# Changes and Breaks in Services

People receiving on-going services or Personal Budgets and who are not subject to an episode of active care management are considered inactive cases or in a 'review cycle' (awaiting their next scheduled review or reassessment).

Our aim, through Personal Budgets, is to support people to have as much flexibility and control over their support as possible, including the possibility to adapt their support directly with providers where required. We also aim to reduce the necessity for involvement of practitioners in the management and administration of support packages, unless the circumstances indicate a review is required.

The following procedures affect where people receive community support services provided through Brokerage only. However, the principles of where circumstances dictate the need for a review, and, if required, a reassessment should be applied to all cases.

Where a case is open to a key worker, they will manage any changes to support through Brokerage using the criteria set out below to determine where a review is needed. Requests for changes may be received by the Customer Service Centre or directly into Brokerage from a provider. A contact will be recorded and where the contact is not received by Brokerage, the receiving team will forward the request to Brokerage through a contact action.

There are four categories where required changes to Care and Support Plans may be indicated whilst someone is not in an active episode of care management.

## Category 1: Change in circumstances

**Description**: There is no improvement or deterioration in the person's underlying needs or wellbeing, for example, if an informal support arrangement cannot be continued and no new risks or concerns are identified.

**Response**:

- Customer Service Centre will take a contact and adjust the Care and Support Plan
- The Brokerage Team will seek agreement from the Principal Practitioner budget holder to adjust the support within the tolerances below
- The additional support will be brokered with a revised Care and Support Plan which is issued by Brokerage to the person and providers
- Brokerage will inform the finance teams of the changes to the Care and Support Plan, which will trigger any changes in the person's financial contribution

**Limitations and Tolerances**: Amendments can be for no more than 3.5 hours per week.

Permanent increases can be made no more than on three occasions in a year, as long as no more than 3.5 hours per week are added to the support package that was in place at the last assessment. These changes will not require the RAS to be revisited. Any proposed changes falling outside of these tolerances will require a formal reassessment.

## Category 2: Improvement in function

**Description**: An element of community support is no longer required or wanted and no concerns or risks are present, e.g. a reduction in the length of or the removal of visits from the Care and Support Plan.

**Response**:

- The customer advisor will record a contact and establish with the provider and customer or representatives whether there are any concerns which may indicate practitioner input is required
- Where practitioner input is not required, the customer advisor will adjust the Care and Support Plan and a revised Plan will be issued by Brokerage to the person and providers
- Brokerage will inform the finance teams of the changes to the Care and Support Plan, which will trigger any changes in the person's financial contribution

## Category 3: Minor change in need

**Description**: Changes requiring lengthening of existing support visits of no more than 15 minutes per visit, in response to an increase in need. No additional visits should be added to a Care and Support Plan unless coupled with a category 1 - change in circumstances.

**Response**:

- The customer advisor will establish with the provider whether there are any concerns which may indicate practitioner input is required
- The customer advisor will record a contact, adjust the Care and Support Plan and send an action to Brokerage
- Brokerage will seek agreement with the Principal Practitioner to extend the visit
- The Principal Practitioner will make a judgement whether the circumstances indicate the need for reassessment either following or prior to the change being made
- A revised Care and Support Plan will be issued by Brokerage to the person and providers. Brokerage will inform the finance teams of the changes to the Care and Support Plan, which will trigger any changes in the person's financial contribution

**Limitations and Tolerances**: A maximum of 15 minutes for any single visit, adding up to a total of no more than a 3.5 hour increase per week. Only one change may be made since the last reassessment. Any additional requests for increase should be treated as a request for an unscheduled reassessment.

## Category 4: Significant and material change in need

**Description**: Any circumstance where suggested or requested changes to the Care and Support Plan stem from deterioration in health, wellbeing or where additional risks and concerns need to be explored. Any circumstance where cumulative changes made previously (i.e. categories 1 and 3) indicate a continued deterioration in the person's needs.

**Response**: These contacts will be treated as requiring a formal reassessment by a practitioner. The contact will be handled as a request for an unscheduled review and sent to the relevant area team. In cases where an urgent response is required, the CSC Fieldwork Team may facilitate any urgent changes to support. Any requests falling in this category received directly by Brokerage from providers will be redirected to CSC.

# Breaks in and reinstatement of services

Support packages or elements of support which have been temporarily suspended should usually be reinstated without requiring a formal reassessment unless a change in the person's needs and circumstances are indicated.

Most breaks in and reinstatements of services occur following admission to hospital or unplanned admissions to residential care.

For brokered services, the provider should advise Brokerage of a break in service by submission of a DCM1 form. Where Adult Care practitioners are involved in the admission or suspension, they should inform Brokerage using a DCM1 case note.

Where someone has been admitted to hospital as an inpatient, reinstatements should be arranged through the hospital social work department. On receipt of a referral the social work department will:

- ensure that the service has been suspended
- check with the health professionals that the person's assessments show that their needs are unchanged

The service should be reinstated with a DCM1 case note actioned to Brokerage, which gives the detail of the expected discharge date, and which visit and time the support is required to recommence

Where the case indicates a change in need, the referral will be treated as a request for an unscheduled reassessment. The Principal Practitioner should also consider whether there have been multiple admissions and reinstatements, and the nature of the admission, to judge where it would be more appropriate to undertake a reassessment rather than reinstatement.

In emergency admission cases, where support has been temporarily suspended and the person does not become an inpatient, e.g. held on a holding ward in Accident and Emergency, NHS/Intermediate Care staff may reinstated support directly through the Brokerage Team.