

Version: 4 FOI Status: Public	Self Directed Support Care and Support Plan Reviews Practice Guidance Derbyshire County Council - Adult Social Care	Originally Issued: August 2013 V4 Issued: May 2021 Review Due: May 2023 Author: Josie Hill / Dominic Sullivan
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Self Directed Support Care and Support Plan Reviews Practice Guidance Derbyshire County Council - Adult Social Care

Derbyshire County Council Adult Social Care publishes a range of practice guidance documents to support workers when implementing council policies, in this case, the Adult Social Care Self Directed Support (SDS) Policy.

They are written in plain language and give clear and precise guidance detailing how professionals and other relevant parties should undertake care and support plan reviews.

Additionally, Derbyshire’s public website has a range of information of value to the public, clients and workers about self-directed support including, specifically, around the ‘client journey’ through SDS.

During the COVID 19 period it is important that any reviews or meetings are conducted in line with national governmental social distancing guidelines.

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

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Introduction

The overarching Adult Social Care Self Directed Support Policy includes the legislative background and provides the framework for undertaking care and support plan reviews. This practice guidance should be used by all Adult Social Care staff responsible for that function. It aims to:

- ensure that local authority staff meet the requirements of the Care Act 2014 to carry out a review of the needs of individuals and their carers in receipt of care and support services
- achieve the effective and consistent recording and sharing of information, following an appropriate depth and scale of re-assessment to support the needs of individual clients
- avoid increases or reductions in service to individuals before sufficient information is known about them, in line with the eligibility guidance
- ensure that workers are clear about their responsibilities for reviewing direct payment arrangements

It is of particular relevance to self-directed support and other Adult Social Care policies. For example:

- [Adult Social Care Self Directed Support Policy](#)
- [Adult Social Care Recording Policy](#)
- [Adult Social care Self Directed Support Eligibility Guidance](#)
- [Derbyshire County Council Accessible Information Standards](#)

Purpose of Care and Support Plan Reviews

The main purpose of the care and support plan review is to ensure that current needs are identified, outcomes in the care and support plan are still relevant (and where not, new ones agreed) and that existing support arrangements remain appropriate to achieving those outcomes. Where the budget has been taken as a direct payment, this will include reviewing the budget arrangements and checking that people are successfully managing their direct payment account and their employment responsibilities. It should seek to address and resolve any concerns or problems with the management of the account.

If this is not the case a care and support plan revision or a formal re-assessment will be required. The latter may result in a change in eligibility for support and/or the level of personal budget amount.

As such, in line with other parts of the SDS process, the individual should be involved as much as possible in decisions about any support or services that will be provided in relation to their ongoing needs and outcomes.

Where appropriate, it will be necessary to engage the services of an independent advocate – see the [advocacy practice guidance](#) for details.

A review is a positive opportunity to take stock and consider if the plan is enabling the person to meet their needs and achieve their goals. It is important to consider whether

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the person wants to work toward anything new and whether there is anything that could promote or sustain the person's level of independence.

The review should answer:

- has the person's circumstances and/or care and support or support needs changed - (where there is significant change, a new assessment should be carried out)
- what is working in the plan, what is not working and what might need to change
- have the outcomes identified in the plan been achieved or not
- does the person have new outcomes they want to meet
- could improvements be made to achieve better outcomes
- is there anything that could be done to promote the person's level of independence
- are there any opportunities to make the most of the person's own strengths, resources, existing networks, community and sustainable on-going support
- are there any changes in the person's informal and community support networks which might impact negatively or positively on the plan
- is the person's personal budget enabling them to meet their needs and the outcomes identified in their plan
- is the person's personal budget the right amount for the level of need
- is the current method of managing it still the best one for what they want to achieve
- are there any changes to the person's needs or circumstances which might mean they are at risk of abuse or neglect
- is the person, carer, or their representative satisfied with the plan

Contingency arrangements should also be reviewed and updated every time the support plan is reviewed.

The Person's Participation

In keeping with good person-centred practice, the person's involvement and participation in the review process should be actively encouraged. This will include:

- consideration of the best environment in which to carry out the review
- giving sufficient notice of the review to the person and their chosen representatives
- consideration of whether advocacy arrangements need to be made - especially where the person requires help to ensure they have the capacity to contribute effectively to the review process

For people with learning disabilities, and others where appropriate, this will also include consideration of a completed 'This is Me' document.

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Review Participants

Other 'key people' should be identified by the individual themselves. Typically, this may include:

- carers or relatives - careful consideration should be given to how best to manage appropriately the input of relatives and carers to the review process, including potential conflicts of interest and the possible distance of the relative from Derbyshire
- health colleagues
- representatives from registered providers
- other agencies involved in supporting the client
- Direct Payment Finance team - where a person has taken all or part of their budget as a direct payment, it is a requirement that prior to the review, contact should be made with the finance team to ensure that there are no concerns about management of the direct payment account

Where there are concerns, it will be appropriate for them to contribute to the review, either through provision of up to date information and guidance, or, where necessary, in person.

Review Frequency

Best practice in Derbyshire is that the first review of a care and support plan is undertaken within 72 hours or 6 weeks as appropriate.

Subsequent reviews should be within one year, and then at intervals no greater than one year. Where reviews are not planned for at least six months they should be supplemented by six monthly monitoring checks.

Indications that a Review Date Should be set at a Period no Longer than Six Months

The allocated Adult Social Care worker will set a review period of no greater than six-months if any of the following indicators are present:

- the service has only been established for a few months, including the direct payment scheme
- where the person's needs are likely to change e.g. a deteriorating illness
- where the provider is newly established and does not have a track record for service delivery
- where there are a number of service providers and the support plan needs coordinating

The allocated worker will monitor the support plan to ensure the service is delivered effectively to the person and carer's satisfaction. Where appropriate this will include checking that the direct payment account is being managed in line with expectations set out in the care and support plan, before the case is put onto an annual review cycle.

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Indications that an Annual Review is Appropriate

The care and support plan may be set for annual review if the following apply:

- the person or their representative is able and willing to monitor the service themselves and understands how to request an early review if necessary
- there is another statutory agency worker in regular contact who can monitor the package (e.g. health or social care professional as part of the care programme approach)
- there is only one service being provided and there is an independent inspection procedure established for the provider, the provider's management systems allow for internal monitoring of service delivery, and the provider has a good track record of alerting care coordinators to potential or current problems

Low-level Non-Personal Care Support that is Appropriate for Telephone or 'Light Touch' Reviews, e.g. Equipment

The care and support plan may be reviewed by telephone if the following apply:

- the client has no communication difficulties that prevent telephone discussion
- a face to face review has been completed the previous year
- information is available on the care and support plan that supports low level non-personal care service provision
- The person is willing and able to monitor the service themselves and understands how to request a face to face review if necessary
- If the person's needs have not changed and the current care and support plan continues to meet their needs

Unscheduled Reviews

Unscheduled reviews will be undertaken as appropriate to the person's circumstances. A review can be requested by the person or their representative. Where contact with the person, family members, informal carers or the provider, causes any concern at all, a monitoring call or face-to-face review may be required with the individual (and their carer where appropriate).

Registered providers are expected to alert the care coordinator to any changes as soon as possible.

The review decision, using information collected from a range of sources, will always remain with the allocated case coordinator.

Following the Review

After the review the reviewer will:

- follow up any issues raised and action as necessary
- consult with the person's representative and carer/carers where appropriate if they did not contribute to the review
- liaise with any relevant professionals involved with the individual, and ensure

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- that any health needs are properly assessed
- consult with the provider where necessary. Raise and deal with any concerns relating to the care provided by the provider
- record the outcome of the review on the Casework Management system and, where applicable, in the Person Held Record (PHR)
- revise the care and support plan or re-assess as necessary
- ensure the client/carer/provider has a copy of the latest care and support plan, a contact point and the date of the next review, making appropriate use of the person held record

(**NB** registered providers are responsible for supplying the client with the person held record which clients are asked to make available to staff to support them in their own home).

Ending Services Post Review

When you are seeking to end services as a result of reassessment, the following **must be** applied at all times:

- the person and/or their representative must be provided with a copy of the reassessment prior to any service end date being set and given opportunity to discuss this and the alternatives open to them
- this reassessment must clearly set out the reasons why you think the person does not qualify for support (or support with a particular need) based on the risks to their independence health and wellbeing as judged against the eligibility criteria
- the assessment must include reference to sources of information provided by third parties that has been used to justify a decision on eligibility (e.g. information provided by the care worker community indicates that x is able to undertake this task independently)
- the needs and outcomes section must reflect how the needs are currently being met (or can be met) without the need for Adult Social Care support (e.g. x continues to undertake this independently, x will purchase from..., information provided on befriending service, referral made to...etc.)
- a follow up letter must be sent to the person and/or their carer confirming the outcome of the reassessment, setting out what alternative arrangements have been discussed/recommended and including an ending date for the service/s not less than 10 working days from the date posted.

Complaints and Representations

As with assessment and care and support planning, the appropriate compliments, complaints and appeals procedures should be made clear to the individual and their representatives.

It may be helpful to supply a copy of the 'Putting People First' leaflet and offer support to complete it where this is relevant and appropriate.

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Author History

Approval and Authorisation History

Authored by Jenny Hudson	Service Manager	June 2013
Approved by R Miller/D Sullivan	Group Manager	July 2013
Authorised by Policy and Procedures Group	Quality Assurance Group	August 2013

Change History

Version 1	August 2013	Jenny Hudson	Development of new practice guidance
Version 2	March 2015	Jenny Hudson	Revision to comply with the Care Act 2014
Version 3 changes	April 2017	J Hudson/D Sullivan	Review no
Version 4	May 2021	J Hill / D Sullivan	Changes to sections 2 and 5