

## **CONFIDENTIAL**

**Community Services** 

## **Personal Budget Summary Support Plan**

| Name  |                         |             | Carel | First ID     |            |  |  |
|---|-------------------------|-------------|-------|--------------|------------|--|--|
| Address   |                         |             | Posto | code         |            |  |  |
| Telephone   |                         |             | Date  | of Birth     |            |  |  |
| Key Contacts  |                         |             | ·     |              |            |  |  |
| Person  | Name                    |             | Telep | hone         |            |  |  |
| Emergency Contact   |                         |             |       |              |            |  |  |
| GP  |                         |             |       |              |            |  |  |
| GP Practice   |                         |             |       |              |            |  |  |
| Plan Overview   |                         |             |       |              |            |  |  |
| Type of Plan:   | PB Summary Support Plan | Status: Cui | rrent | Version: 1.1 | Start Date |  |  |
| Assigned To:  |                         | Team:       |       |              |            |  |  |
| Personal Budget and Funding   |                         |             |       |              |            |  |  |
|   |                         |             |       |              |            |  |  |
| This plan sets out your eligible needs and how they will be met - please keep your plan in a safe place |                         |             |       |              |            |  |  |

| Support Need  | Activities/Support  | Cost(£)             | Outcome   | Risks/Contingencies  |
|---|---|---------------------|---|--|
| Needs support with personal care Support required to assist up and out of bed, washing, dressing and to get into bed. | Personal assistant to support with personal care and transfers twice a day. | £xxx                | Planned Outcome  Mr S would like to keep clean. | If personal assistant unwell, an informal/unpaid support network is set up to step in. This network includes Mr A, Mrs E and Mr O (This list is not exhaustive). |
| Related Service Direct Payment - Day Support  |   | Provider Direct Pay | yments Team                                     | <b>Start Date</b> 24/05/2012   |
| Direct ayment Day Cappoit   |   |                     | Planned Outcome.                                | 2-1100/2012  |
|   |   |                     |   |  |
| Related Service   |   | Provider            |   | Start Date   |
|   |   |                     | Planned Outcome                                 |  |
|   |   |                     | Planned Outcome                                 |  |
|   |   |                     | Planned Outcome                                 |  |
| Related Service   | I   | Provider            | I   | Start Date   |
| Support Need  | Activities/Support  | Cost(£)             | Outcome   | Risks/Contingencies  |
|   |   |                     | Planned Outcome                                 |  |
| Related Service   |   | Provider            |   | Start Date   |



## **Your Summary Support Plan**

Your Assessment: We have asked you about your needs, and assessed that you are eligible for help – this is called your assessment.

**Your Plan:** The next step is to write down the needs that you have, the support/activities that will meet them, the costs involved and a plan of action should the support not occur. The Local Authority will record the information you provide us, as a Summary Support Plan. This support may be arranged by Community Services (Adult Care), by another provider on behalf of Community Services (Adult Care) or through a responsible person managing a Direct Payment.

- If there is a problem with the care you receive e.g. your home support carer has not arrived please contact the service provider.
- If the service provider is unable to help, check your Summary Support Plan and put in place the plan of action should the support not occur.
- If your plan of action does not help and you require support, please contact our Customer Service Centre 0344 800 8020 (option 1 Social Care).
- If you need to make changes to arrangements for example, if you are due to be away and need to cancel your services check you Summary Support Plan and either contact the Customer Service Centre 0344 800 8020 (option 1 Social Care) and let the service provider know, or contact the person managing your Direct Payment.

**Your Finances:** If you are going to be in receipt of any services arranged through Community Services (Adult Care), you will have been offered a financial assessment to explain what charges you will have to pay and what benefits you are entitled to.

You will be given a written statement of the actual charge to be made for the budget/services given in your plan and how this has been calculated. Should you need any further information about the charges or your benefits, please call the Customer Service Centre.

**Your Review:** The help you get will be looked at again in the future to make sure you remain eligible for help, and if so, that your budget/services continue to meet your needs. This will be called your review.

We will agree with you on when your needs will be reviewed, and this will depend on the type of services you receive and the reasons for providing them. Your plan will be reviewed at least once a year.

**Please tell us what you think.** We try to do the best we can. If we have done really well, please tell us. If you are unhappy about the help you get or about any of your workers, it is all right to complain. If you want to make a compliment, comment or complaint:

- About an organisation listed in your plan you can contact them directly
- About Community Services (Adult Care) you can talk to us by calling the Customer Service Centre on 0344 800 8020 (option 1 Social Care), write to our Compliments & Complaints Manager at FREEPOST IH 2076, Norwich, NR1 2BR or e-mail us: complimentsandcomplaints@norfolk.gov.uk