

Personal Health Budget: Support Plan

Section 1: My Details			
Name:		Date of Birth:	
Address:		Contact Number:	
		Emergency contact and number:	
NHS Number:		NI 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			
GP name and address			

Data Protection Act 1998

The information collected on this form will be used to assess your need for help, advice, support and care and to manage and plan services which may meet your needs, both now and in the future, to the highest possible standards. We will only use the minimum amount of information about you that is necessary.

Departments are also required to provide statistics on their performance for the Government. The form will be stored securely and kept for up to six years after your last contact with the Department.

Although we may need to share your information with other relevant people and agencies, for example your carer(s) or your GP, this will not be done without your consent unless there are legal reasons for this, such as the prevention of a crime.

You have the right to see information held on you at any time.

Do you consent to this information being shared at this stage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Is there certain information that you do not wish to be shared?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please specify

Is there anyone you do not wish us to share this information	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please specify

Do you consent to us using this information to find out details of NHS services that you have received and how much it costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you consent to this assessment being recorded electronically?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Client's Signature:

Date:

Please tick here if the Client is unable to sign and please advise why:

Health and Care Professional Contact Details (who I currently see about my health)

Person Involved	Job Title	Contact details	Lead clinician coordinating This maybe the person you see the most? (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.

Where and who I live with

What is important to me?

What are my wishes and hopes now and for the future?

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.

My Health Condition/s

How my condition/s affects me (are there periods of time when your health condition is worse or better)?



Section 4: My needs - Things I want to change or achieve

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 first look at what is important to you and what the best support is for you, and then consider what is working, or what is not working about those areas, from your own and other people's perspectives (this could be your health team).

What <u>is</u> working and I want to keep the same	What is <u>not</u> working that I want to change

My Health Goal

It is really important to record the goals and the outcomes that you wish to achieve and your ideas for achieving them. It is also important to link these outcomes to health needs identified by your health professionals. You should consider what your priority needs are and order your goals according to their importance to you. This will help you then complete the next section: My Aims

	My Health Need	My Health Goal	My ideas for achieving this
1			
2			
3			
4			



Section 5: My Health Aims

Use your needs and ideas from the previous Section 4 here to help decide upon your health aims, goals and the actions needed. It is important you plan what you want, what you need to do and show how things will be different; how you can meet your needs and reach your goals. This is about making it happen and identifying who or what is needed. Look at each of your goals and decide what you need to do to achieve this: What will you do, specifically? By what time will you have done it? Who will or what will do it? You may need your health team to help you.

What do you want to achieve over the next 12 months?

My Health Aims are to:

E.g. To have better control of my asthma, To improve my continence, etc.

My Health Goals: What do I want? In order to meet your aim what are the steps do you need to take and the changes needed to be made to achieve improving your health and wellbeing	My Health Actions: What do I need to do? Describe here the support, equipment or services and people that you are going to use and how often to achieve your goals.	My Health Outcome; What will have changed and how will things be different? How and when will I know my needs and my aim is being met? What does achieving my goal look like?
<p><i>Examples</i></p> <p><i>I don't want to end up in A&E because my asthma is out of control, so I need to get and keep fit.</i></p> <p><i>I want to be able to communicate when I need the toilet, so that I don't always need pads (nappies)</i></p>	<p><i>I want to improve my personal fitness by going to the gym 3 times a week in order to improve my control.</i></p> <p><i>To have a way to communicate I need the toilet I need support from Occupational and Speech Therapy.</i></p>	<ul style="list-style-type: none"> • <i>My peak flow will improve</i> • <i>My attendance at A&E will reduce</i> • <i>People will know when I need the toilet</i> • <i>I will need fewer pads (nappies)</i>
<p>1.</p>		
<p>2.</p>		

3.		
4.		
5.		

Section 6: My Support

Who will manage the Personal Health Budget? Will it be yourself, your parent/carer a third party?
Who will manage the services and people meeting your needs described in the plan?

Who will manage my support? Please provide name and address if it is not yourself

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. What needs to happen if you go into hospital

What needs to happen? Who do I need to tell?

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

Who will support me? (e.g. I am purchasing a session of psychotherapy per week/ I will be using an agency/ I am employing PAs – for this please complete Appendix 1).

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.

Statutory or mandatory required (i.e. moving and handling, food hygiene etc)

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



Section 7: My budget

Indicative Budget Date provided

Funding Sources		Weekly £	
Personal Health Budget		£	
Other funding		£	
		£	
Payment out	Outcome this will achieve/help to achieve	Weekly £	Funding Source
		£	
		£	
		£	
		£	
		£	
		£	
		£	
		£	
		£	
		£	
		£	
		£	
Total Budget	£		

Do you receive a direct payment from the council if yes please provide details of the person who supports you with this:

Section 8: How this plan will be reviewed and Agreements

Who will review the plan	When the plan will be reviewed

Additional Client Comments

Section 9: Health Care Team / Lead clinician coordinating agreement

I agree that the contents of this support plan – please tick

- are an accurate portrayal of the client's needs
- the client's goals are achievable through the plan
- the client/advocate has the capacity to manage a Personal Health Budget

Comment:

Signature:	
Name:	
Role and Service:	
Date	

Client agreement

I agree with the contents of this support plan and understand that information from this plan will be shared with staff who provide my current healthcare, the PHB Panel and providers of my support.

Signature:	
Name:	
Date	

This plan should be submitted via email to TGCCG.phb@nhs.net

Or posted to

Personal Health Budget Coordinator,
 NHS Tameside and Glossop Clinical Commissioning Group
 New Century House
 Windmill Lane
 Denton
 M34 2GP

This section is for completion by NHS Tameside and Glossop Clinical Commissioning Group by the Personal Health Budget Panel.

Essential Criteria (PHB guide – Implementing effective health care planning DoH 2012)
You must be satisfied that the plan is:

Lawful (Y/N)	Effective (Y/N)	Affordable (Y/N)	Yes	No

Support Plan approval

Name of Approver: (Chair of Panel)	
Job Title:	
Signature:	
Date:	

Appendix 1

If you have PA or agency support how will this be organised, arranged and managed?

In this section 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.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
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