



Reviews

Introduction

Reviewing plans regularly is an essential element of the planning process. Without a system of regular reviews, plans can become quickly out of date meaning that people do not obtain the care and support they require to meet their needs.

Plans may also identify outcomes that the person wants to achieve which are progressive or time limited, so a periodic review is vital to ensure that the plan remains relevant to their goals and aspirations.



Introduction

The Act specifies that plans must be kept under review by the local authority who should establish systems that allow the proportionate monitoring of both care and support plans and support plans to ensure that needs are continuing to be met.

This system should also include seeking cooperation with other health and care professionals who may be able to inform the authority of any concerns about the ability of the plan to meet needs.

Advocates should ask their local authority about their system of review so they can help people understand when they should expect their care and support plans to be reviewed and what to expect.



Purpose of the review

The point of the review is to ask 'IS THE PLAN WORKING?'.

Plans might not be working if:

- the persons circumstances have changed
- their needs have changed
- their outcomes have changed
- they have changed their view on what they want to happen
- · the person simply wants to access different types of support
- their wellbeing has changed
- carers are no longer able to offer care and support



Different types of review

There are several different routes to reviewing a support plan:

Planned review

A planned review should take place no later then 12 months after the plan was agreed.

Unplanned review

An unplanned review results from a change in needs or circumstance that the local authority becomes aware of, for example, a fall or hospital admission. **Requested review**

A requested review is where the person with the care and support or support plan, or their carer, family member, advocate or other interested party makes a request that a review is conducted.



Planned review

A planned review is where the date is set with the person during the support planning process.

During the planning process, the person and their social worker, or relevant professional may have discussed when it might be useful to review the plan and therefore agree to record this date in the plan.

Planned reviews of the support plan should take place no later than 12 months after sign-off. However, when a new plan or personal budget is in place and agreed, a light touch review should take place 6-8 weeks after the agreement and sign-off of the plan and personal budget.



Planned review

A planned review is NOT an annual review. They should take place at a time which makes sense to the individual. For instance, if a person's health is deteriorating or their condition progressive, the local authority may agree with the person to carry out reviews more often. Equally, reviews may take place more often where a person has few friends or family to support them or if risks are higher.

Advocates should be informed of when the plans are due to be reviewed so they can plan their support.



Unplanned review

If circumstances in a person's life have changed in a way that may affect the efficacy, appropriateness or content of the plan, then the local authority should immediately conduct a review to ascertain whether the plan requires revision.

For example this could be where a carer is no longer able to provide the same level of care, there is evidence of a deterioration of the person's physical or mental wellbeing or the local authority receives a safeguarding alert.



Requesting a review

Different people can request a review and the local authority should respond to every request made. This could include

- family or friends
- neighbours
- carers
- other professionals
- and advocates

You may want to support a person to request a review (or request one on their behalf) where their needs have changed or if the plan is no longer working.



What happens during a review?

The local authority will look at the plan and the person's needs and ask:

- Has the person's circumstances and/or care and support or support needs changed?
- 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 the person's personal budget enabling them to meet their needs and the outcomes identified in their plan, and
- Is the personal budget still meeting the sufficiency test?
- Are there any changes in the person's informal and community support networks which might impact negatively or positively on the plan?
- Has there been any changes to the person's needs or circumstances which might mean they are at risk of abuse or neglect?



What happens after the review?

Remember the point of the review is to determine whether the plan is working. This means there are a number of outcomes or decisions available to the review:

No changes to the plan

The review may conclude that the plan is working and agree to sign off the plan as it currently stands. A date should be set at this point for the next planned review.

Small revisions to the plan

If there are better ways of meeting the person's needs - or the person wants small changes to their plan, the review may decide to make revisions to the plan. Where these are straight forward they should be agreed quickly.

Major revisions to the plan If there are major revisions needed, the review may decide that it is useful to rewrite the plan. If the persons needs have significantly changed, a new assessment may be needed.

Good practice

If a complete change of the plan is required or if its just minor adjustments, the following aspects of care planning should always be followed:

- the person's wishes and feelings should be identified as far as possible and they should be supported to be involved
- the revision should be proportionate to the needs to be met
- where the plan was produced in combination with other plans, this should be considered at the revision stage
- the person, carer or person acting on their behalf should be allowed to self-plan in conjunction with the local authority where appropriate
- the development of the revised plan must be made with the involvement of the adult/carer, and any person the adult asks the authority to involve
- any additional elements that were incorporated into the original plan should be replicated in the revised plan where appropriate and agreed by all parties
- there needs to be clarity on the sign-off process, especially where the revised plan is prepared by the person and the local authority



Things that can go wrong - what to look out for as an advocate

No review

A common problem is the person not having their plan reviewed in a timely manner. As the advocate you should always request a date of the planned review before you end your involvement so that you can diary in enough time to meet with the person before the planned review.

If you are supporting a person who has not received a review in a long time (ie more than 12 months ago) you may want to remind the local authority of their duties to review a persons plan.



People not being informed of the review

Yes, this can actually happen! There have been many instances where the local authority has completed a review and not even told the person about the review.

This is against requirements within the Care Act which clearly says that wherever reasonably possible, the review must be agreed with the person and must involve the adult to whom the plan relates, any carer the adult has and any person the adult asks the authority to involve.

Advocates should also be involved. If you come across an instance where the person hasn't been involved you should ask why - and ask for the review to be done again BUT with the involvement of the person.



People having to have re-assessments

Every review should not result in a re-assessment. The person should only have an assessment of needs where the review identifies that the person's needs have changed. You do not need a re-assessment simply to agree a change in how someone's needs are being met.



Reducing support - or reducing direct payments

The review is not allowed to arbitrarily reduce or cut a package of care or support to a person. Reductions can only be made if they are reasonable and still allow the local authority to meet need.

If you are concerned about reductions in support - especially when a person's needs have not decreased - ask the local authority for written justification as to why the reduction is being proposed.

The key information to focus on is how the local authority is proposing to meet needs.



Ending your support

The review is often the last part of the process where advocates are involved and you may be under pressure to end or finish your involvement. But before you do, remember that your role is to support an individual through multiple processes and they may need your support before the next planned review.

If the person has capacity, make sure that you have explained how they can contact you if they are ever concerned or worried about anything.

If the person lacks capacity you may want to make sure that there are steps in place that you are notified if things start to go wrong. This could be you calling the person and their carers every few months to check on things. It could also be asking if the person has other people (including paid carers, informal carers, other advocates (like IMCAs), friends, other professionals) who can call you if advocacy becomes helpful.



Please return to your e-learning for the next section of learning

