

## REPORT TO CABINET

Title: **CHARGING AND CONTRIBUTION POLICY WITHIN ADULT SOCIAL CARE**

Date: 11 February 2010

Member Reporting: Councillor Dudley

Contact Officer(s): Alan Abrahamson (Ext 3197)

Wards Affected: All

### 1. SUMMARY

- 1.1 This report requests the approval of a new policy for determining how much a resident can afford to contribute towards the cost of their social care, this is known as the "Contribution Policy", and for approval to new charges for Council run social care services. Both the new policy and the new charges arise from the implementation of the Department of Health policy of "Transforming Social Care". This report follows earlier reports to cabinet in June and September 2009 on personalisation in Adult Social Care.
- 1.2 At its meeting in September 2009 Cabinet agreed to consult on a draft contribution policy. This report sets out the outcome of the consultation.

### 2. RECOMMENDATION: That

- i) the response to the consultation on the draft contribution policy be noted;**
- ii) the revised draft contribution policy as attached in Appendix A be approved;**
- iii) the proposed charges for Council provided and Council arranged services as set out in Appendix B be approved;**
- iv) mitigation against the impact of additional contributions be considered on a case by case basis.**

What will be different for residents as a result of this decision?
A contribution policy will be in place, and charges set, these together enable the delivery of self directed support and personal budgets to meet social care needs as required by the Department of Health's policy for transforming social care. Thus Borough residents will be able to benefit from the empowerment, equity and transparency inherent in this policy.

### 3. SUPPORTING INFORMATION

#### Background

- 3.1 The Department of Health (DH) has introduced a policy entitled "Transforming Social Care" whereby all Councils in England are required to change how they deliver care

and support to their residents. The Council's policy under the DH "Fair Access to Care" guidance is that residents assessed to have critical or substantial needs are eligible for support. Under "Transforming Social Care", eligible residents are encouraged to have "self directed support" and will have "personal budgets" to help achieve that. A personal budget will be set from an assessment of care needs, at a level that should enable residents to achieve their social care outcomes. A personal budget may be managed by the Council on behalf of the resident or managed directly by the resident or their financial representative. A resident will use their personal budget to purchase services such as homecare, daycare or meals on wheels, that they require in order to meet their care needs, or they may use this budget to meet their requirements in other ways that suit their individual circumstances.

3.2 There are number of social care services that are inappropriate for the personal budget methodology, for instance where these services are to be provided as a matter of urgency, or where the Council does not have the power to charge for services. The main services that will be excluded from the process will include intermediate care services provided for up to 6 weeks, community equipment provision, the Ways into Work service, and the "Bridge that Gap" café service in the Town Hall reception. Residential care services are also excluded from this methodology. However in the longer term Councils may provide residential care by means of a personal budget, and this is an option the Council could consider in the future.

3.3 The concept of a personal budget is a fundamental change to the delivery of personal social services. Until now services have been allocated to residents according to their assessed needs. Contributions were required towards the cost of some services. Homecare services were subject to a financial assessment, and flat rate charges applied to other services such as meals on wheels, and no charges at all made for day services without meals. This methodology will be replaced over several months commencing in February 2010, with that of Personal Budgets. The main change from the current policy is the broadening of the scope of the financial assessment to cover an entire care package that is funded from the personal budget. The timetable for the introduction of self directed support and personal budgets is as follows;

From Feb. 2010	Older people, excluding those with mental health needs, newly assessed as eligible for social care support will be given a personal budget and offered self directed support.
From March 2010	People with a learning disability, and those with newly assessed as eligible for social care support will be given a personal budget and offered self directed support.
From April 2010	People with a physical or sensory impairment and those over 65 with mental health needs newly assessed as eligible for social care support will be given a personal budget and offered self directed support.
From June 2010	People under 65 with mental health needs. Existing service users will be transferred from their current allocated package of care onto self directed support and personal budgets.
May 2012	All service users to be on self directed support and have personal budgets.

- 3.4 A service user may have financial resources of their own, that after paying for daily living expenses and costs related to their disability, could allow them to afford to contribute towards their Personal Budget. If the service user's financial resources are less than their Personal Budget then the Council will fund the difference by topping-up the service users own resources to the level of their Personal Budget.
- 3.5 The Council must have a policy under which a residents financial resources are assessed, in order to decide how much that resident can afford to spend on their social care. This is termed a "Contribution Policy". The Council currently operates a "Non-residential Charging policy", this includes a detailed methodology for assessing the maximum a service user can afford per week to contribute towards their homecare services. This policy has operated smoothly for several years. This policy forms the basis of the proposed financial assessment methodology within the new "Contribution policy".

### **Direct Payments**

- 3.6 Where a Personal Budget is managed directly by the service user or their financial representative, and a Council top-up is due, there is encouragement for that person to receive the Council top-up by a cash transfer to their bank account. This is known as a "Direct Payment". Indeed it is now a duty on Councils to offer Direct Payments to the majority of its service users. The option will be available for some of the Council top-up to the Personal Budget to be paid by Direct Payment, and the balance to be managed by the Council on behalf of the service user.
- 3.7 Direct payments are currently made to number of service users to enable them to purchase their care. The transfer of these service users onto self-directed support should have less impact than the majority of current service users, for this reason this group of service users may be amongst the first of current service users to be transferred onto the new policy. These service users are currently paid the full amount they are assessed to need to purchase their package of care. They are invoiced for their contribution towards this package. One change envisaged under the new policy is to simplify the process whereby the service user in future will only be paid the sum they require as a top up to their own contribution towards their care package. This will avoid the need to invoice service users for their contribution. Current recipients of Direct Payments will be consulted on this proposed change before implementation.

### **Budget Context**

- 3.8 The Department for Health expects council's to exercise their power under Section 17 of the 1983 Health & Social Services & Social Security Adjudications Act to require contributions be paid by their residents towards the cost of the social care they receive. Councils are expected to be able to show that the required charge or contribution is reasonable. However as this is a power rather than a requirement, a Council may decide not to charge for all or some of the services, or packages of care, that it provides. Currently circa £1.35m is raised from charges to service users, and over £1m of this arises from charges for homecare following a detailed financial assessment. Such a significant sum is a key component within the Directorate's budget, should this sum be reduced then it would be necessary to identify equivalent

service savings in order to balance the budget. For this reason the option of reducing charge income is not pursued further. Indeed in its assessments of councils' financial requirements, and the distribution of Revenue Support Grant, the DCLG assumes that councils generate income from contributions towards the cost of Social Care.

- 3.9 The Department of Health expects sums raised through charges and contributions to be used to fund Social care rather than be used to fund other Council services. In most years, since the commencement of the Department of Health's requirement to introduce contribution policies in line with its then new policy known as "Fairer Charging" in 2002, additional income has been raised by the Council. Much of this additional income has arisen from the work of the Council's "Finance & Benefit's" (FAB) Team in respect of their assistance to service users in maximising their DWP and other benefits. This income has been used in full to fund additional social care services.

### **Consultation**

- 3.10 Cabinet agreed to consult on a new Council policy for contributions towards the cost of Social care at its meeting in June 2009. The draft policy was reviewed in the light of new Department of Health guidance issued in July 2009 and consultation commenced in October 2009. The consultation ran for 8 weeks to Friday 18<sup>th</sup> December 2009. Current users of non-residential care services and their carers, staff and partner organisations including voluntary organisations, the PCT, Housing Associations, the CAB, MENCAP and Age Concern were given the opportunity to comment on the proposed policy. The full list of consultees is included in Appendix C to this report. This included the 700 current service users who are likely to be affected by the new policy. In total 1092 consultation "packs" were distributed and 108 responses have been received, at least 50 of these were from service users. The consultation methodology and an analysis of responses are also set out in Appendix C to this report.
- 3.11 As part of the consultation process the Learning Disability Partnership Board, consisting of service users, their representatives, advocates and voluntary organisation representatives, were given a presentation on the proposed policy and its implications. All members of the Older Persons Partnership Board were sent copies of the consultation documents.
- 3.12 As noted above, the draft consultation policy was based upon the current financial assessment policy that has been in force since 2002 with minimal change. A number of respondents, 8%, commented that they were happy with the current policy and did not want a change. The majority of responses, 53%, indicated agreement to the proposed approach, whereas 23% disagreed that the proposed policy was fair. 16% did not offer an opinion, A number of respondees requested clarification of the implications for residential respite contributions. This service overlaps both the non-residential contribution policy, which was the subject of the consultation, and residential care contribution policy, which was not subject of the consultation.
- 3.13 Given the level of response, the complexity of the issues, and the fact that the impact of the new policy on an individual will not be clear until a personal budget is awarded

and a financial assessment completed, it is difficult to draw conclusions from the consultation. As a result of the responses to the consultation a small number of clarifications, (see para 3.14 below) have been made to the draft policy and a revised draft is appended to this report, Appendix A. The changes are shown as “tracked” in this Appendix.

### **Revised Draft Policy**

- 3.14 The draft Contribution policy has been updated as a result of the consultation, and also to encompass other developments in preparation to deliver “self-directed-support”. The following minor amendments to the draft policy will be found within the proposed Contributions Policy set out in Appendix A to this report;
- clarification of the treatment of residential respite care; (see paragraphs 1.5 & 2.9).
  - a concession in contributions required for residential respite care, this change simplifies matters from both the citizen’s and administrator’s perspectives. (para 2.9)
  - clarification of the treatment of carers and carers services; (para 2.8.2)
  - a concession in contributions required for the first 2 weeks of care when eligibility for intermediate care is being determined. (para 2.8.1)
  - clarification of the treatment of carers allowance (para 3.3)

### **Impact of new policy**

- 3.15 The change to the new contributions policy is not anticipated to significantly change the aggregate income contributed by service users towards their package of care. Whether an individual will pay more, pay for the first time, pay less, or not pay at all under the new policy will depend upon their current financial assessment if they receive homecare, and upon the type and volumes of service they receive. Service users commence and leave services, their packages vary as their needs change, and their financial circumstances change, this ever moving tableau makes it difficult to analyse the impact of the new policy. However detailed modelling of the impact has been undertaken and it is predicted that the greatest impact will be on the two particular groupings of service users described below.
- 3.16 Service users paying flat rates for services such as meals on wheels, daycare and residential respite care, who are already paying their maximum weekly contribution or who under a financial assessment are not be able to afford any contribution, will no longer be required to contribute the flat rate sums. There are an estimated 150 such service users, predominantly older people. On average their saving will be £18 per week, an annual loss of income to the Council of £135,000.
- 3.17 Service users currently receiving daycare, but not homecare, who are assessed under the new policy to be able to contribute towards the cost of their care will now contribute. There are an estimated 70 such service users, 50 of whom are people with a Learning Disability and 20 are older people. The actual impact on this group of service users is difficult to estimate as they do not undergo a financial assessment under the current policy. The people with a learning disability impacted upon will be those living at home with family rather than those in supported living accommodation as the latter will already be contributing an assessed sum towards their care support

in their home. Estimations as to the benefit entitlement of the service user impacted upon indicate that a weekly charge of circa £40 may be due under the new policy. These estimations are from extrapolations and as such are a paper exercise, monitoring of the real impact over time will be undertaken. The additional income raised by this is estimated at £40,000 from older people and £100,000 from people with a learning disability. The table below summarises the financial impact of the proposed changes.

#### Changes in Income arising from proposals.

- £135,000	Older people – due to deletion of flat rate contributions
+ £40,000	Older people – contributions from assessments including daycare
+ £100,000	Learning Disability - contributions from assessments incl. daycare.
- £5,000	Older people – nil charge for 2 weeks to those with immediate needs (para 3.14 above refers.)

- 3.18 Though there is no change expected in the aggregate contribution from service users towards their care package there is an increase in contribution expected from Learning Disability service users due to the fact that a financial assessment will determine whether they can afford to contribute towards the cost of their daycare, a service that is currently provided free of charge. This is expected to raise £100,000 of additional contribution. This additional income is expected to be offset by a reduction in income from older people. All people paying more will have had a full financial assessment. The assessment includes a disability related expenditure assessment, that reduces the financial contribution they make. Some of these people will have access to the Independent Living Fund (para 3.22 below), and there will be the opportunity for waiver of all or some of the additional contribution under the proposal set out in paragraph 3.24 below.

#### **Equality Impact Assessment**

- 3.19 Under the Disability Discrimination Act there is a duty not to discriminate against people with a disability. Indeed, there is also a duty to promote disability equality. All people affected by this policy will have some form of disability or frailty, therefore the equality impact assessment must also consider the relative impact on those with a different type of disability. Diversity issues have also been considered in the construction of the new policy. The EIA performs an important role in respect of the change of policy. An equality impact assessment (EIA) has been undertaken in respect of the new policy. The new policy is considered not to have an adverse impact of the target groups as it has been constructed to treat all people equally.
- 3.20 A second EIA has been undertaken in respect of the change from the current policy to the new policy. There are two reasons where it could be considered that people were treated unequally under the current policy. Firstly the current policy requires older people to contribute towards their daycare, which includes one full meal and other refreshments, whereas daycare is provided free of charge to people with a learning disabilities. Secondly people receiving homecare must have a full financial assessment or pay the full cost of the service, where people receiving daycare are not asked to contribute other than a flat rate where meals are provided. Thus the

removal of this perceived inequality by the new policy, will remove the advantage that two categories of people currently enjoy. Thus the change to the new policy will have a negative impact on these two categories of people.

- 3.21 It has been noted above that the major impact of the new contribution policy will be on people with a learning disability, living at home, who require daycare services. The mitigation options for this group of people are considered below, however it should be noted that people with a severe learning disability may have the advantage of receiving support from the Department of Health's Independent Living Fund (ILF).
- 3.22 Where service users have a package of social care that exceeds £320 per week they may apply for funding from the Independent Living Fund (ILF). ILF funding can be for up to £455 per week with the combined funding up to £785 per week for the first 6 months. Applicants must be entitled to the higher rate of disability living allowance and be between 16 and 64 on application, with savings under £23,000. A number of RBWM service users are in receipt of ILF funding, this will be separate and additional to their personal budget. A service user receiving direct payments for social care may add this sum to their ILF funding when deciding how best to meet their outcomes.
- 3.23 When considering mitigation it should also be noted that as a part of each financial assessment a "Disability Related Expenditure" (DRE) assessment is carried out to ascertain how much expenditure a service user generally incurs above that assumed within income support levels. This is fully taken into account when calculating much a service user can afford to contribute towards their care.
- 3.24** EIA legislation and Department of Health guidance require the Council to consider whether it is appropriate to mitigate the effect of this negative impact. In this respect there are three options available. Firstly the view could be taken that as the new policy is considered fair then no mitigation is appropriate. Secondly, the impact of the change could be phased in over a period of time. Or thirdly, **the negative impact could be considered on a case by case basis and where appropriate officers should use their delegated authority to waive all or some of the contribution for an appropriate period of time (recommended).**
- 3.25 The first of these options could give rise to a legal challenge, as there clearly is a negative impact on some people of the introduction of the new policy. The second option would be administratively cumbersome and confusing for service users as this will introduce yet another variable into the calculation of their contribution. Therefore it is proposed that the third of these options is followed.
- 3.26 The policy will impact upon people with various disabilities and upon the BME communities. The impact on those with a learning disability has been discussed above. The impact on "diversity" is also an important issue, indeed the diversity impact within the learning disability group will be of importance. Overall 12.0% of all Social Services service users are from minority ethnic groups, whereas 17.4% of those with a learning disability are from minority ethnic groups. The impact of the new policy will be closely monitored with particular attention paid to its impact on equality, and on diversity.

## Charges

- 3.27 Having accessed a personal budget a citizen will use these funds to purchase the care or other services they require to meet their outcomes. A support planner will work through the care package options with the citizen, this process will help ensure that there is a coherent plan to meet the citizen's outcomes, that personal budget is sufficient to meet those outcomes, and that the councils resources are being properly used.
- 3.28 The personal budget may be used to purchase services provided or arranged by the Council, or services provided by private or voluntary organisations, or even to assist informal care to be arranged perhaps via family or friends. As the budget may be used to purchase services provided or arranged by the Council, it is necessary to set up a schedule of charges for these services. Each of these services is considered below and a charge is proposed in each case. These are summarised in Appendix B to this report.
- 3.29 When setting charges it is proposed that only direct costs of service are taken into account. Thus Directorate and Corporate overheads should be excluded. If these overheads were included within the charge then the personal budget would have to be set at a level that could pay these overheads. Should a personal budget holder then decide to buy services from elsewhere then the funding for Council overheads would be lost to the Council.
- 3.30 The question as whether the Council can sell services to personal budget holders of other Councils is currently under consideration, and legal advice has been sought. Dependent upon this advice, and depending upon the legality of setting differential prices for personal budget holder of other councils, it is proposed to set a schedule of prices for such service users should this be required. As noted in 3.26 the proposed charges to RBWM personal budget holders generally recover the direct costs of the service provision in full but will not recover overheads. In order to avoid subsidising personal budget holders from other Councils it is proposed to add an across the board 25% to the RBWM personal budget holder rate. The level of overheads that a particular service should attract could vary considerable with the method of overhead apportionment applied and therefore the 25% should not be seen as an accurate value of the overhead applicable to a particular service.
- 3.31 Learning Disability Respite Care – Allenby Road.  
A charge based upon the direct cost of the service would be comparatively high at approximately £300 per night. If funding at this rate was included in a personal budget then several current users of this service may look for alternative ways to meet their outcomes from this funding. This would reduce the occupancy of the unit and thus further increase the unit cost. Therefore it is proposed that a rate is set at which full occupancy can be achieved. In setting this rate, charges from neighbouring authorities have been researched. A rate of £150 per night is proposed. This rate would be appropriate for pre-booked accommodation. The level of charge, and thus subsidy, will be reviewed during the year and adjusted for 2011/12 if appropriate.
- 3.33 Learning Disability Day Centres – Oakbridge & Brunel.

A number of charge rates are required for services provided during the day to people with a learning disability as the cost of providing such services will vary with the type of service provided, as to the need level of the service user, and as to whether transport is required. The charges are based upon the direct costs of the service. The risk of personal budget recipients using their funds to purchase alternative services is considered low as there are currently few appropriate alternative services available. Therefore no subsidy is proposed for this service. The charges detailed in Appendix B are grouped according to those services provided within the daycentre premises, those provided in the community by daycentre staff, and the lunchtime care. An additional charge is set for transport. Activity costs such as Leisure Centre charges are also additional. Within these groups a range of charges are set according to the staff/service user ratio in respect of the service user and the activity. These range from one member of staff to 10 service users, to one member of staff to one service user. These rates would be appropriate for pre-booked services with the expectation that a regular booking would be made for each week of a financial year.

3.34 Older Persons Daycentres – Windsor Day Centre & Gardner House.

A charge based upon the direct cost of the service is proposed. As with Learning Disability daycare the risk of personal budget recipients using their funds to purchase alternative services is considered low as there are currently few appropriate alternative services available. The proposed charge of £58 per day recovers all direct costs without subsidy. An additional charge of £5 per journey is proposed for transport. Thus transport to and from would receive a charge of £10. A daily charge would not exceed £10. These rates would be appropriate for pre-booked services with the expectation that a regular booking would be made for each week of a financial year.

3.35 Homecare

The service provided in-house is seen as premium service and therefore should have a charge higher than that of private sector supplied homecare, which is expected to be £16 per hour. A charge 25% above this, that is £20 per hour is considered appropriate to apply to this premium service. A charge based upon the direct cost of the service would be comparatively high at over £40 per hour. If funding at this rate was included in a personal budget then several current users of this service may look for alternative ways to meet their outcomes from this funding. This would further reduce the demand for the service and thus further increase the unit cost. Therefore it is proposed that a rate is set at which staff would be fully employed and also approximates to the market rate for this service. Again, these rates would be appropriate for pre-booked services with the expectation that a regular booking would be made for each week of a financial year.

3.36 Meals on Wheels

The contract for this service with the WRVS is under review as the number of meals provided is falling and thus the unit cost of provision is increasing. The current charge for the service is £3.40 per meal delivered to the home, whereas the current cost is £5.50 There is a risk that increasing the charge above this rate would further decrease the demand and thus jeopardise the future of the service. Therefore it is proposed to retain the current charge of £3.40 for the time being and explore strategies for the delivery of this service as the social care landscape evolves under transforming social care.

### 3.37 Residential Respite Care

Currently there are very few providers of residential respite care and almost all of the provision in RBWM is purchased by the Council. These bedspaces are blocked purchased and due to the nature of the service full occupancy is not attainable. The funding for residential respite care will be included within the personal budget. Due to the nature of the market it is proposed that service users will use their personal budget to purchase a respite care bed from the Councils “stock” that it has from its block contract. This will enable the Council to set a standard price. Based upon current purchase price, and accounting for actual occupancy levels, a rate of £700 per week is proposed for this service.

### Future Commissioning Arrangements

3.38 As “self-directed support” becomes better understood service users are likely to want to meet their needs other than by the transitional menu of services outlined above. Therefore the viability of these services will need to be regularly reviewed and the ways in which personal budgets are used will need to be monitored. The community will require information in respect of new services that grow up as a response to personal budget holders requirements.

## 4. OPTIONS AVAILABLE AND RISK ASSESSMENT

### 4.1 Options

	<b>Option</b>	<b>Comments</b>	<b>Financial Implications</b>
1	Introduce the new Contributions Policy and charges <b>Recommended</b>	This will enable the implementation of Self Directed Support (SDS) policy to commence and meet Dept. of Health targets in this respect. Residents will benefit from partaking in this new policy and enjoying the freedoms & empowerment the policy provides.	The budgeted commissioning saving anticipated from the introduction of the new policy should be achievable.
2	Do not introduce the policy and charges as proposed.	Delays in the introduction will prevent the Council from meeting a number of Dept. of Health targets, will delay residents from benefiting from the SDS policy, will require a rescheduling of the project plan for introduction of all policies and procedures proposed under Transforming Social Care.	The commissioning savings anticipated from the introduction of the new policy would not be achievable as budgeted, potential additional commissioning savings in future years would also be delayed.

	Option	Comments	Financial Implications
3	Agree waiver process on a case by case basis. <b>Recommended</b>	Enable appropriate action to be taken in cases of genuine hardship	See below.
4	Do not agree waiver process	May give rise to a legal challenge, or result in a refusal by a resident to accept to a necessary service thus giving rise to safeguarding issues.	The proposal set out in the report is seen as the lowest cost option that gives rise to the appropriate level of safeguarding.

## 4.2 Risk assessment

4.2.1 There are two significant risks in respect of the proposals set out in this report.

4.2.2 Firstly, the contribution policy envisages assessed contributions to be required from people with a learning disability receiving daycare. In many cases this will be a charge to a service user in respect of services currently provided free of charge. The contribution proposed will be requested after a full financial assessment of the service users financial circumstances and after taking into account the additional costs a service user may incur due to their disability. Where such payments may result in hardship there is a process proposed within this report that will enable all or some of the charge to be waived. It is necessary to introduce this charge due to the methodology of personal budgets, in that contributions are required towards the personal budget itself rather than towards the cost of individual services.

4.2.3 Until the processes in respect of self-directed support including the financial assessment have taken place it is unclear exactly as to the impact on service users. The ability to waive charges as appropriate will allow for flexibility in the introduction of the policy and to address individual circumstances. Close monitoring of the impact of the policy will enable a review at the appropriate time to address any shortfalls that may become apparent over time.

4.2.4 Secondly, the process whereby the budget for a service will progressively be given to citizens in their personal budget, who will then be “expected” to purchase that service, gives rise to a risk should they decide to use their personal budget to meet their needs by other means.

4.2.5 For example, with daycare for older people, provided by the Windsor Day Centre and Gardner House, all the budget for the direct costs of this service will eventually be given to citizens in their personal budgets. The daycentre becomes a trading account. If these citizens use their personal budget to meet their daycare needs by visiting a leisure centre or a cinema then the daycentre will not earn the income they require in order to recover their costs and the daycentre would run at a loss.

4.2.6 Following this example it can be seen that the price of the service is important in ensuring a service does not run at a loss. If the price is too high and demand is diverted to other activities then vacant daycentre places will be loss making. On the other hand, if a subsidy is given to a service in order to produce a lower price then this distorts the market, may prolong the provision of an uneconomic service, and

lowers the incentive for service users to look for more cost efficient and innovative ways of meeting their needs.

4.2.7 The demand for, and the price of, services provided “in-house” will be regularly monitored and reviewed, as noted in para 3.38 above.

**5. CONSULTATIONS CARRIED OUT**

A major public consultation has been carried out. See paragraphs 3.10 to 3.14 above and Appendix C to this report.

**6. COMMENTS FROM OVERVIEW AND SCRUTINY PANEL**

To be reported verbally to Cabinet following the meeting of the Overview & Scrutiny Panel on 9th February 2010.

**7. IMPLICATIONS**

The following implications have been addressed where indicated below.

Financial	Legal	Human Rights Act	Planning	Sustainable Development	Diversity & Equality
yes	yes	yes	N/A	N/A	Yes

Background Papers:

Department of Health; Fairer Contributions Guidance, published 14<sup>th</sup> July 2009  
[www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_102471.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_102471.pdf)

Department of Health; Putting People First Guidance – Personal Budgets for Older People, Making it Happen, published January 2010-01

[www.dhcarenetworks.org.uk/library/Resources/Personalisation/Personalisation\\_advice/PSSOP.pdf](http://www.dhcarenetworks.org.uk/library/Resources/Personalisation/Personalisation_advice/PSSOP.pdf)

Report to Cabinet; Personalisation within Adult Socialcare, 25<sup>th</sup> June 2009

Report to Cabinet; Personalisation within Adult Socialcare, 24<sup>th</sup> September 2009