

Support planning is a vital stage of the self directed support process. If there is someone you trust to help you with your plan, they should be with you at the planning meeting.

A member of staff from Nottinghamshire County Council will co-ordinate the planning meeting but the most important thing is that the plan reflects your views and wishes for the future.

This support plan is an important document:

- it contains all the information we need so that you can receive a Personal Budget.
- it contains a detailed breakdown of the goals/outcomes you will achieve from using your Personal Budget
- you can use it to advise people who support you what you want to achieve and what support you will need.
- it will help us in the future see how well your Personal Budget and the support it pays for are improving your quality of life.

The information you give us for your support plan will be recorded on our computerised care records system (called Framework). You will be sent a copy of all the information we put on Framework.

Unhappy?

If at any stage you are not satisfied with the help you have to complete your Support Plan or the information we put on Framework, please tell the member of staff who helped you complete your plan. If you are still unhappy you can make a formal complaint by contacting the Customer Relations Service on 08449 80 80 80.

Personal details

My indicative personal budget allocation is:	£	per week
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My name			
My telephone numbers	Home	Mobile	Work
Date of birth			
Framework ID number			

Support plan facilitator			
Name			
Telephone - office		Telephone - mobile	

My doctor / G.P.	
G.P. name	
Practice name	
Practice address	
Postcode	
Telephone	

Who has helped you with this support plan?

Name			
Address			
Telephone number		Relationship to you	
Name			
Address			
Telephone number		Relationship to you	
Name			
Address			
Telephone number		Relationship to you	

Lifestyle likes and dislikes

This section should tell those who read it all about you – your lifestyle, your likes and dislikes, who is important to you, and the changes you would like to make to improve your quality of life in the future.

Please write this information in the box below.

Parts of my life that I am happy with and the parts I would like to make changes or improvements to

This section is to help you to be clear about the things you would like to change.

It might help if you concentrate on one day, for example from getting up to going to bed. Think about the things that work well for you; the things you want to remain the same, and the parts of your day or routines that are causing difficulties for you, and the things you would like to change.

What's working well in my life now? What do I want to keep the same?
1
2
3
4
5
6
7

What's not working well in my life? What do I want to change?

1

2

3

4

5

6

7

Introduction to support planning

This part of your support plan is the most important because it describes the outcome or results you want to see from the support you buy with your Personal Budget.

These can be important life changes (such as moving house or getting a job). Or it can be something which seems small but is important to you, such as having your make up put on in the way you like or choosing the clothes you want to wear.

In your community care assessment (SDS), you identified the amount of support you require. Your worker will look at the assessment with you and explain what information you need to give here.

Personal and domestic routines

Identified eligible needs

Morning routine

Overall outcome or goal: My personal care needs are complete and I am ready for the day.

My personal goals: How I want my morning routine to be

- 1
- 2
- 3
- 4
- 5

Who will help me to do this, or description of items or services purchased.	Number of hours per week.	How much will this cost per week.
--	----------------------------------	--

- 1
- 2
- 3

Evening routine

Overall outcome or goal: My personal care needs are met and I am ready for the night.

My personal goals: How I want my evening routine to be

- 1
- 2
- 3
- 4
- 5

Who will help me to do this, or description of items or services purchased.

Number of hours per week.

How much will this cost per week.

- 1
- 2
- 3

Household routines

Overall outcome or goal: I am supported so that the essential areas of my home are cleaned and maintained.

My personal goals: How I want household tasks to be completed

- 1
- 2
- 3
- 4
- 5

Who will help me to do this, or description of items or services purchased.

Number of hours per week.

How much will this cost per week.

- 1
- 2
- 3

Main meal

Overall outcome or goal: I am able to have a cooked meal each day.

My personal goals: How and when I get my meal

- 1
- 2
- 3
- 4
- 5

Who will help me to do this, or description of items or services purchased.

Number of hours per week.

How much will this cost per week.

- 1
- 2
- 3

Support with personal care during the day

Overall outcome or goal: I am supported so that my personal care needs are met throughout the day.

My personal goals: How I want my personal care done during the day

- 1
- 2
- 3
- 4
- 5

Who will help me to do this, or description of items or services purchased.

Number of hours per week.

How much will this cost per week.

- 1
- 2
- 3

Support needs during the night

Overall outcome or goal: I am safe during the night and my personal care needs are met.

My personal goals: How I want to be supported during the night

- 1
- 2
- 3
- 4
- 5

Who will help me to do this, or description of items or services purchased.

Number of hours per week.

How much will this cost per week.

- 1
- 2
- 3

Living independently

Overall outcome or goal: I can live in my home safely and securely.

My personal goals: , How I want my house to be managed

- 1
- 2
- 3
- 4
- 5

Who will help me to do this, or description of items or services purchased.

Number of hours per week.

How much will this cost per week.

- 1
- 2
- 3

Involvement in family and wider community

Being part of the community

Overall outcome or goal: I am able to get out and meet with friends and family.

My personal goals: How I want my social life to be

- 1
- 2
- 3
- 4
- 5

Who will help me to do this, or description of items or services purchased.	Number of hours per week.	How much will this cost per week.
---	---------------------------	-----------------------------------

- 1
- 2
- 3

Work, formal education and learning

Overall outcome or goal: I have support to access work and learning opportunities.

My personal goals: I go to college or work if I choose to do so

- 1
- 2
- 3
- 4
- 5

Who will help me to do this, or description of items or services purchased.	Number of hours per week.	How much will this cost per week.
---	---------------------------	-----------------------------------

- 1
- 2
- 3

Being a parent

Overall outcome or goal: My disability does not prevent me from looking after my child/children.

My personal goals: How I want to parent my children

- 1
- 2
- 3
- 4
- 5

Who will help me to do this, or description of items or services purchased.

Number of hours per week.

How much will this cost per week.

- 1
- 2
- 3

People are safe

Overall outcome or goal: Unsafe behaviour is effectively managed.

My personal goals: How I want behaviours to be managed

- 1
- 2
- 3
- 4
- 5

Who will help me to do this, or description of items or services purchased.

Number of hours per week.

How much will this cost per week.

- 1
- 2
- 3

Choice and control

Managing your money

Overall outcome or goal: I am able to manage my money and pay my household bills on time.

My personal goals: How I want to manage my money

- 1
- 2
- 3
- 4
- 5

Who will help me to do this, or description of items or services purchased.

Number of hours per week.

How much will this cost per week.

- 1
- 2
- 3

Physical and mental health and wellbeing

Physical and mental health and wellbeing

Overall outcome or goal: I am able to access appropriate medical support so that my health is as stable as it can be.

My personal goals: How I want to manage my health and wellbeing

- 1
- 2
- 3
- 4
- 5

Your most important personal outcomes

From the outcomes identified above list below up to three that are most important to you.

Outcome description	
Please tick outcome type	
1. Improved health and well being	<input type="checkbox"/>
2. Improved quality of life	<input type="checkbox"/>
3. Making a positive contribution	<input type="checkbox"/>
4. Increase choice and control	<input type="checkbox"/>
5. Freedom from discrimination and harassment	<input type="checkbox"/>
6. Economic well being	<input type="checkbox"/>
7. Maintaining personal dignity and respect	<input type="checkbox"/>
8. Freedom from harm, abuse, neglect, taking wider issues of housing community safety into account	<input type="checkbox"/>

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7. Maintaining personal dignity and respect	<input type="checkbox"/>
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Direct payments support service costs

I intend to employ my own personal assistants and will need help with the following:

	Cost per year £
Set up costs	
Costs per year	
Ongoing Support	
Costs per year	

Direct Payments costs as a weekly figure £

One-off Payments

Total cost per year of one-off items	£
One-off costs as a weekly figure	£

Your Personal Budget and the help you intend to purchase with it

Thank you for spending the time to complete this support plan, we hope it has helped you to be clear about what changes you want to make in your life and what you want to achieve with your Personal Budget. This is a summary of the help you intend to purchase

Costs identified in the support plan

£

Personal and domestic routines

Involvement in family and wider community life

People are safe

Choice and control

Direct Payments costs

One-off payments

(A) Support plan cost per week £

(B) Weekly personal budget amount £

Purchasing Arrangements

One off Payment of £

DPSS payment of £

Weekly payments of £

Summarise the services to be provided with the RAS adjustment figure (if not already detailed)

Costs not covered by indicative budget amount

The costing below is an element of support not covered within the indicative budget amount. If required, district budget holders will approve / not approve on the basis of the information recorded below.

Transport

Assessors / support planners must have read and be conversant with the latest version of the Transport Policy before completing this section. The service user must be informed of the standard contribution towards transport costs, and that this contribution is in addition to their assessed contribution on their personal budget.

Does the service user meet the current criteria for support with travel costs? YES NO

Are the travel costs essential for the service user to meet outcomes identified in the support plan? YES NO

Weekly transport costs £

This should be obtained by contacting Transport services

Planned short term/ respite care

The community care (SDS) assessment / RAS has a £350 + 10% variance threshold, therefore in most cases costs of residential/nursing care will not be achievable within the personal budget. Therefore periods of planned short term /respite care that are required throughout the year need to be costed below.

Number of nights required

Weekly cost of placement

£

Cost of respite care

£

Personal budget amount for period of respite care

£

Amount of personal budget retained to cover ongoing costs

£

Additional care cost for approval of budget holder

£

Summary of spending and service user contribution

Summary of costs per year

Services purchased from personal budget	£
Additional transport and planned respite costs	£
Total cost of personal budget for approval by district budget holder	£

Contributions I have to make towards my personal budget

The annual contribution I have to make towards Personal Budget costs is:	£
Additional transport contribution	£

Important

This costed support plan now needs to be submitted to Nottinghamshire County Council so that an appropriate officer can authorise the proposals. **Please do not agree to purchase any support or one-off items until your care plan has been approved in writing.**

How I will take my personal budget

We want to encourage people to have direct payments because this method gives the greatest control. It is possible to choose a mixture of the options below so that people can experiment with some of their budget taken as a direct payment.

Option		Please tick
A	I intend to take all of my personal budget as a direct payment	
B	I intend to take part of my personal budget as a direct payment and I would like some of my support set up by Nottinghamshire County Council	
C	I would like all my support to be set up by Nottinghamshire County Council	

If you have chosen **option A or B** please move to the next two sections 'Managing your personal budget if you take it as a direct payment' and 'Employing personal assistants'.

If you have chosen **option C** please move directly onto the section 'How I intend to be involved in decision making, taking as much control as possible' on page 20.

Managing your personal budget if you take it as a direct payment

There are three ways of managing your direct payment.

- You can manage the Direct Payment yourself and give instructions about how it will be used. You will have to sign a formal agreement (ACM/39).
- You can agree to the direct payment, but you need another person, a “third party”, to help you to manage it and to give instructions about how it is to be used. You will have to sign a formal agreement (ACM/39), and give the details of the “third party”.
- If you are not able to manage the direct payment yourself a suitable person can be appointed by the council to manage it for you, or a user controlled trust could be set up to manage it on your behalf. A suitable person or trustee will have to sign a formal agreement on your behalf (either ACM/39 or ACM/39asuitablepersonagreement)

Please tick statement A, B or C (and complete the relevant information) so that we know who will take responsibility for making decisions and managing the direct payment.

Please tick

A I have the capacity to manage and instruct people about my direct payment without help from a third party. I understand that I am responsible for keeping receipts, bank statements and for providing information for reviews by the council. The direct payment will be paid to me.

B I have the capacity to agree to have a direct payment, but I will need help from a third party to manage it and to pass on my instructions about how it is spent. I have agreed that the direct payment should be paid to the third party.

Third party details

Name

Address

Telephone

C It has been confirmed that I do not have the capacity to agree to a direct payment, nor of managing it nor of giving instructions about how it is spent. A suitable person has been appointed, or a trustee from a user controlled trust has been appointed, to act on my behalf.

Suitable person or trust details

Name

Address

Telephone

Employing personal assistants

How I will employ my personal assistants

Please tick

I intend to use an agency to provide my personal care. I understand that if personal care is to be provided by an agency, the agency will need to be registered with the Care Quality Commission.

I intend to employ my own personal assistants.

I intend to employ all the assistants I need from people I know.

Please note: we do not allow people who employ their own personal assistants to employ family members who live in the same house as the person who receives the Direct Payment.

If you intend to employ your own personal assistants how much support will you need?

Please tick

I will need support to recruit the personal assistants I need and to ensure that I am complying with employment law.

I will also need support to manage the personal assistants on a day by day basis, including paying National Insurance and Inland Revenue contributions.

Name of person or organisation who will provide this support

How I intend to be involved in decision making, taking as much control as possible

Being in control of decision making is extremely important to everyone. The council need to be sure that you are making all the decisions in your life or that you are as involved as much as possible when others make decisions on your behalf.

Which of these statements apply to you?

Please tick

- A I feel confident in making all decisions for myself, both the decisions made in this Support Plan and the decisions I need to make on a daily basis.**
- B I have family and friends who help me to reach good decisions for myself, now who to talk to and who I trust.**
- C I can make some decisions for myself but I need people I can trust to make some decisions on my behalf.**

If either B or C has been chosen the council will need to be sure that you are as involved as much as possible in decisions that are taken on your behalf.

Anyone acting as a third party, or a suitable person/trustee of a user controlled trust, must involve you as much as possible in any decisions about how your Personal Budget will be used, especially where this has been taken as a direct payment. For example if you are making a decision about how your support agency should help you, the following should happen.

Please complete the decision making agreement below.

Decision making agreement

Important decisions in my life

How I must be involved

Who makes the final decision?

Contingency planning

Despite detailed planning and often due to circumstances beyond your control your support network will occasionally be inadequate to meet your needs. In the event of your support breaking down it is helpful to have thought about how your support can be met in another ways.

Please record in the box below realistic alternative arrangements.

Medication

This and the following sections are to be completed by the social care worker.

Prompts and / or assistance with medication

This section must be completed if the service requires prompts or assistance with medication

Assessment workers should be aware that there is a revised policy on prompts and support with medication. All assessment workers and their managers must read this policy. The scope for home care staff to prompt and assist with medication has been extended in the new policy. There is therefore greater need for assessors/support planners to give very clear guidance

Date information recorded

Does the service user agree to prompts and / or assistance with medication? YES NO

Describe why prompts and / or assistance with medication is required (all possible options for this support to come from family should be considered).

Has the service user or any unpaid carers who support with medication, demonstrated capacity to make decisions regarding support required with prompts and / or assistance? YES NO

If the answer to this question is 'No' a Framework capacity episode has to be completed.

Medication details

For each separate medication which the service user needs prompts and / or assistance with, complete the information below.

Medication name	Dose	Frequency	Times	Prompt or assistance required	How and where should this action be recorded?
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Allergic reactions (to medicine or food)

Medication or food type	What is your reaction?
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Support plan risk identifier

This should be completed to help document any risks to service users and others, including environmental risks, arising from the support plan. It is a separate document that can be downloaded from the Nottinghamshire County Council website:
www.nottinghamshire.gov.uk/supportplanriskidentierv1.pdf

Support plan approval

This section should be completed by the team manager prior to financial approval by the budget holder.

Please tick

The support identified in the support plan clearly relates to the overall outcomes in the Community Care Assessment (SDS).

It is clear that the outcomes in the support plan are not related to health care needs.

It is clear that all other sources of funding have been or are being pursued.

The support identified is legal.

If risks have been identified appropriate management arrangements have been recorded and put in place.

Other information used as appropriate to inform/facilitate the support plan e.g. Person Centred Plans.

The sustainability of the caring role has been considered and the outcomes /support in the plan are a “good fit” with carer’s lifestyles.

The cost of support identified remains within the indicative personal budget.

Agreement of support plan (signatures)

Please sign and date the appropriate boxes below to show that you agree to the content of this plan.

Please sign the appropriate box below to show that you agree to the content of this support plan.		
Person involved in support plan	Signature	Date
Service user		
Worker		
Manager		

Date of review of support plan	
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