

PERSONALISED CARE & SUPPORT PLAN

Section 1: My Details			
Name:			Date of Birth:
Address:	Usual:		Contact Number:
	Current (temporary address):		Email address:
			Emergency contact number:
Caretrack ID:			NI Number:
NHS Number:			
What I like to be called?			
My first language is?			
My communication needs are?			
I have an advocate, their name is?			
Important information relating to my beliefs and culture – <i>Not applicable if you have completed your one page profile</i>			
Next of Kin & Closest Relatives			
Name	Relationship	Contact Details	
Main Carer and others involved in care			
Name	Relationship (please state if paid or unpaid carer)	Contact Details	If the carer is unpaid, has a carers assessment been completed?

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)

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?

If you have covered this in your One Page Profile, please move on to the next question.

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

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

Yes / No

Date:

If yes, who is helping you?

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

How my condition/s affect me?

The current treatment for my health condition/s

Other care and support plans that I have

My wishes and preferences for my treatments and support



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

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	Goals/Hopes	Outcomes (noticeable changes due to your goals being actioned)	Review date	Status
#				
#				
#				
#				
#				
#				
#				

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

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

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 Personal Health Budget

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.
- The NHS will continue to manage my budget and arrange my care. This a notional PHB.
- A third-party organisation will help me to manage my budget. This a third party 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				
Paid Hours				
Tuesday				
Paid Hours				
Wednesday				
Paid Hours				
Thursday				
Paid Hours				
Friday				
Paid Hours				
Saturday				
Paid Hours				
Sunday				
Paid Hours				

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).*

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

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.)

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?

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?

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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 £
Support Planning Costs		£
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 this plan will be reviewed	
Who will review the plan	When the plan will be reviewed

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					
Paid Hours					
Tuesday					
Paid Hours					
Wednesday					
Paid Hours					
Thursday					
Paid Hours					
Friday					
Paid Hours					
Saturday					
Paid Hours					
Sunday					
Paid Hours					

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

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

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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?)

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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.)
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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	Signed

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	

Support Plan Clinical approval

Name of Approver:	
Job Title:	
Organisation	
Signature:	
Date:	

ICB Budget approval

Name of Approver:	
Job Title:	
Signature:	
Date:	

Care Plan Review record

Date last reviewed:		By who:		Signed:	
Date last reviewed:		By who:		Signed:	
Date last reviewed:		By who:		Signed:	
Date last reviewed:		By who:		Signed:	