

CARE AND SUPPORT PLAN

ADULT SOCIAL CARE

Telephone Number for Access to Adult Social Care: 020 8 430 2000 (option 2)

YOUR NAME:	DATE OF BIRTH:	SOCIAL CARE ID:	DATE LAST UPDATED/STARTED:

YOUR CARE AND SUPPORT PLAN TEMPLATE

This is your Care and Support Plan. It details:

- What is important in your life and what you want to achieve Page x
- Controlling and managing your support Page x
- What your ideal week is and what to do when things don't go to plan Page x
- Your health conditions and medicine management Page x
- What your day to day care and support needs are Page x
- How you are going to use your personal budget Page x
- Any other information you want us to know Page x

Information gathered from your original contact with us:
This is what you, or someone else acting on your behalf, told us:
Immediate actions following contact:
This is a summary of the information/services we gave you and what we agreed would happen next:

About Me

What is important in my life and what do I want to achieve:

This is a summary of what your interests are, your hopes, dreams and aspirations, your likes and dislikes, who and what is important in your life, what things, activities and celebrations you want to be involved in, your strengths and skills that can support you to achieve the life you want to live:

Controlling & Managing My Support

Important decisions in my life are:	I must be involved by: (include how you want information presented to you, any support you require to help you understand the choices you have and when is it best to ask you to make decisions)	Who makes the final decision:

The outcome I want to achieve:	What needs to be done to make this happen (include any support you require to make this happen and who will do it)	Timescales	How will I know I have achieved this outcome:

My Ideal Week:

DAY	What I Want To Do	When I Want to do it	How am I going to do it
MONDAY Tasks and activities			
TUESDAY Tasks and activities			
WEDNESDAY Tasks and activities			
THURSDAY Tasks and activities			
FRIDAY Tasks and activities			
SATURDAY Tasks and activities			
SUNDAY Tasks and activities			

Things I want to do differently on a 'bad' day or when things don't go to plan and how I will do them:

This area should include what provision of care and support you would like when your current plan can not be followed, who to contact in an emergency, any money you will you set aside to deal with unexpected situations, e.g. a short-term need for increased support etc.

My Health & Wellbeing

My Condition	You need to know this: (how your condition makes you feel, anything else that is important in relation to your condition)	To keep me healthy, safe and well I need: (Include the support you require, what to do when you feel unwell and what you need to feel better)

Keeping me well:

This area should include what provision is in place to keep you feeling well, reduce or delay the onset of any further illness or need for care and support, what to do if you feel you need additional support and who can support you.

My Day to Day Care & Support Needs:

I am able to:	Yes/ No	What I am able to do myself:	How my family, friends and community is going to support me:	What additional support is available to me (Equipment, universal services, personal budget):	What do I want to achieve by my next review:
Manage my nutrition <i>(access food and drink, prepare a meal, maintain a special diet, store food safely, help with eating and drinking etc.)</i>					
Maintain my personal hygiene <i>(wash and groom myself, shower and bath safely, maintain good oral/mouth care and access clean clothes etc.)</i>					
Manage my toilet needs <i>(use the toilet when I need to, get on and off the toilet, cleaning myself afterwards etc.)</i>					
Be appropriately clothed <i>(get dressed/undressed, choose the clothes I want to wear and that keep me in good health, e.g. are clean and appropriate for the weather)</i>					

I am able to:	Yes/ No	What I am able to do myself and what support I require:	How my family, friends and community is going to support me:	What additional support is available to me (Equipment, universal services, personal budget):	What do I want to achieve by my next review:
<p>Make use of my home safely (<i>move around all areas of my home safely, including getting on and off a chair/ bed, use and access my bathroom and kitchen facilities, use steps inside or outside of my home etc.</i>)</p>					
<p>Maintain a habitable home environment (<i>keep a clean, safe home that is in a good state of repair with working heating, hot water and electricity. Ensure all necessary paperwork and bills are up to date etc.</i>)</p>					
<p>Develop & maintain family or other personal relationships (<i>I have regular contact, when I want to, with my friends and family and can socialise and meet new people etc.</i>)</p>					

I am able to:	Yes/ No	What I am able to do myself and what support I require:	How my family, friends and community is going to support me:	What additional support is available to me (Equipment, universal services, personal budget):	What do I want to achieve by my next review:
<p>Access and engage in work, training, education or volunteering (<i>I can attend training programmes, get careers advice or support to secure a job/ voluntary placement, or any support doing these should I want to</i>)</p>					
<p>Make use of facilities or services in your community (<i>when you want to, use a bus, train, tube to safely travel around or visit the shops, parks, libraries, leisure centres, dentist, or a place of worship etc.</i>)</p>					
<p>Carry out any caring responsibilities for a child (<i>ensure they attend school regularly, maintain a healthy and active lifestyle, ensure they have access to food and drink and are kept clean and safe etc.</i>)</p>					

Personal Budget Details:

Funding Available To Me:

My Personal Budget is made up of:	£Weekly	£ One-Off	£Annually
Newham Adult Social Care, excluding any carer's break:			
Newham Adult Social Care, including any carer's break component <i>(if relevant)</i> is:			
The money I will contribute is:			
Other Money <i>(please specify)</i> :			
Total Funding	£	£	£

How I Will Access This Funding:

I going to purchase my care and support through:	Tick one only
A Direct Payment	
Newham Council Commissioned Service	
Mixture of Direct Payment and Commissioned	
Who will Manage my Direct Payment (if applicable)?	
I will manage my own Direct Payment	
My representative (e.g. family/ carer) will manage my Direct Payment on my behalf	
My chosen financial management organisation will manage my Direct Payment on my behalf	

Any other information

Include any risk identified and the plan to manage these, community support available to you outside of your care and support needs, any provider preferences, other information you want people to be aware of when reading your plan:

Your Care and Support plan will be reviewed within **xx months time or before if your needs change.**

(Some customers will also be followed up a few weeks after the Care and Support Plan has been put in place, to check that you are happy that your plan is working for you).

If your needs or circumstances change before the planned review, or you have any queries please call the Access to Adult Social Care Team on Tel: 0208 430 2000 (Option 2), between 9.00am and 5.00pm, Monday to Fridays, or if you prefer you can email them at:

Accessto.AdultsSocialCareTeam@newham.gov.uk.

Newham Council's Information, Advice and Guidance Directory is a great way of keeping up to date with current local information and services that may be of interest to you. Please visit: www.newham.gov.uk/adultsocialcare

Signatures of all relevant parties to show their agreement with your Care and Support Plan:				
Role	Name	Signature	Team or Organisation	Date
Customer				
Carer				
Advocate				
Care & Support planner				
Newham Adult Social Care				