Support Planning and Review Policy

Helping people to help themselves by making personalisation real

Adult Operations

Essex County Council

December 2014

FINAL / Version 1.0
**Title of Policy:** Support Planning and Review Policy

**Purpose of Policy:** To provide the framework for meeting the eligible assessed needs of adults in Essex.

**Type of Policy:** Operational policy

**Target Audience:** All those involved in assessment, planning support, care management or review of adults receiving self-directed support services within Essex.

**Date policy approved:** 18 December 2014. Comes into force 1 April 2015.

**Review Date:**
This policy will be updated in line with implementation of the second phase of Care Act 2014 reforms that come into force in April 2016.

**This policy replaces:** Support Planning Policy (May 2014)

**This policy should be read alongside:**
- Assessment & Eligibility Policy (2015)
- Personal Budgets Policy (2015)
- Safeguarding Policy (2014)
- Charging Policy (2015)

**Lead Director:** Karen Wright

**Policy Lead / Author:** David Williams / Helen Terry

**Date / Version:** 24 December 2014 / FINAL Version 1.0
Support Planning and Review Policy

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1 Introduction

If as a result of the assessment and eligibility process an adult or carer is found to have eligible needs for care and support, the council has a statutory duty to meet those needs. Assessment is the first stage of this process, in which the nature and extent of the person’s needs are identified. This includes looking at the range of strengths, capabilities and support already available to the individual and helping the individual to build upon these to help themselves.

If the council has determined, following an assessment under S9 of the Care Act 2014 that it has a duty to meet a person’s eligible unmet needs, it must help the person decide how their needs are to be met through the preparation of a support plan.

Not all the person’s needs, identified through an assessment, will be eligible for publicly funded support. The council must also provide the person with information and advice about how to delay or prevent needs that are not considered to be eligible.

Person-centred support planning is the process of working with the individual to establish how their needs will be met. It includes identifying the strengths’ capabilities and resources already available to the person which they could draw upon to meet their needs. Formal interventions or care and support services should only be considered when these assets have been exhausted. The council must provide a personal budget to meet those assessed eligible needs that cannot be met from within the person’s own network of support and the support plan must set out how the budget will be used. In order for the council to agree the release of money to pay for the individual’s support, we must be able to see and agree a plan that meets clear criteria.

The council has an ongoing duty to keep the support plan under review to ensure that the assessed eligible unmet needs continue to be met.

This policy covers the support planning and review phase of the process and sets out how Essex County Council will ensure that it fulfils its duty to meet people’s assessed eligible unmet needs.

Registered social work professionals have a professional duty to maintain a sound understanding of current legislation applicable to social care and to take account of relevant policy and guidance in their practice.

The main elements of the framework for support planning include:

| Indicative Personal Budget | As part of the assessment process, Essex uses a Resource Allocation System (RAS) to generate an estimate of the amount it is likely to cost to meet the person’s assessed eligible unmet needs. This provides a starting point for developing the support plan. An exceptions process covers the treatment of cases where the RAS cannot be relied upon to calculate an accurate budget. |
| Support Plan | This is the plan that will be developed with the person to work out how |
to meet their assessed eligible needs. The council is not required to meet any eligible needs that are being met by a carer, so long as the carer is willing to do so, but the support plan must identify which eligible needs the carer is meeting. National guidance distinguishes between a Care and Support Plan for adults with needs for care and support and a Support Plan for carers. To avoid repetition, this policy uses the term Support Plan throughout which, unless stated otherwise, is to be taken to refer to both cases (ie carers as well as adults with needs).

The process of drawing up the Support Plan will take account of support from family and friends, universal services, the personal budget and other support available.

### Risk Enablement

Risk is an inevitable consequence of people making choices and taking decisions about their lives. The main concern is to ensure that the individual understands the consequences of their decision.

Essex has an approach to assessing and managing risk in this situation, especially where there may be conflicting views between the individual, their family and the council about the level of risk and how it should be shared.

### Validation

The process for ensuring that the support plan is fit for purpose and confirming the amount of the personal budget required to meet the person’s identified needs.

### Review

The process for revising the plan or personal budget if the person’s needs change or the plan is not working.

### Helping people to help themselves by making personalisation real

Essex County Council is committed to delivering Adult Social Care in accordance with the Adult Operations Charter. Its approach will always be based on helping people to help themselves and in so doing to promote progression and maximise independence.

Essex has signed up to Making it Real, demonstrating its commitment to personalisation and community-based support. Our goal is that people with eligible assessed unmet needs for care and support in Essex can say:

#### Information and advice

- “I have the information and support I need in order to remain as independent as possible.”
- “I have access to easy to understand information about care and support which is consistent, accurate, accessible and up to date.”
- “I can speak to people who know something about care and support and can make things happen.”
- “I have help to make informed choices if I need and want it”
- “I know where to get information about what is going on in my community.”

#### Active and supportive

- “I have access to a range of support that helps me to live the life I want and remain a...
| communities                        | contributing member of my community.
|                                  | “I have a network of people who support me – carers, family, friends, community and if needed paid support staff.”
|                                  | “I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities.”
|                                  | “I feel welcomed and included in my local community.”
|                                  | “I feel valued for the contribution that I can make to my community”
| Flexible integrated care and support | “I am in control of planning my care and support”
|                                  | “I have care and support that is directed by me and responsive to my needs.”
|                                  | “My support is coordinated, co-operative and works well together and I know who to contact to get things changed.”
|                                  | “I have a clear line of communication, action and follow up”
| Workforce                         | “I have good information and advice on the range of options for choosing my support staff.”
|                                  | “I have considerate support delivered by competent people”
|                                  | “I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers.”
|                                  | “I am supported by people who help me to make links in my local community.”
| Risk enablement                   | “I can plan ahead and keep control in a crisis”
|                                  | “I feel safe, I can live the life I want and I am supported to manage any risks”
|                                  | “I feel that my community is a safe place to live and local people look out for me and each other”
|                                  | “I have systems in place so that I can get help at an early stage to avoid a crisis.”
| Personal budgets and self funding | “I can decide the kind of support I need and when, where and how to receive it.”
|                                  | “I know the amount of money available to me for care and support needs, and I can determine how this is used (whether it’s my own money, direct payment or a council managed personal budget)”
|                                  | “I can get access to the money quickly without having to go through over-complicated procedures”
|                                  | “I am able to get skilled advice to plan my care and support, and also be given help to understand costs and make best use of the money involved where I want and need this.”
Meeting needs

The Care Act introduces the concept of meeting needs rather than providing particular services. This is intended to allow for a broader range of support options. Indeed the council must consider what, other than the provision of care and support, might help the person to meet the outcomes they want to achieve. This includes working with the person to explore their strengths, capabilities and what support might be available within their wider support network or the community that they could draw upon. This should be the starting point and formal interventions or services should only be considered when these assets have been exhausted.

The purpose of the care and support planning process is to agree how a person's assessed eligible needs should be met and thus how the council will discharge its duty to do so. Some of the options for meeting needs include:

- Care and support from a voluntary or private provider
- Informal support from community groups or voluntary services
- Universal services
- Support from family or friends
- Assistive technology, equipment or adaptations
- Direct payments – allowing the person to purchase their own care and support
- Support provided directly by the council

The council’s duty is to ensure that a person’s eligible assessed needs are met. However this does not necessarily mean that the council must meet those needs itself. For example, the council is not required to meet needs that are being met by a carer, so long as the carer is willing to do so. Through the support planning process, the council needs to assure itself that whatever means of meeting the person’s eligible needs are used, they are an effective way of meeting those needs and that the person agrees to the approach.

The council also has a duty to ensure that people who may benefit from preventative support receive information and advice about this and how to access it. This duty applies to both eligible and non-eligible needs.

There are some specific areas to consider in meeting needs:

<table>
<thead>
<tr>
<th>Needs met by the carer</th>
<th>The council is not under a duty to meet any needs that are being met by the carer.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>During the assessment, the council must identify those needs which are being met by a carer at that time and determine whether those needs would be eligible. However, as long as the carer continues to meet those needs the council is not required to meet them.</td>
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<tr>
<td></td>
<td>Carers should not be encouraged to give up existing paid employment.</td>
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<tr>
<td></td>
<td>The support plan should record which needs the carer is meeting. This should also be recorded in the carer’s support plan if there is one.</td>
</tr>
<tr>
<td></td>
<td>It is good practice to consider putting in place a contingency plan in case the carer is unable to fulfil their caring responsibilities.</td>
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</tbody>
</table>
**Needs met by other services**

In some cases a person’s needs may be met by other services, such as education, disability benefits, housing, health. As long as these services are in place and the council is satisfied that these services meet the person’s needs, Essex is not required to arrange or provide any services itself to meet those needs.

These needs should still be recorded as part of the assessment and eligibility determination. If the alternative services cease or are no longer adequate to meet the needs, the council is responsible for meeting them.

If the person is entitled to a service which could meet some of their needs but they are not accessing it, the council should inform and advise the person how to do so as early as possible. The needs remain “unmet” and the council under a duty to meet them until those needs are actually met by the service concerned.

**Fluctuating needs**

Where a person has fluctuating needs, the support plan should make comprehensive provisions to accommodate this. It should also include contingency plans in the event of a sudden change or crisis in the person’s condition.

**Direct payments**

The council must inform the person which, if any, of their assessed eligible unmet needs may be met by a direct payment. The person must be provided with appropriate information and advice about how direct payments could be used.

**Non-eligible needs**

If the council chooses to meet needs that are not eligible, the duty to help the person prepare a support plan to meet those needs applies. However, subject to our discretion, it is the Council’s policy only to meet assessed eligible unmet needs.

**Best value**

In determining how to meet eligible assessed needs, the council will have regard to its available resources. The council may, and will, take decisions on a case-by-case basis which weigh up the total costs of different potential options for meeting a person’s eligible unmet needs, including no cost options, such as support available from the community, and include the cost as a relevant factor in deciding between suitable alternatives. This does not mean choosing the cheapest option, but the one which delivers the outcomes desired for the best value.

*For example:* The Council will not normally offer 24 hour care at home to an individual where that care can be appropriately provided at a lower cost in a residential setting. Where the individual wishes to stay at home it will offer a personal budget that is the cash equivalent of the residential care charge.

In all cases the Council will exercise its discretion based on the individual circumstances of the case.
3 Involving the person

In accordance with national policy, the support plan must be person-centred and the person must have every reasonable opportunity to be involved in the planning to the extent that they choose and are able. The person must be actively involved and influential throughout the process to ensure that the support plan is holistic and takes account of their wishes, feelings, strengths, needs and aspirations.

The council must take all reasonable steps to involve the person, their carer(s) and any other person the adult wants to involve. This means that the council should help the person to understand how they can be involved; support them to understand what is being discussed and what options are available for them.

The level of involvement should be agreed with the individual and should reflect their needs and preferences.

If the person or their carers would have difficulty being involved, the council must establish whether the person could be supported to be involved through changes to the support planning process. Under the Equality Act the council has a duty to make reasonable adjustments to meet the needs of people with particular accessibility requirements.

If the person lacks capacity, the council should make a best interests decision about who else should be involved.

If the person would have substantial difficulty being involved, and adaptations to the process would not overcome this, the council must arrange for an independent advocate to support the person to understand and retain relevant information; weight that information and communicate their views, wishes or feelings.

Joint planning

The council should give people the opportunity to prepare the plan in conjunction with the council if they wish. This could include authorising a third party to work with the person to draw up the support plan.

The test for allowing others to have a role in preparing the plan begins with the presumption that the person should give consent for others to be involved and there is no conflict of interest. Circumstances where it may not be appropriate for others to be involved include:

- A person does not wish their family to be involved
- Family members have conflicting interests
- The third party lives so far away from the person they are unable to prepare the plan in a timely fashion.

Where the person or third party is working with the council to develop the plan, the council’s role is to oversee production and completion of the plan. The council should ensure that relevant information is shared securely, promptly and in accordance with the Data Protection Act to allow the plan to be prepared in a timely fashion. The council must also satisfy itself that the plan makes adequate provision to meet needs and represents the best balance between value for money and maximisation of outcomes.
4 Support Plan

The main function of the support plan is to demonstrate how the person’s eligible needs will be met. The plan must link back to the outcomes that the person wishes to achieve in order to improve their wellbeing (identified in the assessment process). This should reflect the person’s wishes, their needs and aspirations and what is important to them as far as this is reasonable.

The plan must include evidence of how the person’s existing strengths, capabilities and resources available within their network of support are being drawn upon to meet their assessed needs. The plan must record where the council is not meeting the eligible needs (i.e. where they are being met in some other way) so that the council can respond effectively to changes in circumstance. The plan should also include a tailored package of information and advice on how to delay and/or prevent any needs the council is not going to meet. The plan must also identify measurable and specific scope for progression and how this will change or reduce the need for support in future.

The content of the plan must be finalised with the person and any other people the person requests and be compiled in a format that makes sense to them. The plan should also be proportionate to the needs to be met.

There are certain elements that must always be incorporated in the final plan:

<table>
<thead>
<tr>
<th>Needs</th>
<th>The needs identified by the assessment and whether and to what extent the needs meet the eligibility criteria.</th>
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<tbody>
<tr>
<td></td>
<td>The needs that the council is going to meet and how it intends to do so.</td>
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<tr>
<td></td>
<td>Needs that will be met by the carer, other informal sources of support or through other assets available to the individual</td>
</tr>
<tr>
<td>Outcomes</td>
<td>For a person needing care, for which of the desired outcomes care and support could be relevant.</td>
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<tr>
<td></td>
<td>For a carer, the outcomes they wish to achieve, and their wishes around providing care, work, education and recreation, where support could be relevant.</td>
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<tr>
<td>Personal budget</td>
<td>Everyone will have a personal budget that identifies the cost of their care and support and the amount that the council will make available.</td>
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<tr>
<td></td>
<td>People can receive all or part of their personal budget as a direct payment. The plan must detail which eligible unmet needs are to be met by a direct payment and the amount and frequency of the payments.</td>
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<tr>
<td>Preventing needs</td>
<td>Information and advice on what can be done to reduce the needs in question and to prevent or delay any future needs.</td>
</tr>
<tr>
<td>Non-eligible needs</td>
<td>If the council decides not to use its powers to meet non-eligible needs it must give the person a written explanation for this decision.</td>
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</tbody>
</table>
explanation must include information and advice on what can be done to meet, delay or prevent any needs the council is not meeting. It is the Council’s policy only to meet eligible unmet needs, subject to our discretion.

Key principles

The key principles are that the support plan must be:

<table>
<thead>
<tr>
<th>Lawful</th>
<th>The proposals are lawful and any regulatory requirements have been addressed.</th>
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<tr>
<td></td>
<td>The proposals are within the scope of the funds and resources that will be used.</td>
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<tr>
<td>Effective</td>
<td>The proposals will meet the assessed eligible unmet needs and support the person’s independence and wellbeing.</td>
</tr>
<tr>
<td></td>
<td>A risk assessment has been carried out and any risks have been addressed.</td>
</tr>
<tr>
<td></td>
<td>The proposals make effective use of the funds and resources available in accordance with the principle of best value.</td>
</tr>
<tr>
<td>Affordable</td>
<td>All costs have been identified and can realistically be met within the budget. In the case of residential care provision the Council must offer at least one placement option to the user that can be funded within their budget.</td>
</tr>
</tbody>
</table>

Indicative personal budget

At the beginning of the support planning process, the person will be given an indicative personal budget. This is a guide amount calculated using a Resource Allocation System (RAS) to estimate the amount of money that will be required to meet the assessed eligible unmet needs. It is subject to refinement and re-evaluation through the support planning process and may go down as well as up. The individual should be encouraged to consider creative ways of meeting their assessed eligible unmet needs, with a view to making the budget go as far as possible, in line with best value principles.

Complex cases

The RAS cannot calculate an accurate indicative budget for complex cases that involve high levels of need. In these cases it will calculate an indicative budget up to a maximum threshold. Cases that reach or exceed this threshold will be treated as an exception.

This does not mean that the council will not fund support above this threshold. The council must meet the individual's eligible unmet needs regardless. However such cases are likely to involve a higher degree of complexity and will require more careful consideration to ensure that the person’s needs are met appropriately.
Combining plans

Where both the person and their carer have eligible unmet needs, a combined support plan should be considered, provided both adult and carer agree.

Where a person has more than one plan, such as an Education, Health and Care Plan, Safeguarding Plan, Care Programme Approach, NHS Care Plan, a combined support plan should be considered to avoid duplication and ensure that the package of care and support is developed in a way that fits with support that is already being received or developed. This can be done only if all relevant parties agree.

Planning for people at risk of harm

People are “at risk of harm” if they have been subject to or remain at risk of abuse or neglect; and they have been subject to a section 42 Safeguarding Enquiry.

In this case all the principles of support planning apply equally to the person at risk and they must be actively involved in agreeing what outcomes they want and how they will be achieved. If the person has an agreed Safeguarding Plan, the council has a duty to provide any services specified within it regardless of eligibility criteria.

Planning for people who lack capacity

Every adult has the right to make his or her own decisions in respect of his or her support plan and must be assumed to have capacity to do so unless it is established otherwise. A person must be given all practicable help to make specific decisions before being assessed as lacking capacity.

In cases where there is uncertainty about whether an individual has sufficient capacity to be able to make specific decisions in relation to their support, it will be necessary to perform an assessment of capacity, in accordance with the Mental Capacity Act 2005.

Where an individual is assessed as lacking capacity, the council must commence support planning in line with the best interest principle under the Mental Capacity Act.

Deprivation of Liberty

The Mental Capacity Act provides legal protection for acts of restraint only if the act is:

- Necessary to prevent harm to the person;
- A proportionate response to the likelihood of the person suffering harm and the seriousness of that harm and
- In the person’s best interests.

If the degree and intensity of restrictions and restraints are so significant that they amount to a deprivation of liberty, this must be authorised under the Deprivation of Liberty Safeguards under the Mental Capacity Act.
The council needs to ensure that any risks identified in the course of the assessment and support planning process are properly identified and addressed. These include risks to the person, to others or to services or the council itself.

The council recognises that risk is an inevitable consequence of people exercising choice and making decisions about their lives. An individual who has the mental capacity to make a decision and chooses voluntarily to accept a level of risk, is entitled to do so.

To make good choices, people need to understand the consequences of their decisions and take some responsibility for them. Essex wants to enable people to exercise choice and make responsible, reasonable decisions. This involves empowering individuals to make choices while ensuring that they understand and own the consequences.

Enabling people to take an informed, reasonable risk is not the same as putting them at risk. Existing policy and arrangements for safeguarding vulnerable individuals continue to apply. Moreover the council would be in breach of its duty of care if it places individuals in a position of risk.

The council has established a framework for decision making in relation to managing risk which is designed to assist all involved in support planning to explore issues and agree arrangements that go as far as possible towards meeting the individual’s aspirations, while balancing risks to themselves and others.

The main considerations are:

<table>
<thead>
<tr>
<th>Mental Capacity</th>
<th>If an individual has the mental capacity to take a decision and knowingly chooses to accept a level of risk, they are entitled to do so.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>People with learning disabilities, poor mental health or other conditions that may affect their mental capacity are still entitled to make choices about their life.</td>
</tr>
<tr>
<td></td>
<td>It is not an acceptable or achievable goal to seek to eliminate risk. Especially where this would compromise the individual’s freedom, dignity or quality of life.</td>
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</tbody>
</table>

| Informed Consent | The key issue is informed consent. The individual must be involved in the decision and be supported to understand the alternatives available and the consequences of their decision. They may require additional support or advocacy to help them do this. |

<table>
<thead>
<tr>
<th>Risks to third parties</th>
<th>Sometimes people’s choices will conflict with those of others. This is not an automatic reason to prevent an individual from exercising choice.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>It is important to manage any risks to others. It is important to work with all parties to find an acceptable resolution that balances both sets of needs. If this is not possible and the level of risk is unacceptable, this could be a reason to refuse to support a particular course of action.</td>
</tr>
<tr>
<td>Accountability</td>
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<td>----------------</td>
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</tr>
<tr>
<td>The Council will not support the individual to take a course of action that is illegal or dangerous to themselves or others.</td>
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</tr>
<tr>
<td>The Council remains accountable for the proper use of public funds. While the individual is entitled to choose a course of action that involves a level of risk, the Council is not obliged to fund it.</td>
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<tr>
<td>In difficult cases, there must be a robust process to debate and resolve any conflict of interest between the individual and the Council.</td>
<td></td>
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</table>

A Risk Assessment Tool has been developed to support practitioners to evaluate the type and level of risk in question. Where an identified risk cannot be adequately addressed at a lower level, or where the service user disputes a decision on a risk issue within their support plan, the support plan may be referred to the Risk Enablement Board.

The Risk Enablement Board will be convened as required as part of the validation process. It should be regarded as a last resort, to be used only where other means of resolution have been exhausted, and be convened only in exceptional circumstances. The Board will be chaired by the Director for Adult Social Care or a delegated person. The individual or their representative may also attend. Representatives of other agencies may be invited as appropriate.

Urgent safeguarding issues must be dealt with through the Adult Safeguarding process. Any outstanding risk issues may be referred to the Risk Enablement Board once the urgent safeguarding issue has been addressed.

The Risk Enablement Guidance provides further details about the processes to be followed.
6 Sign off and assurance

In order to discharge its statutory duty, the council must be satisfied that the support plan will meet the individual’s assessed eligible unmet needs. It also needs to ensure that any risks have been properly identified and addressed.

The council also has a statutory duty to ensure that social care funds are used effectively and in accordance with the principle of best value. Essex therefore also needs to ensure that the measures proposed in the support plan represent an effective use of the personal budget in relation to the individual’s needs and desired support outcomes. The council will look for evidence that the person’s strengths, capabilities and sources of informal support within their network and the wider community have been used to the full before considering formal care and support services or interventions.

Essex recognises that some measures that involve a significant short term cost can eventually contribute to increased independence and thereby reduce support needs or avoid further costs in the long term. In these circumstances, the council will expect the individual to justify how the short term measure will yield longer term benefits.

There are some circumstances in which the council may exercise its discretion to authorise exceptional additional costs, including:

- Compassionate circumstances (e.g. terminal illness)
- To avoid or prevent serious damage to the individual’s mental or physical health
- The individual or their family is providing significant practical support or spending their own money to reduce the cost of the support plan.

Validation Process

Once the individual has drawn up their support plan it will be submitted to the Council for approval. The plan will be validated against the criteria set out in the Support Planning Guidance and the Business Rules. If the Council is satisfied that the support plan meets these criteria, it will validate the support plan and confirm the final amount of the personal budget. No money will be released to the individual until a validated support plan is in place.

If the council decides that it cannot sign off a care or support plan or where a plan cannot be agreed with the person or any other person involved, the council will:

- State the reasons for this
- Specify the steps which must be taken to ensure the plan can be signed off

If a dispute still remains and the council feels that it has taken all reasonable steps to address the situation, it should direct the person to the complaints procedure.

The council must give a copy of the plan to the person for whom it is intended plus, if the adult asks the council to do so, the carer, advocate or any other relevant person.
Review

The council has an ongoing duty to keep the person’s support plan under review and to ensure that their needs continue to be met. It must also consider whether the person’s needs have changed, which might indicate a need to change the type of support, or whether there are more effective ways of meeting the person’s needs. Reviewing the plan will help to identify if the person’s needs have changed and could lead to a reassessment and a revision of the plan, including the personal budget. It should also identify other circumstances which may have changed, including any potential safeguarding concerns.

Ensuring that people have the opportunity to reflect on what is working and what might need to change ensures that plans are kept up to date and relevant to the person’s needs and aspirations. The council’s duty is to ensure that a review occurs and, if needed, the support plan is revised. The person, their carer or a third party can be authorised to conduct a review themselves, in which case the council must assure and sign off this review.

Reviews must not be used to arbitrarily reduce a care and support package. The personal budget must always be an amount appropriate to meet the person’s eligible assessed unmet needs. Reductions to a personal budget should be the result of a change in need or circumstance. However, where a person’s needs have decreased or there is a more effective way of meeting their needs, this may enable the level of support they require to be reduced.

The review should be proportionate to the person’s needs and should cover these broad elements:

- Have the person’s circumstances and / or care or support needs changed, including any changes in their informal support networks?
- Is the person at risk of abuse or neglect?
- What is working in the plan; what is not working and what might need to change?
- Does the person have new outcomes or changes to the existing outcomes they want to meet?
- Is the personal budget sufficient and is the current method of managing it the best one for the individual?
- Is the person, carer or their advocate satisfied with the plan?

When a small change is required that can be accommodated within the existing personal budget, it is not necessary to go through a full review and revision of the support plan.

Types of review

<table>
<thead>
<tr>
<th>Planned Review</th>
<th>First planned review</th>
<th>Annual review</th>
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<tbody>
<tr>
<td></td>
<td>There should be an initial &quot;light touch&quot; review 6-8 weeks after sign off of the personal budget and plan. This should include an initial review of direct payment arrangements. The purpose is reassurance that the plan is working as intended and to identify any problems. In the case of a direct payment there should be a further review at the end of the first 6 months to ensure that the support arrangements are working effectively and the direct payment is being used appropriately.</td>
<td>The council should conduct a periodic review of the support plan no later than every 12 months after sign off of the personal budget and plan.</td>
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</tbody>
</table>
The planned review should be proportionate to the needs to be met. The method of review should be agreed with the person concerned who should be involved in the process.

### Unplanned Review

An unplanned review is a formal reassessment of a person’s needs which should take place when there is any information or evidence that suggests that circumstances have changed in a way that may affect the efficacy, appropriateness or content of the plan, the council should immediately conduct a review to see whether the plan requires revision.

The person or their representatives should be kept fully involved and informed throughout.

### Requested Review

The council must conduct a review if a reasonable request for one is made by the adult or someone acting on their behalf. People must be informed during the support planning process of their right to request a review and the process for doing so.

On receipt of a request, the council must consider the merits of conducting a review and must involve the person, carer and anyone else the person asks to be involved where feasible. The review should be carried out unless the council is reasonably satisfied that:

- The plan remains sufficient
- The request is frivolous, made on the basis of inaccurate information or is a complaint

Where the council decides not to conduct a review, the council should set out the reasons for not agreeing to the request in a format accessible to the person, including details of how to pursue the matter if the person remains dissatisfied.

### Revision of the support plan

Following a review, where a decision is made that a revision is necessary, the council should inform the person or their representative and what this will involve. If the person’s circumstances have changed in a way that affects the support plan, the council should carry out a needs or carer’s assessment and financial assessment and then revise the plan and personal budget accordingly. The reassessment should not start from the beginning but pick up from what is already known and should be proportionate. If the revision is minor, it may not be proportionate to go through a full revision process.

If revision involves increased restraints or restrictions on a person who does not have the capacity to agree to them, the deprivation of liberty process may need to be followed.
Under the Care Act, the general duty of the council is to promote the wellbeing of the individual. The wellbeing principle underpins the whole of the Care Act and its associated regulations and guidance. Specifically, it applies in all cases where the council is carrying out a care and support function or making a decision in relation to a person. It applies to adults, carers and, in some circumstances, to children in transition, their carers and to young carers. The wellbeing principle applies equally to people who do not have eligible needs if they come into contact with the care system.

**Definition**

The dictionary definition of “wellbeing” is “the state of being comfortable, healthy or happy”. It is necessarily a broad concept and in relation to Care Act functions is described as relating to the following nine areas in particular:

- Personal dignity (including treatment of the individual with respect);
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Control by the individual over day to day life (including over care and support provided and the way it is provided);
- Participation in work, education, training or recreation;
- Social and economic wellbeing;
- Domestic, family and personal;
- Suitability of living accommodation;
- The individual’s contribution to society.

**Promoting wellbeing**

Promoting wellbeing means actively seeking improvement in the aspects of wellbeing described above when carrying out a care and support function in relation to an individual. This applies at any stage of the process from providing information and advice to reviewing a support plan.

There is no set approach. Promoting wellbeing will depend on the individual’s needs, goals and wishes. The council should consider each person’s case on its own merits, based upon what the person wants to achieve and how the council’s actions will affect their wellbeing.

All the nine aspects of wellbeing are of equal importance. However it is likely that some aspects will be more relevant to one person than another. The council should adopt a flexible approach that focuses on those aspects that matter most to the person concerned.

In addition to the wellbeing principle, the Care Act sets out a number of other key principles which local authorities must have regard to when carrying out the same activities or functions:

a. The importance of beginning with the assumption that the individual is best placed to judge the individual’s wellbeing;

b. The individual’s views, wishes, feelings and beliefs;

c. The importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist.
d. The need to ensure that decisions are made having regard to all the individual's circumstances;

e. The importance of the individual participating as fully as possible;

f. The importance of achieving a balance between the individual's wellbeing and that of any friends or relatives who are involved in caring for the individual;

g. The need to protect people from abuse and neglect;

h. The need to ensure that any restriction on the individual's rights or freedom of action that is involved in the exercise of the function is kept to the minimum necessary for achieving the purpose for which the function is being exercised.

Neither these principles nor the wellbeing principle require the council to make a specific decision or undertake a particular action. The steps the council should take will depend entirely on the circumstances.
# A2 Statutory duties and national policy

This appendix briefly explains the current legal and policy context for delivery of adult social care services. This is an overview of the main requirements and should not be taken as a comprehensive summary of all the council’s legal duties.

<table>
<thead>
<tr>
<th><strong>Assessment of needs for care and support and Carer’s assessments</strong></th>
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<tbody>
<tr>
<td>Local authorities have a statutory duty to carry out an assessment of need for any adult or carer who appears to have any level of care and support services and determine whether any of those needs are eligible for support from the local authority. (Care Act 2014, sections 9 &amp; 10).</td>
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<tr>
<th><strong>Eligibility</strong></th>
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<tr>
<td>Eligibility for a service provided by the local authority must be determined following an assessment of need in line with the national eligibility framework. This is prescribed by the Care and Support (Eligibility Criteria) Regulations 2014 and subject to the Care and Support Statutory Guidance (2014) (Chapter 6).</td>
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<tr>
<th><strong>Prevention duty</strong></th>
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<td>Under Section 2 of the Care Act, the local authority has a duty to take action to prevent or reduce an adult’s or carer’s needs for care and support.</td>
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<tr>
<th><strong>Ordinary Residence</strong></th>
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<tr>
<td>Sections 39 to 41 of the Care Act and the associated Care and Support (Ordinary Residence) (Specified Accommodation) Regulations 2014 provide the legal framework for determining where an adult is ordinarily resident for the purpose of identifying where responsibility lies between different local authorities for the funding and / or provision of care for adults with eligible assessed needs. There is additional guidance in the Care and Support Statutory Guidance (Chapter 19).</td>
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<tr>
<td>The Care and Support (Ordinary Residence Disputes etc) Regulations 2014 provide the framework for resolving disputes between local authorities.</td>
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<th><strong>Duty and powers to meet needs</strong></th>
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<tr>
<td>Once a local authority has undertaken an assessment and concluded that a person has needs that meet the national eligibility criteria, then the authority must meet those needs (Care Act section 18).</td>
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<tr>
<td>The local authority has a power to meet needs without carrying out an assessment if those needs are urgent. It also has a power to meet needs that are not eligible under the national eligibility criteria if it chooses to do so. (Care Act section 19).</td>
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<tr>
<th><strong>Mental Capacity</strong></th>
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<td>The Mental Capacity Act 2005 (MCA) applies to anyone over 16 who is unable to make all or some decisions for themselves. The MCA should be considered by everyone involved in the assessment or provision of care, treatment and support for people who may lack capacity.</td>
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<tr>
<td>The MCA provides the framework for best interests decisions, lasting powers...</td>
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of attorney, court appointed deputies, deprivation of liberty safeguards, the Court of Protection

Guidance on all aspects of the Mental Capacity Act and links to the Office of the Public Guardian can be found on the Ministry of Justice site.

**Safeguarding**

Local authorities have overarching duties to safeguard both children and vulnerable adults from abuse. It is everyone’s responsibility to recognise suspected or actual abuse and to take appropriate action.


An updated [Statement of Government Policy on Adult Safeguarding](https://www.gov.uk/government/publications/statements-of-government-policy) (May 2013) sets out the key principles for all agencies involved in safeguarding and how these should translate into outcomes for individuals.

**Equality**

The Equality Act 2010 requires all organisations that provide a service to the public to make “reasonable adjustments” to those services to ensure they are accessible for disabled people. Reasonable adjustments are not limited to removing physical barriers to accessing services but include changes to the ways in which services are delivered and ensuring that policies, procedures and staff training all enable services to work equally well for people with disabilities.

**Personalisation**

Government policy is that everyone who receives social care support, regardless of their level of need, in any setting, will have choice and control over how that support is delivered. This means that individuals exercise control over their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.


**Direct Payments**

Direct Payments are cash payments in lieu of a service made directly to individuals with eligible assessed needs and carers so that they can purchase the assistance or services they need, instead of the authority providing those services.

Sections 31 to 33 of the [Care Act](https://www.gov.uk/care-act-2014) provide the legal framework for direct payments. Chapter 12 of the [Care and Support Statutory Guidance](https://www.gov.uk/government/publications/care-and-support-statutory-guidance) provides additional guidance.