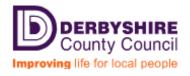
B-Summary of Needs and Outcomes Non IB



Name

Date of birth

Adult Care PIN

This is a summary of your needs and outcomes which has been entered into your social care record. This has been provided so you can check it reflects the things that have been discussed with you.

We have taken all reasonable steps to make sure that your assessment is based on correct information and that what is written down correctly reflects your current situation. If you feel that this is not the case please contact the person responsible for your assessment so we can to talk to you about this and make any changes that are necessary."

A personal budget cannot be used for a permanent residential placement, equipment provision or property adaptation as there are other arrangements in place to fund these. Co funding applies only to packages of community support and does not apply to residential placements or adaptations as these are governed by different financial regulations/requirements. We do not apply co-funding to equipment. The Indicative Budget becomes your Personal Budget at the point the support plan and arrangements are agreed.

If you have questions about your personal budget, your co-funding amount, your FACS eligibility or any other part of this process please talk to the person who helped complete your assessment and they will be happy to deal with these. If you or your representative still have concerns about your indicative budget amount, or about any part of the process including sharing information about you with other organisations, you can ask to have a review.

If we are unable to resolve any concerns at a local level you can ask for the matter to be dealt with through the Derbyshire County Council Adult Care complaints procedure. More information about this can be found at www.derbyshire.gov.uk/contact_us or by contacting Call Derbyshire 08456 058 058 for a leaflet.

Assessment details				
Location of as-	Date of assessment			
sessment Type of accessment				
Type of assessment				
O Initial assess- O Reassessment ment				
Conditions				
Condition				
Other people involved in the assessment (e.g. advo	ocate, family, friend, other professional(s))			
How would you like your situation to improve (include AND	de current concerns, difficulties and recent changes			
Your personal and family history, strengths, culture,	social network			
Your family, carer(s) or advocate's views				
Communication support needs				
Summary of your needs and the outcom	es you wish to achieve			
FACS - risk to independence and well-being if Adul				
To be eligible to receive adult social care services ror higher moderate levels. Any needs assessed as methe provision of advice and information including infection be able to provide further assistance.	needs must be assessed at the critical, substantial noderate or low may still be given assistance through ormation about organisations and services that may			
Record each individual need, the person's eligibility	for social care and the corresponding FACS band.			
Health and Safety				
Your individual needs (based on a typical week) inc • Physical health, sensory and well-being	cluding their individual FACS decision relating to:			
Safety and risk Developing level to be a second as a seco				
Psychological well-being Abuse and pagingt				
Abuse and neglect				
Outcomes - what do you wish to achieve				

Management of Daily Routines

Your individual needs (based on a typical week) including their individual FACS decision relating to:

• Personal care

Day to day activitiesMobility				
Outcomes - what do yo	ou wish to achieve			
Social and Econom	nic Participation			
Your individual needs (• Family and other soc • Work,training and ed • Finances	cial responsibilities	ing their ind	ividual FACS decision relating to:	
Outcomes - what do yo	ou wish to achieve			
Autonomy and Env	vironmont			
	(based on a typical week) includ	ing their ind	ividual FACS decision relating to:	
	total and the s			
Outcomes - what do yo	ou wish to achieve			
Complete separate for	orms for employment / housing	g needs for	LD clients	
Mental Capacity				
Are there any legal pe or deal with the client	owers already in place to deal t's health and welfare	with the cl	ient's property or financial affairs	
☐ Safeguarding	☐ Guardianship		☐ Deputyship	
☐ Power of Attorney - Welfare	Health and □ Power of Attorney and Finance	- Property	☐ Enduring Power of Attorney (prior to MCA 2005)	
Original documentati	ion			
O Provided and a copy retained on DCC records (any concerns contact Legal)				
O Requested - provisi	ion within 2 weeks			
Is there an IMCA or advocate involved				
Has mental capacity	been a concern at any time			
O Yes - complete ques	stion below O No - move to next	section		
Please detail in relation	n to what and the action taken (e.g. mental o	capacity assessment undertaken)	
Other consideration	ons			
Does eligibility for NHS continuing care require consideration? (if so use Health checklist)				
	HS continuing care require co	nsideration	i? (if so use Health checklist)	
O Yes C	HS continuing care require co	nsideration	1? (If so use Health checklist)	

Your support and care preferences	
What is important in terms of care provision e is given(also consider non smoking / cult	e.g. I like to get up early / late and its important my medication ural / first language needs etc)
Agreement	
helped by the department is protected and	make sure that all information provided about the people used carefully. The department works closely with other isations including NHS services. Information about you may to arrange your care and support.
I, or my representative, agree that this as	sessment may be shared as needed to support my care
O Yes - I consent	O Yes, but with limitations - add warning note
O No - add warning note	O Unable to consent - no family/representative
O Unable to consent - consent given by far	nily / representative
Details of any limitations	
Assessment completed by	
Date completed	

FACE Overview Assessment v.6.1.