

BD - Summary of Needs and Outcomes with IB v2

Name:|

Date of birth:|

Adult Care PIN|

This summary of needs and outcomes has been entered into your social care record. A copy 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 or by contacting Call Derbyshire 08456 058 058 for a leaflet.

Assessment details

Location of assessment

Date of assessment

Type of assessment

- Initial assessment
- Reassessment

- Initial assessment
- Reassessment

Conditions

| Condition |
|-----------|
| |

Other people involved in the assessment (e.g. advocate, family, friend, other professional(s))

How would you like your situation to improve (include current concerns, difficulties and recent changes)

- **AND**

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

Your family, carer(s) or advocate's views

Communication support needs

Fair Access to Care Services (FACS)

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.

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

Outcomes - what do you wish to achieve

If score moderate or more on any above / possible mental health needs identified consider specialist assessment / referral

Management of Daily Routines

How independent are you

Record your current situation taking into account the effect of equipment, adaptations or telecare already in place

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

If person provides regular and substantial care to others, offer carer's assessment

Autonomy and Living Situation

Current living situation

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

Ongoing support

This assessment should capture the on-going support you will receive from family / friends / others nearby (based on a typical week) that they are willing and able to provide

You main supporting family member/friend's PIN

Has your main supporting family member/friend been offered (and accepted) a separate assessment

- ☐ Yes - carer's assessment to be completed ☐ Accepted a joint assessment - details recorded in cared for's assessment

Outcomes for your main supporting family member/friend

- ☐ Information and advice provided ☐ Access to specific carer service or funding

Full break needed by main supporting family member/friend

- ☐ No break needed or preferred ☐ Break required ☐ Not known ☐ Not applicable

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

- ☐ Safeguarding ☐ Guardianship ☐ Deputyship
☐ Power of Attorney - Health and Welfare ☐ Power of Attorney - Property and Finance ☐ 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 questions 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

Details of above if yes

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)

What is your provisional co-funding amount

☐ Nil ☐ Standard ☐ 25% ☐ 50% ☐ N/A e.g. sect 117

Consent

I agree that this assessment may be shared as needed to support my care

- ☐ Yes - I consent ☐ Yes but with limitations - add warning note
☐ No - add warning note ☐ Unable to consent - no family / representative
☐ Unable to consent - consent by family /representative

Details of limitations

Assessor's name _____

Current Date _____

Indicative Budget

The Calculated Indicative Budget (IB)

The calculated IB is an estimate or indication of the sum of money that may be available to you to meet your eligible needs. The actual sum you receive may be more or less, depending on both your personal situation and the local cost and availability of the particular type of support you need. The final sum to be allocated to you will be finalised only when a plan has been agreed with you to meet your needs.

Please note - all questions must be completed to obtain the correct indicative budget.

End of form

FACE Overview Assessment v6.1