

## 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 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](http://www.derbyshire.gov.uk/contact_us) or by contacting Call Derbyshire 08456 058 058 for a leaflet.

## Assessment details

\_\_\_\_\_

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### Type of assessment

☐ Initial assessment      ☐ Reassessment

## Conditions

Condition

- AND

Your personal and family history, strengths, culture, social network

## Summary of your needs and the outcomes you wish to achieve

FACS - risk to independence and well-being if Adult Care don't intervene

To be eligible to receive adult social care services needs must be assessed at the critical, substantial or higher moderate levels. Any needs assessed as moderate or low may still be given assistance through the provision of advice and information including information about organisations and services that may be able to provide further assistance.

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) including their individual FACS decision relating to:

- Physical health, sensory and well-being
- Safety and risk
- Psychological well-being
- Abuse and neglect

## Management of Daily Routines

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

- Personal care

- Day to day activities
- Mobility

Outcomes - what do you wish to achieve

### Social and Economic Participation

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

- Family and other social responsibilities
- Work, training and education
- Finances

Outcomes - what do you wish to achieve

### Autonomy and Environment

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

- Home and living situation

Outcomes - what do you wish to achieve

### Complete separate forms for employment / housing needs for LD clients

#### Mental Capacity

Are there any legal powers already in place to deal with the client's property or financial affairs or deal with the client's health and welfare

<input type="checkbox"/> Safeguarding	<input type="checkbox"/> Guardianship	<input type="checkbox"/> Deputyship
<input type="checkbox"/> Power of Attorney - Health and Welfare	<input type="checkbox"/> Power of Attorney - Property and Finance	<input type="checkbox"/> Enduring Power of Attorney (prior to MCA 2005)

#### Original documentation

☐ Provided and a copy retained on DCC records (any concerns contact Legal)  
☐ Requested - provision within 2 weeks

Is there an IMCA or advocate involved

#### Has mental capacity been a concern at any time

☐ Yes - complete question below
 ☐ No - move to next section

Please detail in relation to what and the action taken (e.g. mental capacity assessment undertaken)

#### Other considerations

Does eligibility for NHS continuing care require consideration? (if so use Health checklist)

☐ Yes
 ☐ No

## Your support and care preferences

What is important in terms of care provision e.g. I like to get up early / late and its important my medication is given ...(also consider non smoking / cultural / first language needs etc)

## Agreement

Derbyshire County Council Adult Care will make sure that all information provided about the people helped by the department is protected and used carefully. The department works closely with other departments of the Council and other organisations including NHS services. Information about you may be shared with other organisations in order to arrange your care and support.

**I, or my representative, agree that this assessment may be shared as needed to support my care**

- |  |  |
|--|--|
| <input type="radio"/> Yes - I consent  | <input type="radio"/> Yes, but with limitations - add warning note |
| <input type="radio"/> No - add warning note  | <input type="radio"/> Unable to consent - no family/representative |
| <input type="radio"/> Unable to consent - consent given by family / representative |  |

Details of any limitations

Assessment completed by \_\_\_\_\_  
\_\_\_\_\_

Date completed \_\_\_\_\_

*FACE Overview Assessment v.6.1.*