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# Template - Care and Support Plan For a child or young person

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*Text in red & italic is explanatory text*

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## Care and Support Plan for \_\_\_\_\_

*The purpose of this document is to provide examples and guidance for a Care and Support Plan that is used when planning a Personal Health Budget (PHB). It does not set out the process, we provide links below for that.*

*Here are some key statements from the healthcare authorities in England.*

**NHS England state**<sup>1</sup>: “The person with a personal health budget (or their representative) should be central in developing their personalised care and support plan and agree who is involved”

**Northumberland CCG state**<sup>2</sup>: “The support plan sets out yours or your child’s personal health and wellbeing needs, the health outcomes you want to achieve, the amount of money in the budget and how you are going to spend it. You can use a personal health budget to pay for a wide range of items and services, including therapies, personal care and equipment.”

**The regulations state**<sup>3</sup> in Section 8 (Care plan and care co-ordinator) of The National Health Service (Direct Payments) Regulations 2013: the health body “must prepare a care plan in respect of the services to be secured for a patient by way of direct payments”.

**NHS England state**<sup>4</sup> in Guidance on Direct Payments for Healthcare: Understanding the Regulations Section 5: “The care plan is at the heart of a personal health budget. Drawing up of a care plan should involve a series of discussions between the person receiving the care, their nominee or representative, their care coordinator and the appropriate health and social care professionals involved in the individual’s care. The personal health budget toolkit includes information and examples that provide CCGs with additional information on care planning.”

**NHS England state**<sup>5</sup> in Personalised care and support planning handbook - The journey to person-centred care: “Plans should be proportionate to the needs to be met, reflecting the person’s wishes and aspirations. So where someone feels happy that they are managing their condition well, the care planning discussion and the written care plan may be fairly short, provided both parties agree. Alternatively, for someone with fluctuating or complex needs, they may need to consider a number of different scenarios and plans for each of these.”

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<sup>1</sup> <https://www.england.nhs.uk/personal-health-budgets/what-are-personal-health-budgets-phbs/>

<sup>2</sup> <https://www.northumberlandccg.nhs.uk/your-health/personal-health-budgets/>

<sup>3</sup> [https://www.legislation.gov.uk/uksi/2013/1617/pdfs/uksi\\_20131617\\_en.pdf](https://www.legislation.gov.uk/uksi/2013/1617/pdfs/uksi_20131617_en.pdf)

<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/06/guid-direct-paymnt.pdf>

<sup>5</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/04/practcl-del-care-support-planning.pdf>

*The peoplehub<sup>6</sup> website provides a good set of resources all about Personal Health Budgets and the Care and Support Plan in their Resources section.*

*A Care and Support Plan is mean to be highly personalised, so delivering a template or a variety of templates is counter to this aim. Indeed, you need not follow any template and can record this information any way you like. However, some high level aspects will be common across the majority of Care and Support Plans, and by providing examples, we hope to inspire and suggest your personalisation. The Care and Support Plan can be short or it can be a long – it needs to contain everything that you believe is important. We believe it should be written in the first person, for example, “I need ...” or “Joanna needs”. This should make the Care and Support Plan more of an individual’s statement, and, easier to read.*

*Your child may well have an EHCP (Education and Health Care Plan). Both an EHCP and a Care and Support Plan are needed, and both have legal implications. The Care and Support Plan is of special importance when the EHCP ends, to ensure the correct care continues. You can copy between the two documents to save you time and effort.*

*Some definitions for the people involved,*

- **Unpaid carers:** usually close family or friends who provide care with no payment.
- **Primary unpaid carers:** usually the parents of the child or young person.
- **Paid carers:** staff who are paid to care.
- **Carers:** Unpaid and paid carers.
- **Child:** can refer to the offspring of any age of parents. However, in this document, age is from birth to 15.
- **Young person:** age from 16 to 25.

*Some abbreviations,*

- **CCC:** Children’s Continuing Care
- **CCG:** Clinical Commissioning Group
- **CHC:** Continuing Health Care
- **CSP:** Care and Support Plan
- **GP:** General Practitioner, usually your family doctor
- **NHS:** National Health Service
- **OT:** Occupational Therapist
- **PHB:** Personal Health Budget

*You can find lots more at the Imagineer<sup>7</sup> website*

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<sup>6</sup> <https://www.peoplehub.org.uk/>

<sup>7</sup> <https://www.imagineer.org.uk/resources-2/>

**1 SECTION A: ABOUT ME****1.1. My personal details**

My name:	
My address:	
My date of birth:	
My mobile number:	
Other phone numbers for me:	
My GP:	
My GP practice name, address and phone:	
My ethnic group is:	
My NHS number:	
My email address:	
I identify as (male, female, other):	
Other important information such as cultural considerations:	

**1.2. My communication details**

My friends call me:	
This is the type of interpreter I need:	
My preferred language:	
Specific needs:	

Person supporting me with this plan:	
Their relationship to me:	
Their telephone number:	
Their email address:	

**1.3. Emergency contact details**

Name:	
Their relationship to me:	
Their telephone number:	
Their email address:	

Name:	
Their relationship to me:	

Their telephone number:	
Their email address:	

#### 1.4. My close family, friends and pets

Names and relationships of my adult parents or guardians that I am close to:	
Names and relationships of people that have Lasting Power of Attorney, Best Interests, deputyship:	
Names of my siblings and their ages:	
Names and details of my pets:	
Other important information such as health/wellbeing concerns of my family:	
What communities am I part of?:	

#### 1.5. Safety alerts

Risks to me:	Include allergies, adverse reactions
Risks to others:	
Risks from others:	

#### 1.6. Important information about me

*State who is my decision maker such as "I am able to make my own decisions but if I cannot then please speak to my mum".*

*Add identifying trigger points and early warning signs.*

*Don't forget the things that are important such as hobbies, interests etc.*

#### 1.7. My health journey

#### 1.8. My current medical treatment (this may change)

*Current medication and possible side effects, allergies and adverse effects.*

#### 1.9. What is important to me about my life

*A number of headings could be included here such as,*

- *Social networks*
- *Recreational & leisure activities*
- *Pets*
- *Hobbies*
- *Spiritual & cultural needs*
- *Important events that have shaped my life*
- *Employment – voluntary/paid*
- *Equipment needed e.g. hoists, wheelchairs*
- *Diet – allergies, adaptive aids, dysphagia*
- *End of Life, palliative care - anticipatory medicines; preferred place of death; whether I have made an advance decision to refuse treatment*
- *Legal & financial information - funding, personal allowances/budgets, benefits, solicitors, Independent Mental Capacity Advocacy*

#### 1.10. What is important to me about my health

#### 1.11. What is working and not working

*Details about what care and support arrangement have been agreed and who will be providing them including health and social care services, schools, carers, voluntary sector services etc.*

*Relationships, things I enjoy, where I want to live and who I want to live with.*

*Who, how and when I want my care to be delivered, including alternative therapies and care.*

#### 1.12. What I want to change and what are my personal outcomes

*This section and the next are the most important parts of this Care and Support Plan. Outcomes include both short term (for example what I want to achieve in the next six months), or long term (for example family holidays, residential care, independence).*

*You can provide a list of your outcomes or even an action plan that contains the following,*

- *the description of action*
- *how confident you are about achieving it*
- *what additional support you need*
- *what are the barriers to achieving it*
- *how will you know if the outcome has been met?*



*Consider equipment and services you need, where support will take place and who will be providing it and their roles. The peoplehub website has some examples in their Resources section:*

*<https://www.peoplehub.org.uk/>*

*Will you need training? For example, how to recruit, employ and manage staff, your legal responsibilities, staff training.*

### 1.13. Outcomes for my family and friends

*Up to now, the assessment has been focused on the needs of the child. This section is to include an assessment of the family's needs, especially an assessment of the individual needs of the primary unpaid carers.*

*Include details of additional sources of support e.g. family, peers, community.*

## 2 SECTION B: HOW MY DISABILITIES AFFECT ME

*The headings in this section form a standard set of headings (called domains) for CCC and CHC. You can also consider other aspects to include within these headings such as,*

- How do I communicate and interact – verbal, non-verbal, gestures, body language, attention span, noise levels*
- ‘Challenging behaviours’ and their triggers*
- Key medical events from the past 12 months*
- Vision, hearing, mobility, dexterity (fine/gross)*

### 2.1. Behaviour

### 2.2. Cognition

### 2.3. Psychological and Emotional

### 2.4. Communication

### 2.5. Mobility

*Add any postural management plan and any moving and handling plan.*

### 2.6. Nutrition

### 2.7. Continence

### 2.8. Skin

### 2.9. Breathing

**2.10. Drug therapies and medication: symptom control****2.11. Altered States of Consciousness****2.12. Other issues****2.12.1. Visual impairment****2.12.2. Middle ear problems****2.12.3. Sexual health****2.13. Professionals and services I am in contact with**

*PHB specifics such as risk (e.g. clinical, employer, financial) assessment and mitigating actions. These could form contingency planning for emergencies such as hospital stays, your paid carers not being available, your unpaid carers not being available, your home not accessible. You can't plan for everything but some thoughts as to alternatives will be useful.*

*Professionals' reports could be added as appendices if relevant.*

Social worker (Adult Care):	
Social Work Team:	
Nurse Assessor or Key Worker. This is the person you contact at any time with problems or queries:	
Nurse Assessment Team:	

**3 SECTION C: MY PERSONAL HEALTH BUDGET AND MY CARE AND SUPPORT PLAN**

*Section C is filled in by your CCG or Local Authority.*

*There is a need to make sure that 'invisible' costs are added such as,*

- Staffing costs such as pension, payroll, holidays, sickness, recruitment, maternity/paternity etc ("on costs")*
- Health consumables such as Personal Protective Equipment*
- Equipment consumables such as printer ink and paper, servicing and repair costs*
- Purchases such as laptops, tablets, laminators, wall calendars, notice boards*
- Employer insurances*
- Third party costs is other organisations run your payroll and/or staffing*
- Costs involved with audits for how the money is being spent*

*There are commonly used tools to help with this.*

**3.1. Your indicative plan and your indicative personal budget****3.2. Your care and support plan****3.3. Your unpaid carers' support plan****3.4. Your final personal health budget**

Personal budget:	
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**3.5. What this plan is expected to achieve**

Your view of this plan	
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**4 SECTION D: CREATION AND REVIEW OF THIS CARE AND SUPPORT PLAN****4.1. How this plan was created****4.2. Recent changes to my life****4.3. Ideas that might help me****4.4. Additions to my Continuing Health Care****4.5. New or changed care and support services****4.6. Important contacts**

Social Work Team:	
Nurse Assessor or Key Worker. This is the person you contact at any time with problems or queries:	
Nurse Assessment Team:	

**4.7. Document information**

Date Approved	Overview of changes	Updated by (name and role)

End of document