

Personal Health Budget – Care and Support Plan v1

Forename Family name	Telephone numbers		
Date of birth	e-mail:		
Address Postcode	NHS number: Name & address of GP		
Next of kin/contact name:	Relationship to person being supported:		
Next of kin/contact address:	Next of kin telephone numbers: Next of kin e-mail:		
I agree that my plan may be shared as needed to enable me to receive the support and services I have requested (please circle one response opposite): (If patient lacks capacity, representative to make decision)	Yes	Yes but with restrictions	No
Detail of any restrictions on information sharing:			

1. What is important to me?

What is important now and in the future. You can include the things you like doing, what you're interested in and what you're good at. What is important for your health and wellbeing? What are your hopes for the future? Who are the important people in your life?

2. What is working, what is not working - what do you want to change?

What do you want to change about your life and your health? It could include changing how you are supported, or how you spend your time. Think about what is working in your life and you want to keep. What isn't working or what makes you unhappy.

What is working well in my life
What is not working so well
What needs to change

3. Achieving the outcomes I want

Based on what's working/ not working these are my health and wellbeing needs, the outcomes I want for each need and the support to achieve them

Health & wellbeing needs	Outcomes	Ways to achieve outcomes (support, equipment, services)

4. Setting up care and support

These are the practical arrangements to obtain the support, equipment and services from your list in section 3 above. Some support and services may not have a cost e.g. services from volunteers or provided free.

Type of support, services or equipment needed	What will be done and when	Who will do this and how long will it take	Actual or estimated cost if known

Section 4 continued

Type of support, services or equipment needed	What will be done and when	Who will do this and how long will it take	Actual or estimated cost if known

5. How will I manage any risks or emergencies?

These are the plans to reduce avoidable risks and also what will be done in an emergency if the usual service/support is not available. If you lack capacity to make certain decisions or are vulnerable then any safeguarding arrangements are included here.

<p>Describe any important risks that will result from this plan and how these will be managed</p>
<p>Describe arrangements if essential support is not available at short notice or there is a crisis</p>

6. Detailed Plan

This describes the detail of each type of service, support etc. that has been agreed in your plan. It can be used to check whether the plan is being carried out. If you are taking some or all of your personal health budget as a direct payment then detail must be shown on the type, amount and frequency of service is set out, plus the costs. If the service is regular then show the weekly cost; if one off or irregular expenditure then please state this..

Support, services, equipment, activity including amount and frequency where relevant	Where are the resources coming from to provide the support e.g. using a direct payment, purchased by the CCG or a third party, provided free	Costs

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7. Weekly timetable (where relevant)

Day	Morning	Afternoon	Evening	Night	Paid or unpaid
Mon					
Tues					
Wed					
Thurs					
Frid					
Sat					
Sun					

8. Personal Health Budget allocation

Weekly amount as a Direct Payment Start date:	£ per week £ per annum (weekly x 52) £ paid monthly (12 payments per year)
Weekly amount held by 3 rd party organisation Start date: Name of organisation:	£ per week £ per annum (weekly x 52) £ paid monthly (12 payments)
Weekly amount commissioned by Kingston CCG Start date:	£ per week
Total agreed budget allocation	£ per week
Agreed amounts for one off purchases, occasional activities or equipment.	

If Kingston CCG decides to reduce the size of your personal health budget it will provide a month's notice in writing with the reasons for this reduction.

9. Care coordinator

This is the person who will be the main contact with the Clinical Commissioning Group (CCG) and will make sure that the care plan is implemented. They will make sure that your needs and the plan is reviewed as required and work with other services and people to coordinate activities like assessment.

Name of care coordinator:

Contact details:

10. Monitoring your health

Your health will be monitored to see if your needs change. This will be done by your GP and other health professionals. If there is a lead person who will do this your Care Coordinator will let you know.

11. Managing my personal health budget

On a day to day basis my budget will be managed by:

Who	Details if not Me
Me	
My Representative	
My Nominee	
Kingston CCG	
Other	

11 Reviewing my care and support plan

This Plan will be reviewed for the first time on or about (insert date) and then annually or more frequently if agreed with my Care Coordinator.

12. Agreement

By signing below you are indicating your agreement to this Care and Support Plan.

Person being supported (or their representative where person does not have capacity under the Mental Capacity Act to consent to this plan)

Name:

Signature

Date.....

Care Coordinator

Name Job Title Signed.....Date.....

Approved on behalf of Kingston CCG

Name..... Job Title..... Signed.....Date.....