

PERSONALISED CARE & SUPPORT PLAN

Section 1: My Details			
Name:	AB XY	Date of Birth:	xx/xx/xxxx
Address:	Usual:	1, Any Street, Any Town	Contact Number: 000-0000-0000
	Current (temporary address):	Same as above	Email address: anyone@anymail.com
Caretrack ID:	XXXXXX	NI Number:	NR 00 00 00 B
NHS Number:	XXXXXX		
What I like to be called?	AB		
My first language is?	English		
My communication needs are?	I am nonverbal and I wear a hearing aid due to severe hearing loss		
I have an advocate, their name is?	N/A		
Important information relating to my beliefs and culture – Not applicable if you have completed your one page profile			
Next of Kin & Closest Relatives			
Name	Relationship	Contact Details	
Mrs GF	Sister	Same as above	
Mr YT	Brother	Same as above	
Main Carer and others involved in care			
Name	Relationship (please state if paid or unpaid)	Contact Details	If the carer is unpaid, has a carers assessment been completed?

	carer)		
Any carer	Paid		

Professional Contact Details

Person Involved (Consultant, District Nurse, GP, Social Worker, Other)	Job Title	Contact details (including organisation name, e.g. Hospital name)	Lead clinician? (please tick)
Dr HJ	GP	Any Health Centre, Any Town	
	Social Worker	Town Hall	
	Audiology consultant	Any Tertiary Hospital, Any Town	
	Speech and Language Therapist	Any Tertiary Hospital, Any Town	
	Physiotherapist	Any Tertiary Hospital, Any Town	
	Complex Care Nurse	Any Tertiary Hospital, Any Town	

Section 2: About Me

This section is about you, what matters to you and what makes you content and fulfilled. Thinking about your past experiences can help to think about what is important to you, what you want for your future, and how you want to be supported.

What is important to me?

- I like reading and enjoy listening to music. I would also like to be able to access leisure activities such as swimming and going for walks
- I like routine and am happiest with people I know well to care for me. I really like interacting and having good trusting relations with other people and carers.
- I like to be well and remain in good health given my limitations

What are my goals and aspirations for now and the future?

- I would all my assessed care and my support needs to be met. I would also like all staff supporting me to be trained prior to doing so.
- I would also like to participate in social activities that I enjoy via my carers providing outreach support in

order to prevent social isolation.

Is anyone helping you to write this care and support plan?

Yes / No

Date: xx/xx/xxxx

My case manager and my brother

Section 3: My Health Journey

In this section you can record information about your health condition/s and how it/they affect you on a day-to-day basis.

Think about physical symptoms, how it affects your independence, side effects of treatment, any family or social issues, and how it affects you emotionally. You can also record information about the current treatment or support you receive and your wishes and preferences about your treatment or support.

If you have other care and support plans from other services, it may be helpful to look at these whilst completing this section.

My Health Condition/s

- Symptomatic epilepsy
- Autistic spectrum disorder
- Moderate learning difficulties
- Previous MRI has shown structurally abnormal inner ears which can cause fluid pressure and consequently, fluctuating hearing loss.

How my condition/s affect me?

These significant challenges in my life mean I am unable to do most things independently. I am fully dependent family and experienced skilled care staff to assist me with all my daily living activities.

The current treatment for my health condition/s

I am on several medications to control my conditions.

Other care and support plans that I have

My wishes and preferences for my treatments and support

- My family are happy for me to remain living at home so I would like to have trained carers who are experienced in supporting people with Learning Difficulties in that they are able to recognise any problems arising and act accordingly to keep me safe.

- I would like to continue with having carers that are flexible with their hours
- I would also like to continue with Direct Payments as this gives more flexibility to use named care staff when required.

Section 4: Things I want to change or achieve – my outcomes and priority issues

In this section you can describe the things that work well for you that you want to keep or maintain and the things that aren't working well that you wish to change. It's helpful to keep in mind what is important to you and what the best support for you is (section 2 and your One Page Profile will help), and then consider what is working, or what is not working about those areas, from your own and other people's perspectives.

What <u>is</u> working and I want to keep the same	What is <u>not</u> working that I want to change
<ol style="list-style-type: none"> 1. Having carers that are flexible with their availability and who knows me well and have a trusting relationship 2. Managing the PHB. It gives my family independence and flexibility to plan my care to suit the family 	

It is really important to record your goals and hopes for you and your care, and what this would mean for you (outcomes). It is also important that these outcomes are linked to the health needs that you have been assessed for. You should consider what your priority issues are and order your outcomes according to their importance to you.

Priority	Health & Wellbeing goals/Hopes	Outcomes (noticeable changes due to your goals being actioned)	Review date	Status
#	For me to continue having a good quality of life by engaging in leisure activities and for my social, health and educational needs to be met	I will be able to access the leisure activities that are of interest to me	xx/xx/xxxx	To be reviewed
#	Ensuring my family have adequate rest and look after their own health	Carers used at nights to ensure they are rested for the day	xx/xx/xxxx	To be reviewed
#				
#				
#				
#				
#				

Section 5: My Action Plan

This is the section where you plan how you can meet your outcomes; this is about making it happen and identifying who will arrange it. Look at each of your goals, hopes and outcomes, and decide what needs to be done to achieve this: What will you or others do, specifically, to help you achieve your goals?, Which goal or hope does this action relate to?, Who will do it? Do you feel confident that it will be completed?, By what time will you have done it?

What	Goal/ Hope No.	Who	Do I feel confident that this is achievable?	By when
On-going regular reviews by GP of medications for control my epilepsy and other evolving/ changing health issues, liaising with other medical colleagues for advice	1	Consultant, GP, Social worker		
Continuation of Direct Payments and funded package of care as a PHB and respite provision	2 &3			

Section 6: How will I stay in control of decision making

It is important to record how you make decisions and stay in control of decision making about your life. The grid below can show how you have made the decisions recorded in this plan. You may also wish to record if you have any advance directives in place and where they are kept.

Important decisions in my life	Who will help me with these decisions – how will I be involved and what would it look like?	Who will make the final decision
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My medical decisions	My family will be involved regarding my medications as well as hospital appointments and medical procedures when required	My family and the professionals involved in my care

Making Decisions

It is important that we ensure that the appropriate assessments and checks are carried out if you won't be the person making the final decisions in relation to your care and support.

Are you able to make a decision in relation to care planning and holding a PHB (see the Mental Capacity Act 2005 code of practice for further information)?

No Yes

If you don't have capacity has a Capacity assessment been completed?

No Yes

By who and when:

Power of Attorney/ Court Appointed Deputy (IF APPLICABLE)

EVIDENCE OF THE POA/CAD MUST BE PROVIDED TO THE COMMISSIONER / REPRESENTATIVES

- There is a valid and applicable Lasting Power of Attorney/Court appointed deputy
- For Health and Welfare
 - For Finance and Affairs
 - Both

Person(s) named with the authority:

Date that PAO/CAD verified:

Section 7: How will my support be managed?

Who will manage my support and my personal health budget?

My Support	My family
My Personal Health Budget	My family

Please use the box below to include any other information that you feel is important.

PHB Management

My PHB will be financially managed by (please tick at least one box):

- Me, or my nominated support, via an e-wallet. This is a direct payment PHB.
- Me, or my nominated support, via a Local authority holding account.
This is a direct payment PHB.
- A third-party organisation will help me to manage my budget. This a third party PHB.
- The NHS will continue to manage my budget and arrange my care. This a notional PHB.

Notes on completing the rest of this document:

If you ticked box 1, 2 or 3 (direct payment or third party PHB), please complete section 8 and move on to section 10.

If you ticked box 3 (notional PHB), please complete section 9 (you can skip section 8).

If you ticked multiple boxes, you will need to complete both sections.

Section 8: Direct Payment or Third Party PHB

If you have a Personal Assistant (PA) or agency support how will this be organised, arranged and managed?

In this section you need to describe the support you require to stay healthy and safe and achieve the outcomes you have described. The timetable will show how you spend your time, or would like to spend your time and how much support you need. This does not mean that you have to do the same thing every week - you can change what you do to ensure you get the support to do the things that give your life meaning. Please detail the total paid hours in the required boxes.

	Morning (__am to __pm)	Afternoon (__pm to __pm)	Evening (__pm to __pm)	Night (__pm to __am)
Monday				
<i>Paid Hours</i>				
Tuesday				9 - 7
<i>Paid Hours</i>				10hrs
Wednesday				
<i>Paid Hours</i>				
Thursday				9 - 7
<i>Paid Hours</i>				10hrs
Friday				
<i>Paid Hours</i>				
Saturday				9 - 7
<i>Paid Hours</i>				10hrs
Sunday				
<i>Paid Hours</i>				

Who will support me? (i.e. I am employing Personal Assistants and/or a third party or I will be using an agency or I). *If using an agency or third party, please name the organisation(s).*

My family employ and recruits suitable carers

What equipment do I use for my support? (Hoists, beds etc.)

Wheelchair (for longer distances)
Bed

The Training my PA's / Carers will require

It is important that any staff you employ directly or through an agency or provider organisation have specific training required to support you.

Required training (e.g. mandatory training, moving and handling, food hygiene, safeguarding etc.)

Epilepsy/administration of Buccal Midazolam
Manual Handling
Medication administration
Safeguarding

Specialist training required to meet your specific needs (i.e. tracheotomy care, pressure care etc.)

Contingency plans

How I will deal with anything that changes and how I will manage any risks. It is important to plan for any sudden changes that may happen which will require you to have more support or if your regular support is not available.

If you are going to employ your own staff what will you do when your carers are unable to provide care for you, either due to annual leave, off sick or for other reasons?

My family are competent enough to care for me in case of an emergency and can inform hospital and escalate to ICB

Are there periods of time when your health condition is worse? At these times do you need more support? How will you get this support?

If for any reason you are in hospital, do you need your carers to continue to provide support to you in hospital?

Yes – my mother will need to take care of my other siblings

Risks

It is important to describe any risks that may have been identified in what you are planning to do and how these risks will be managed. It is good to explore this with your health practitioner.

Identified risks	What I will do to manage these risks
I have seizures which can happen anytime/anywhere	Care staff must be up to date with seizure management

How will I use my personal health budget and other resources

Final PHB Cost Summary - Annual and weekly ongoing cost (Table 1)

Money in		Annually £
My Total "Indicative" Personal Health Budget		£52000
Money out	Outcome this will achieve, or help to achieve	Weekly £
Support Planning Costs		£1200
Care/Staff Costs		£
Additional Care/Staff Costs (National Insurance, Tax, Pension)		£
Employer Liability Insurance		£
Recruitment Costs		£
Employer Checks (such as Disclosure Barring Service)		£
Equipment		£
Training (Costs such as Mandatory Training including First Aid and CPR)		£
Contingency Costs (PA holiday cover)		£
Activities & Wellbeing		£
Total money out		£

Final PHB Cost Summary - One off/ Set up costs (Table 2)	
Support Planning Cost	£
Personal Assistant Recruitment Cost, including employer checks	£
Total annual staff cost (for PAs or agency costs)	£
Personal Assistant Training	£
Ongoing Budget Management Costs – to be paid when PHB package “goes live”	0% of budget: £0.00
Contingency Costs (this will be reserved by the ICB)	£
Total money out	£

Final PHB Management Support Cost (Table 3)	
Ongoing PHB Management Support Costs (Annual)	£
Ongoing PHB Management Support Costs (Weekly)	£

How and when will this care plan and package be reviewed	
Who will review the care plan and package	When will the care plan and package be reviewed
Case Manager	Annually or sooner if there is a change in needs or an emergency situation arises that impact upon the care or budget.

Additional Patient Comments

Section 9: Notional PHB

At what days and times do you need care? North Central London Integrated Care Board will arrange care and manage this for you.

In this section you need to describe the support you require to stay healthy and safe and achieve the outcomes you have described. The timetable will show how you spend your care hours, or would like to spend your time and how much support you need.

	Morning (__am to __pm)	Afternoon (__pm to __pm)	Evening (__pm to __pm)	Night (__pm to __am)	Contingency Care
Monday					
<i>Paid Hours</i>					
Tuesday					
<i>Paid Hours</i>					
Wednesday					
<i>Paid Hours</i>					
Thursday					
<i>Paid Hours</i>					
Friday					
<i>Paid Hours</i>					
Saturday					
<i>Paid Hours</i>					
Sunday					
<i>Paid Hours</i>					

Who will support me? (i.e. I will be using an agency or other support. Please specify the organisations)

What equipment do I use for my support? (Hoists, beds etc.)

If your health gets worse, are there any particular medicines that you should take to help your situation? (If yes, which medicines and where are they kept?)

The Training my Carers will require

It is important that any staff you employ directly or through an agency or provider organisation have specific training required to support you. The ICB will ensure the carers identified for you are appropriately trained.

Required training (e.g. mandatory training, moving and handling, food hygiene, safeguarding etc.)

Specialist training required to meet your specific needs (i.e. tracheotomy care, pressure care etc.)

Contingency plans

How I will deal with anything that changes and how I will manage any risks. It is important to plan for any sudden changes that may happen which will require you to have more support, or if your regular support is not available.

**If your usual domiciliary carers are on annual leave or off sick, or unable to provide care for other reasons, how will you arrange temporary care?
Is there anything that temporary carers should know or be aware of?**

Are there periods of time when your health condition is worse? At these times do you need more support? What support do you need? How will you get this support? You can add in additional contingency needs on the next page also.

If for any reason you are in hospital, do you need your carers to continue to provide support to you in hospital?

Risks

It is important to describe any risks that may have been identified in what you are planning to do and how these risks will be managed. It is good to explore this with your health practitioner.

Identified risks	What I will do to manage these risks

How will I use my personal health budget and other resources

Final PHB Cost Summary - Annual and weekly ongoing cost (Table 1)

Money in		Annually £
My Total "Indicative" Personal Health Budget		£
Money out	Outcome this will achieve, or help to achieve	Weekly £
Weekday rate: Tier 1 / 2 / 3		£
Weekend rate: Tier 1 / 2 / 3		£
Registered Nurse Rate		£
Weekday Waking Nights rate: Tier 1 / 2 / 3		£
Weekend Waking Nights rate: Tier 1 / 2 / 3		£
Weekly Live-in Carer rate		£
Weekly Live-in Carer break (cover) costs		£
Weekday contingency costs		£
Weekend contingency costs		£
Other (including special rates)		£
Total money out (weekly)		£

Contingency Care Episodes

Dates of additional Care	Daily Cost	Total Cost

Final PHB Cost Summary - One off/ Set up costs (Table 2)	
Support Planning Cost	£0.00
Care costs	£
Nursing Costs	£
Contingency Costs (this will be reserved by the ICB)	£ 0.00
Total money out	£

Who was involved in writing the support plan?

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How and when this plan will be reviewed

Who will review the plan	When the plan will be reviewed	

Additional Patient Comments

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Section 10: Care and Support Plan Approval

Patient agreement

I agree with the contents of this support plan and understand that relevant assessments carried out and information from my support plan will be shared with providers of my support.

Signature:

Name:

Date

Case Manager approval

Signature:

Name:

Date

Clinical Lead approval

Name of Approver:

Job Title:

Organisation

Signature:

Date:

ICB PHB Panel approval

Name of Approver:

Job Title:

Signature:

Date:	
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Care Plan Review record			
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Date last reviewed:		By who:		Signed:	
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Comment:	
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Date last reviewed:		By who:		Signed:	
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Comment:	
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Date last reviewed:		By who:		Signed:	
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Comment	
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Date last reviewed:		By who:		Signed:	
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