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## Derbyshire County Council Adult Care Self Directed Support Policy

### Approval and Authorisation

Name	Job Title	Date
Authored by: Jenny Hudson	Service Manager	February 2013
Authorised by:	Senior Management Team	March 2014

### Change History

Version	Date	Name	Reason
V 1	March 2014	J Hudson	Replacement for project-based 'SDS Manual'
V 2	February 2015	J Hudson	Revised to ensure Care Act 2014 Compliance
V3	April 2017	J Hudson/D Sullivan	Reviewed and updated

This document will be reviewed on a regular basis – if you would like to make any comments, amendments, additions etc. please email Dawn Nash – Policy and Procedures, [dawn.nash@derbyshire.gov.uk](mailto:dawn.nash@derbyshire.gov.uk)

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## 1. Introduction

1.1 As part of the national transformation of adult social care, Derbyshire County Council's framework for the provision of a safe and sustainable system of personalised and self directed support (SDS), combining the capabilities of skilled confident and respected social care professionals and a proficient resource allocation system (RAS), has achieved national recognition. A couple of examples include work with SCIE about [assessing fluctuating needs](#) and work on [The College of Social Work Business Case](#).

This was reinforced by the [Care Act 2014](#), which placed a range of legal duties and responsibilities on social care to work with people to enhance their wellbeing in a person-centred, outcomes focused way that keeps the person at the heart of the process. Consequently we seek to ensure that wherever possible people requiring social care support will have access to the same opportunities as us all to exercise choice and control over their lives, enabling them to determine their own outcomes, make their own decisions and manage their own risks. In addition, considering a person's strengths, resources and networks, including the support from family, friends or others in their community they might draw upon is key to this holistic approach. This sees people in the context of their local networks and communities and as active participants in understanding and shaping how their needs may be prevented, reduced or delayed by actions they or others within their community might take, either instead of or alongside more formal services.

1.2 This overarching policy sets out the fundamental principles underpinning the Derbyshire offer to local people with eligible care and support needs and carers with eligible support needs and seeks to ensure that the Council's responsibilities for public funds are discharged lawfully, equitably and on a cost effective basis.

This and other policy and procedures will promote systems, processes and support to both staff and clients that are fair, equitable and accessible.

1.3 The core legislative requirements upon local authorities are set out in the Care Act 2014 and related Care and Support Statutory Guidance and Regulations. It brought in some new duties in relation to Carers who now have a statutory basis for assessment and support in their own right. The Care Act introduced 'wellbeing' as a guiding principle. The focus is on meeting needs rather than providing services. The duty of care, safeguarding and risk management responsibilities and other statutory duties remain in place and will continue to shape our approach.

1.4 Duties and responsibilities contained within the [Human Rights Act 1998](#), the [Equalities Act, 2010](#) and other relevant legislation (for example, [the Mental Capacity Act 2005](#)) also remain.

1.5 The principles of self-directed support were developed through national publications, professional debate and stakeholder engagement at both national and local levels and are now embedded in statute.

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Milestone documents include:

- [Valuing People \(2001\), Valuing People Now \(2009\)](#)
- [Improving Life Chances of Disabled People \(Prime Ministers Strategy Unit 2005\)](#)
- [Carers at the Heart of the 21st Century \(2008 – 2018\) National Strategy](#)
- [Putting People First - A Shared Vision and Commitment to the transformation of Adult Social Care \(15 July 2010\)](#)
- [Think Local, Act Personal \(TLAP\) Partnership Agreement \(January 2011\)](#)

1.6 The Adult Care department has a long-standing commitment to the delivery of a safe sustainable system of personalised self directed adult social care and support through a focus on the needs of local people and local communities. This approach embeds the principles of promoting individual wellbeing, prevention and maximising the capacity of local people and their communities (where appropriate) to make arrangements for themselves.

In addition, changes at both a national and local level within the National Health Service, Public Health and related service areas which promote integrated services working around the person require that this policy and any related procedures **continue** to remain relevant and to be shaped by both the emerging position and the experience of all key stakeholders.

1.7 This policy and related procedures are to be applied alongside other policies and guidance of relevance to self directed support and other Adult Care policies, for example, [Recording Policy](#), [Eligibility Framework and the range of additional Self Directed Support Practice Guidance](#) (e.g. Assessment, Risk Enablement, Carers guidance).

1.8 Wherever a person chooses to take their Personal Budget as a Direct Payment (wholly or in part), the [Direct Payment Policy and Procedures](#) must be followed.

## 2. Purpose of Self Directed Support

2.1 Self directed support is the strengths based approach which aims to give more control and greater choice to those people with eligible care and support needs and carers with eligible support needs. It places the individual (adult or carer) at the centre of their own assessment and support planning and on the basis that most people are best placed to understand their own needs and what is likely to work well for them. We should be exploring the simple question “If you could resolve the things that are difficult for you right now, what would change for you”?

The person’s own strengths and capabilities should be considered, as well as what support might be available from their wider support network or within the community to meet their care and support needs. Strengths-based approaches might include co-production of services with people who are receiving care and support to foster mutual support networks within their local community.

Additionally, the ways in which a person’s cultural and spiritual networks can support them in meeting needs and building strengths, should be explored with the person. Any indication that support could be available from family and friends should be considered in light of their appropriateness, willingness and ability to provide any additional support and the impact on them of doing so. It must also be based on the agreement of the adult or carer in question.

Meaningful involvement in the assessment and planning process is a key element of self directed support. In addition to the provision of effective, accessible information and advice, independent advocacy will be made available to promote involvement where the person would have substantial difficulty in being involved and there is no one else suitable to support them within their own support network. (For further guidance please see [“Independent Advocacy”](#) Practice Guidance)

In implementing self directed support we will ensure that effective information, advice, and support are also made available to:

- People who wish to self-assess prior to quality assurance by Adult Care (i.e. Supported Self- Assessment, Care and Support Plan/Support Plan and Self-Review)
- People who are funding and organizing their own care and support
- People who have needs but do not meet our eligibility threshold
- Carers who have needs but do not meet our eligibility threshold
- Supporters of people with social care needs
- Individuals and communities who do not easily engage with traditional services.

2.2 The overall purpose is to increase:

- Choice and control: Increased choice and control is achieved by supporting individuals as far as they are able to be involved in the assessment and planning process and to manage their own personal budgets and other income streams (e.g. other state benefits related to disabilities).

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- Flexibility: The intention is that individuals can develop their support arrangements to suit their individual requirements.
- Social inclusion: Easier for individuals to identify support which enables them to use a wider range of activities in the community and better meet their eligible needs and support plan.

In practice, for both adults and carers who need the support of adult care, they will have the opportunity to:

- Experience greater control over their support arrangements
- Access a wider range of services/activities
- Find ways to have their needs met more fully reflecting their cultural needs and requirements
- Share control of their risks and safety choices
- Receive adequate support in managing their personal budget
- Experience improved quality of life and social inclusion.

And where appropriate, they will be responsible for:

- Entering an agreement based on the care and support plan (for people with care and support needs) or a support plan (for carers with support needs) and the associated expenditure
- Spending the personal budget only to meet their assessed unmet eligible needs and associated outcomes agreed within their care and support plan/support plan
- Providing information so that services and expenditure can be monitored
- Payment of an assessed contribution under Derbyshire County Council's [Co-funding Policy](#).

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### 3. Self Directed Support in Context: Key Components

Self directed support sits within a wider context of effective information, initial response and re-ablement, and strategic commissioning, including both universal and targeted services. Overall, the key components for people receiving Adult Care support are:

- Prevention (applying the universal offer at all points of contact with Adult Care): That is, a graduated approach which first ensures that local people have the right information at the right time to inform their choices and enable them to mobilize their strengths and resources at each stage. This can include information on widely available ordinary solutions, through to changed techniques and local preventative services which might best meet their own health and wellbeing needs. It is about backing up quality information with quality advice (supporting people to express their wishes and be heard). Applying the different elements of the Universal Offer will ensure that wherever possible, care and support needs (eligible and ineligible) will be met by freely available or pre-invested services. This includes maximising access to preventative support opportunities and services that help build independence not dependence. Further information is available on the public website [here](#).
- Clients who are unable to engage in the SDS process due to a lack of capacity or other impairment and who have no one appropriate to support them should be given access to independent advocacy. (See [separate Advocacy guidance note](#)).
- Applying strength based approaches including use of the Universal Offer prior to the use of the Scoring Assessment will ensure that the full range of assistance available to each person is properly reflected in the scores and in the resulting indicative budget.
- Initial response will ensure that interim support to meet essential safety and wellbeing is provided.
- As far as possible, clients who would benefit from re-ablement should be offered this to assist people to re-learn any lost skills and maximise their independence.
- For those with on-going needs, determination through professional assessment of unmet eligible need to be funded by the Council through self directed support and a personal budget.
- Enabling people to identify their own levels of social care need through an assessment process supported by fieldwork staff.
- Calculating an 'indicative budget' based on each person's unmet eligible needs through a Resource Allocation System.
- Preparation of a care and support plan/support plan which focuses on outcomes identified by the individual and helping individuals in identifying, planning, and where necessary, purchasing what they need to achieve the agreed outcomes.
- Ensuring that each individual is offered independent support to manage personal budgets and care and support plans/support plans, including Direct Payments.

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## 4. Assessment and Support Planning

### 4.1 Eligibility for Assessment

Under [Sections 9 and 10 of the Care Act 2014](#), the department is required to undertake a 'needs assessment' if it appears that the person 'may have needs for care and support' and, in the case of Carers, a 'carer's assessment' where it appears that carers 'may have needs for support'. The purpose of the assessment is to identify the person's needs and how these impact on their wellbeing and the outcomes that the person wishes to achieve in their day to day life. For people with fluctuating needs, the assessment will need to consider their care and support history over a period of time that is sufficient to establish the ongoing level of need.

Further guidance on Assessment can be found in the 'Assessment and Care and Support Planning Guidance' [here](#).

Individuals and carers who meet the respective eligibility criteria for publicly funded support will be offered care and support services (or a Direct Payment). The criteria are laid down in section 13 of the Care Act 2014 and the 'Eligibility regulations'. Staff guidance on making eligibility decisions can be found by [following this link](#).

For guidance around Carers assessments and Support Planning please go to [Carers Support Worker Guidance](#).

The joint protocol for Preparing for Adulthood, developed between Children's service and Adult Care along with other agencies provides a framework for supporting young people as they move into adulthood. This links closely with the SEND reforms. A separate process is contained within the casework management system in order to manage the 'service' transition elements of this.

Joint work is underway between Children's and Adult Care to update the agreed Preparing for Adulthood Pathway processes and procedures to ensure that they will conform to the requirements of the Care Act 2014 and the Children and Families Act 2014 and will support the SEND reforms.

### 4.2 Assuring Quality

Our objective is to ensure that our assessment and support planning casework is person centred as well as consistent in the way we allocate funding for the care and support people need that isn't available from any other means. The quality and performance of our work can be assessed using these two dimensions [click here](#)

Assessments and plans are quality assured by Senior Practitioners or Service Managers as part of operational management. This includes ensuring that:

- Strength based approaches have been used consistently throughout the assessment
- The Universal Offer has been applied correctly to defined needs and



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requirements

- The Assessment has accurately identified needs and outcomes
- There is evidence of a person centred approach – a good sense of who the person is (either person with care and support needs or carer with support needs) and what is important to and for them etc.
- The appropriate Assessment documentation has been used including associated risk assessments.
- Eligibility has been applied correctly.

### 4.3 Care and Support Planning/Support Planning

The care and support planning process will result in the completion of a person-centred Care and Support Plan which recognises the individual's own strengths, will identify the informal resources already available to them and identify the support that they need to enhance their wellbeing. People will be advised of the range of options for developing a plan which includes completing it independently, with the help of friends/family or with the support of an Adult Care worker. Where the standard format does not meet the individual's needs, alternative formats should be used.

All plans must include:

- The needs identified by the assessment;
- Whether, and to what extent, the needs meet the eligibility criteria;
- The needs that the authority is going to meet, and how it intends to do so;
- For a person needing care: for which of the desired outcomes care and support could be relevant;
- The personal budget;
- Information and advice on what can be done to reduce the needs in question, and to prevent or delay the development of needs in the future;
- Where needs are being met via a direct payment, the needs to be met via the direct payment and the amount and frequency of the payments.

In all cases the care and support plan will need to reflect what is important 'to' and 'for' the person as well as include details of:

- How any risks will be managed.
- How will their support be managed in unforeseen circumstances including any contingency plans.
- How the person will make decisions and stay in control of their life.

Further worker guidance is available in the document "[Practice Guidance on assessment and support planning](#)".

Support for people to draw up their own plans is described later in section 8.

For carers, support planning should include:

- Details of the needs identified in the carer assessment
- Which needs meet the eligibility criteria
- Which needs the Local Authority will meet and how
- The outcomes the carer wants to achieve, including social, educational and employment outcomes

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- Information about the personal budget available (the amount of money it will cost to arrange the necessary care and support for the carer)
- Any risks identified and information on how these will be managed and who the carer can contact in a crisis
- Information and advice to support the carer in their role as a carer and to support their eligible needs (e.g. carer's services and support groups).

Not every carer's support plan will include all of the above.

Where appropriate, ordinary solutions, universal and preventative services should be considered initially to assist the carer to meet their outcomes.

If the carer's outcomes cannot be achieved in this way, the eligibility criteria for a carer's personal budget should be considered (see [Carers Practice Guidance](#) for further guidance)

The support plan must be recorded in a way that is meaningful to the carer, agreed and shared with the carer and a copy provided.

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## 5. Personal Budgets (Scope and Exclusions)

### 5.1 Who is eligible for a Personal Budget?

**People living in the community:** This policy will apply to adults and carers living in the community who are assessed as being eligible to receive social care funding under the terms of the Care Act 2014 and the Eligibility regulations. Eligibility for funding will be applied 'net' of support available and sustainable from the individuals own care and support network, either currently or planned. Where eligible, people in crisis situations will receive temporary interim support until their longer term needs become clear and it is appropriate to begin the SDS process by determining an indicative budget.

### 5.2 Who is not eligible for a Personal Budget?

**People living in residential care:** If assessment or support planning leads to a decision that long term residential care funded by the local authority is the most appropriate way to meet the assessed needs, then personal budgets will not be the method used to fund that arrangement. The reasons for this is that currently the care, hotel and ancillary costs of residential care are not separated but aggregated into a single fee. However, the principles of self directed support will still apply. A personalised care and support plan will be developed with the person and used to inform the choice of provider and enhanced choice and control over care arrangements.

This will be reviewed in the light of the development of self directed support locally and regionally and any changes to legislation or guidance.

**People who do not have eligible needs:** When, following assessment, an individual with care and support needs or a carer with support needs does not meet the eligibility criteria they will not be entitled to publicly funded care and support. However, assistance will be provided to those people to consider their needs and how to go about meeting them by providing information e.g. signposting to appropriate services in the community and where appropriate to the Brokerage service.

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## 6. How is the Funding for Personal Budgets Determined?

The Resource Allocation System (RAS) is a way of working out a Personal Budget (PB). The Derbyshire RAS has been developed with [FACE Recording and Measurement Systems Ltd](#) and involves an automatic calculation of the likely cost of care and support for a given level of need. This first step generates an initial sum based solely on the assessed needs of the individual taking into account the impact of equipment but without consideration of any informal support. The figure is then moderated by consideration of the impact of any sustainable informal support to provide the indicative budget (IB).

This approach aims to give people a realistic, fair and reliable indication of how much their care might costs and as such it provides a starting point with which to develop their care and support plan.

The Derbyshire RAS is able to provide an allocation of funding that for most people, in most circumstances, most of the time is a realistic and reasonable starting point for their care and support planning. If after attempting to establish a safe and acceptable care and support plan it appears that the funding allocated isn't right, community social work team staff will look at the assessment and the objectives that the budget needs to achieve for each person and look at whether there is the justification to agree a revised final personal budget, to ensure that eligible outcomes can be delivered within the budget being allocated. Only at the point the care and support plan is signed off is the personal budget (PB) confirmed.

Decisions about actual levels of funding of each personal budget will be based on the most cost effective way to meet the identified unmet eligible needs of that individual taking into account assessed risks and personal circumstances. A guidance document has been developed to help clients understand this – Derbyshire Adult Care RAS Summary – and is available on the public website [here](#).

A more detailed explanation of how the RAS works (known as 'Detailed Summary of the Derbyshire FACE RAS 1.8.12') is available at Group Manager's discretion, to individuals challenging the amount of their budget. Further details of the case review decision-making framework and recording requirements are available in the Practice Guidance.

Should local negotiations prove unsatisfactory for individuals there is the right of further review under the [Adult Care Complaints and Representations Policy and Procedures](#). People are expected to have at least attempted to complete a Care and Support Plan/Support Plan before recourse to this process.

## 7. How can the Personal Budget be Used?

### 7.1 What it can be used for

In principle a personal budget can be used for any expenditure that meets the eligible needs and associated outcomes as defined in the agreed care and support plan (or support plan) as long as expenditure is lawful, effective and affordable.

**Lawful:** The expenditure identified as part of the care and support/support plan is legitimate and does not contravene any national guidance on how funds can be used.

**Effective:** The proposals in the care and support/support plan relate to the agreed outcomes which will meet the assessed eligible needs.

**Affordable:** The total planned expenditure identified can be met within the individual budget.

Intermediate Care and Re-ablement Service costs must be excluded from a Personal Budget.

For detailed examples of how funding can be spent please see the [Practice Guidance for Assessment and Support Planning](#).

### 7.2 How a personal budget can be managed:

- Direct Payments - the individual or their representative receives payments and manages the budget to meet the identified needs OR
- Virtually managed - the individual or their representative asks the council to manage all the arrangements OR
- A combination of the above - the individual takes Direct Payments for some of the support, and asks the council to manage other areas of need on their behalf.

### 7.3 Direct Payments and Risk Management

It has always been very important to us that vulnerable people should be protected from exploitation of any type. The establishment of personal budgets in the Care Act 2014 means that over time more people may choose to use a direct payment to buy services or support.

We need to achieve a balance between making it easy for people to use direct payments and making sure that they will not be pressurized into using the money wrongly. Decision-making in this area is supported by the use of a Risk/Support Matrix. Again, further guidance on this is available within [Direct Payments policy](#) documents.

Where a person is unable to consent or to manage a Direct Payment, a risk assessment of a 'suitable person' also needs to be undertaken.

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#### 7.4 Personal budget taken as a Direct Payment – what it cannot be used for

If a person takes their Personal Budget as a Direct Payment, by law there are some restrictions on what people may purchase with it. People cannot spend a direct payment to:

- Buy long term residential or nursing home care (limited to short stays of up to four weeks separated by a further period of four weeks)
- Pay for Health care
- Buy anything (services or items) that would put them in conflict with the law
- Employ their spouse, partner or close relative living in the same household unless there are exceptional circumstances.
- Purchase services from Derbyshire County Council or another Council (there are exceptions to this – see Direct Payment guidance).

(NB – In Derbyshire, the majority of equipment items are supplied through the pre-invested I.C.E.S. and are recycled. Most Telecare equipment/sensors are ‘loaned’ to people and are recycled. Due to the need to consider Best Value, Direct Payments for such equipment would only be available in exceptional circumstances).

Outside of these prohibitions the government guidance clearly indicates that personal budget holders must be able to use the funding in ways and at times of their choosing as long as this supports them to achieve their agreed outcomes.

More detailed guidance is available in the [Direct Payment Policy, Procedures and guidance documents](#).

It must be possible to show that each person will be spending their personal Budget in ways that:

- Will meet the outcomes and needs identified in the Care and Support Plan (or Support Plan, if a carer)
- Will keep the person healthy, safe and well
- Will be of a reasonable cost and take up a proportionate amount of the personal budget.

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## 8. Support to Clients and their Carers, Representatives

In addition to support available from Adult Care Assessment workers, a number of support services are available in Derbyshire. These include:

8.1 Support Brokerage Services: A range of User Led Organisations and Independent or voluntary sector organisations may support people to develop Care and Support Plans/Support Plans and broker services. Any costs associated with this should be met by the individual.

8.2 Independent Advocacy: Clients, carers and others may choose to independently seek support from other organisations, in particular where they have specialist needs or require an advocate. Advice will be given to individuals about alternative sources of information, guidance, or advocacy services if required. Where people are identified as having substantial difficulty in being involved in the process then Adult Care have to a duty to involve an Independent Advocate and will make the arrangements.

8.3 Adult Care Brokerage: Brokerage is the process of finding and matching providers with people's specified support outcomes. The service aims to increase choice and control for people when deciding upon their service provision, this will include how their budget is spent, how support is provided and who by. The [SDS Practice Guidance](#) - Brokerage provides more details about this service.

8.4 Direct Payments: A range of resources are available to support people to manage Direct Payments as well as - for example - guidance on the responsibilities of being an employer (see webpage [Skills for Care](#)).

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## 9. Positive Risk Management and Safeguarding

Safeguarding responsibilities require us to demonstrate that the following guiding principles have been utilised in the context of risk management:

- A person centred approach has been used to identify good person-centred outcomes.
- Capacity and consent issues have been fully considered; and
- Defensible decisions are made where the conclusions reached have a clear rationale.

9.1 Risk enablement is an approach to the process of decision making which is based on the premise that all people should be supported to make their own choices and take actions in order to improve their quality of life. This may include choices or actions that are considered risky or unwise. Risk enablement does not mean the disregard of potential risks to a client or others and needs to be balanced with safeguarding responsibilities, health and safety procedures and our duty of care for clients and carers.

Risk is part of everyday life and is inherent in everything we do. Positive risk taking can enable people to learn from experience, discover new skills, and develop as a person. It is impossible and undesirable to live in a risk free world. People who use services from Adult Care should not have less opportunity than other citizens to strive towards interesting and rewarding lives.

It is not about keeping people safe from any and all harm, but to provide a structure that endeavours to help the person themselves, friends, family and professionals make safe, informed and considered decisions about specific situations that lead to good outcomes for the client.

For detailed guidance see '[Practice Guidance – Risk Enablement](#)'

Risks specific to Direct Payments usage are dealt with earlier in Section 7 and fully within the Direct Payments Policy and Procedures.

9.2 Safeguarding: If there are considered to be safeguarding considerations that impact on the client or any unpaid carer or other people considered to meet the definition within the Safeguarding Adults procedures, then the safeguarding procedures will be implemented.

The [Safeguarding Adults Policy and Procedures](#) contain further information about actions that should be taken by organisations and in individual work practice to reduce the potential abuse of vulnerable adults.



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## 10. Support Plan Review

In order to meet the requirements of the Care Act 2014, Adult care staff carry out a review of the needs of clients and carers in receipt of publicly funded care and support/support.

The review is outcome focused, person-centred and proportionate in depth and scale of re-assessment to support the needs of the individual. This approach avoids increases or reductions in support to people before sufficient information is known about them and is in line with the Eligibility regulations and local guidance. In accordance with section 27 of the Care Act 2014 and Statutory Guidance the projected timing of the review will be established with the client, and where appropriate, their carer, at the outset.

Where there are other review systems operating (e.g. Care Programme Approach, Safeguarding, Continuing Care, Community treatment reviews (CTR's), CQC reviews, Person-Centred Planning reviews) the dates of these reviews should be taken into account and be co-ordinated by the reviewer to reduce duplication. The person should experience as seamless a process as possible.

10.1 The review process should in all cases include an assessment of whether the needs and circumstances of the individual have changed, to include evaluation of risk, likely changes in need over time, the views of the individual concerned and other professionals/agencies and determination of eligibility.

10.2 Reviewing intended outcomes detailed in the plan is the way in which DCC Adult Care staff comply with the ongoing responsibility towards people with care and support needs and carers with support needs. Further guidance is available in the document "[Practice Guidance – Self Directed Support Reviews](#)"

10.3 A review can be triggered at any time depending on changes in circumstances. In Derbyshire, recommended best practice in terms of frequency is:

- Informal review at 72 hours where appropriate
- First formal review of the support package within 6-8 weeks (statutory guidance)
- Further reviews will be at an interval no greater than 12 months (statutory guidance).

Individuals and carers who are in complex circumstances with rapidly changing needs are likely to need more frequent schedule of reviews, determined on a case by case basis with the agreement of the Service Manager.

10.4 One-off pieces of equipment need only an initial confirmation of suitability but major items should be reviewed on an annual basis. Adaptations should be treated as equipment for the purpose of review arrangements.

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Where there is a transfer from a hospital worker to a community worker the hospital based worker is responsible for involving the community worker at the earliest opportunity. The agreed [hospital protocol](#) should be followed.

All people in receipt of publicly funded support will be allocated to a care co-ordinator for on-going review including professional social work interventions.

Further guidance is available in the document "[Practice Guidance – Self Directed Support Reviews](#)"

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## 11. Complaints and Representations

At any stage throughout the Self Directed Support process, people are of course eligible to formally register any dissatisfaction through the Adult Care Complaints Process. In the case of concerns about the budget amount this will involve consideration via a panel process known as the Self Directed Support Adjudication process.

This applies also to the co-funding amount that they are asked to contribute. These processes are outlined more fully in the document "Complaints Procedure for Adult Care" listed on the web page [here](#).

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## 12. Quality Assurance

Self directed support is now the established method of delivering our Adult Care responsibilities within the standards contained in the Dignity and Respect policy. As such it is subject to on-going monitoring and review.

12.1 Quality Assurance methods including Complaints analysis, together with a significant level of operational management overview of individual case files are added to the views and experience of clients and carers when checking standards and looking to deliver service improvements.

12.2 Consultation and participation: Quality assurance processes will seek individual views on the experience and outcomes of SDS and will include Equality Analysis. The principles of co - production will inform continuing development and include both independent sector and client representation in consultation and focus groups and in specific development work, including for example, the development of this policy document.