

**Continuing Healthcare - Personal Health Budgets**

**Assessment of Need - Care and Support Planning**

Please note that this document should be completed in conjunction with the Circle of Care documentation, which details the following descriptors:

* **Community Wealth** - Formal and informal local community groups/activities, patient experience groups, voluntary groups, neighbourhood groups
* **Individual** - Family members, close friends, children and young people social care and education
* **NHS Commissioned Services** - Domiciliary care providers - contracted provision, District Nursing Services, Occupational therapy, physiotherapy and other NHS provision
* **Other** - Micro Providers, agencies, directly employed carers

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| --- | --- | --- | --- |
| **Patient Name:** |  | | |
| **Caretrack ID:** |  | | |
| **Assessment of Need – CHC Domains** | | **How care and support needs are currently met?** | **Is this element of care to be commissioned under a PHB, Yes / No** |
| Behaviour | |  |  |
| Cognition | |  |  |
| Psychological and Emotional | |  |  |
| Communication | |  |  |
| Mobility | |  |  |
| Nutrition | |  |  |
| Continence | |  |  |
| Skin | |  |  |
| Breathing | |  |  |
| Drugs | |  |  |
| Altered states of consciousness | |  |  |
| Other significant needs ] | |  |  |