Review Guidance Customer

Purpose and timing of the review

The review is to make sure that you are receiving the support you need to keep you as healthy and independent as possible and to look at how well the support plan is working so far. It is also to make sure that if you have a personal budget you are buying the things you listed in your support plan.

The review is our chance to look at the things you said you wanted to do in the support plan (your outcomes), whether you are doing these things or if you are working towards achieving your outcomes.

The review will give us a chance to make changes to your support plan, set new goals and let us know of any problems you have been having.

We would plan to complete a review with you 6-12 weeks after your support plan is in place and annually after that, however you can contact adult care services to ask for a review at anytime if you feel you need one.

Any changes to the support plan must be agreed by the Team Manager and stay within the Indicative budget originally set. If the new support plan goes over this budget, it must go back to panel for agreement.

Bury COUNCIL

1. Customer details
Section 1 will be completed by your Care Manager/Reviewing Officer prior to your review taking place.

2. How is your support plan helping you to achieve your outcomes?			
Your outcomes from your Support Plan.	**What is working and why?**	**What is not working and why?**	**If you want to change anything how will you do this?**
This will be completed by the Care Manager prior to your review taking place. They will copy into this the outcomes from your support plan. You will discuss each outcome in detail during your review.	You will be asked to say if your support plan is working to achieve each outcome and, if so, how it is working for you; for example the things you have enjoyed doing, the things that have helped make your life happier and improved your health and wellbeing.	You will need to say if there is anything hindering you meeting each outcome, and why they are not working for you. Include the things that have not worked very well, the things you hoped you could do but have not done and anything that has worried or upset you. It is also a chance to tell us if your support provider is not doing what they agreed.	In this section you can tell us how you want things to change in order to help you be happier, healthier and safer. This may include changing the outcome, the services/ provider or the activities on the existing support plan

3. How have you spent your personal budget so far and do you need to make any changes to it?				
Item	**Cost on your Support Plan**	**Actual Cost**	**Why is this different? Is it because of a change in need, in support, or not planned appropriately.**	**If you need to change the costs on your Support Plan please detail the costs here?**
This will be completed by a Care Manager prior to your review taking place. They will copy into this section all the items from your costing breakdown on your support plan.		You will need to state what the actual costs of services and goods have been to the best of your knowledge. This is not an audit of your Personal Budget; we just need to know if the spending has changed from your Support Plan.	What are the reasons for the change in costs? Examples of this may be that your needs have changed, the provider's prices may have changed, there was not sufficient contingency fund to cover costs or you have changed the activities specified in the plan.	The Care Manager will need to complete this section with the new costs of services/ goods. Any changes need to be agreed by Bury Council and your support plan will need to be updated.
Total cost per year	The Care Manager will complete these sections			

4. Does your risk assessment need any changes to it?	
Do you need to change any of the current risks on your Support Plan? If yes, please detail which ones.	**Do you need to add any risks that are not currently on your Support Plan? If yes, please describe here.**
The Care Manager will discuss each of the risks in your existing Support Plan to check if any of them need to change.	The Care Manager will discuss the changes made above and any additional risks that these incur.

Once sections 2, 3 and 4 have been completed you and your Care Manager may need to produce an updated version of your support plan to cover any changes. If changes have been made, your support plan may need to be approved by Bury Council before it can be put into action. You will receive a copy of this and be asked to sign it.

5. Any actions required as a result of this review for example; new Assessment, change Support Plan, amend budget, change providers, amend the risk assessment.		
What will happen next?	**Who will do it?**	**By when?**
This is an action plan of who will do the action needed to put any changes into place. There should be a named person and completion date against each action. You will discuss this with the Care Manager.		

6. Research / Feedback			
Do you feel you were able to purchase everything you needed from the current market to meet your outcomes?			
Yes		**No**	
If not, what do you feel is missing from the market that would have helped you meet your outcomes?			
The information you give in this section will be used to help us with our work with providers to develop better services in Bury. This will help us to identify gaps in the market.			

On a scale of 1-4, how satisfied are you with your Personal Budget / Right to Control / Your outcomes are being met? (please tick as appropriate)	**1– Very satisfied**	**2– Satisfied**	**3– Unsatisfied**	**4 – Very unsatisfied**
Please add any other feedback you would like to give relating to your overall satisfaction with Personal Budgets / Right to Control / Your outcomes are being met: Please give any feedback you have on these three areas. We will use the information you give to improve services and processes.				

Please tell us how satisfied you are with your providers.		
Name of Provider	**Level of Satisfaction 1-4 (rated as above)**	**Reason for rating at this level**
This may an agency or care provider or supplier of goods, for example.	1– *Very satisfied* 2– *Satisfied* 3 – *Unsatisfied* 4 – *Very unsatisfied*	We will use the information you give in our work with providers to develop better services in Bury

Any comments from interested parties? (friends, family, carers etc..)

This is for your friends, family, carers, etc to make their comments. They may have concerns about the level of support, the management of the budget or any risks that they have identified. It may be positive or negative comments about providers, the process or quality of services or goods. The name of the person making the comments and their relationship to you must be included in this part.

Any comments from the person completing the review;

This is for the Care Manager to state their comments. This may include observations about your improved wellbeing, concerns about changes to the support plan or risk assessment or comments about services and goods received.

7. We need to keep up to date with information about you

Please tell us in this section if any of your personal or financial details have changed and detail what these are?

The Care Manager will check all your details with you such as full name, full address, accommodation status, date of birth, gender, and ethnicity. They will also ask about your financial details and if your financial circumstances have changed.

Signatures	
Customer or assigned person signature:	Signatures must be obtained; all fields to be completed. You will receive a copy of your completed review.
Reviewer's name and signature:	
Date:	
Copies of this review will be sent to (please list):	