Care Practice guide: [Advocacy | Practice Guide](#).

## Appendices

### 1. Neighbourhood QAP Draft rotation schedule based on 4 hours

Rotation	Hospitals	North	South	East	West	Central	SST
1	13:00	13:30	14:10	14:50	15:30	16:10	16:50

Rotation	Hospitals	Central	West	East	South	North	SST
2	13:00	13:30	14:10	14:50	15:30	16:10	16:50

Rotation	Hospitals	West	Central	South	North	East	SST
3	13:00	13:30	14:10	14:50	15:30	16:10	16:50

Rotation	Hospitals	South	North	Central	East	West	SST
4	13:00	13:30	14:10	14:50	15:30	16:10	16:50

Rotation	Hospitals	East	West	North	Central	South	SST
5	13:00	13:30	14:10	14:50	15:30	16:10	16:50

## 2. Checklist for Team Manager prior to Neighbourhood QAP submission

Quality Assurance Panel Pre-Assessment Checklist for Team Managers				
Area checked	Comments / Issues	Complete Yes/No	In- progress Yes/No	Costs
Summary of need				
Has rehab/ reablement potential been explored?				
Have existing networks and support in the community been considered?				
If relevant, has a CHC checklist been completed?				
Is there a joint funding need?				
Have direct payments been considered?				
Has voluntary sector and non- statutory provision been considered?				

<b>If there is an existing package in place confirm weekly cost</b>				
<b>Proposed support/placement and weekly cost</b>				
<b>Has capacity/ best interest assessment been completed</b>				
<b>Are there any safeguarding risks or concerns? If so, have the correct assessment and procedures been completed?</b>				
<b>If relevant has the Safeguarding Adults Manager (SAM) been involved and is there role document?</b>				
<b>What are the risks if the proposed plan is not implemented</b>				
<b>Financial assessment position including any debt or arrears</b>				
<i>Total Costs</i>				0