

Adult Social Care Scrutiny Committee

Agenda

Date:	Wednesday, 9th May, 2012
Time:	10.00 am
Venue:	Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Minutes of Previous meeting** (Pages 1 - 6)

To approve the minutes of the meeting held on 13 April 2012.

3. **Declaration of Interests**

To provide an opportunity for Members and Officers to declare any personal and/or prejudicial interests in relation to any item on the agenda.

4. **Declaration of Party Whip**

To provide an opportunity for Members to declare the existence of a party whip in relation to any item on the agenda.

Please contact	Mark Grimshaw on 01270 685680
E-Mail:	mark.grimshaw@cheshireeast.gov.uk any apologies or requests for further information or to give notice of a question to be asked by a member of the public

5. **Public Speaking Time/Open Session**

A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers

Note: In order for officers to undertake any background research, it would be helpful if members of the public notified the Scrutiny officer listed at the foot of the agenda, at least one working day before the meeting with brief details of the matter to be covered.

6. **Personalisation Policy** (Pages 7 - 18)

To consider and comment on the policy of the Strategic Director of Children, Families and Adults.

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Adult Social Care Scrutiny Committee**
held on Friday, 13th April, 2012 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor M J Simon (Chairman)
Councillor B Silvester (Vice-Chairman)

Councillors I Faseyi, J Jackson, L Jeuda, F Keegan, B Murphy, J Saunders,
D Stockton, G Wait and W Livesley

Apologies

Councillors R Domleo, S Jones, D Bebbington and C Andrew

In Attendance

Councillors J Clowes, O Hunter, P Raynes, S Gardiner, S Wilkinson, P
Butterill, A Moran, D Flude and D Brickhill

Officers

Lorraine Butcher – Strategic Director of Children, Families and Adults
Jacqui Evans – Head of Local Delivery/Independent Living Services
Jill Greenwood – Commissioning and Provider Service Manager
Mark Nedderman – Senior Scrutiny Officer
Mark Grimshaw – Scrutiny Officer

59 MINUTES OF PREVIOUS MEETING

RESOLVED – That the minutes of the meeting held on 15 March 2012 be
approved as a correct record.

60 DECLARATION OF INTERESTS/PARTY WHIP

None noted.

61 PUBLIC SPEAKING TIME/OPEN SESSION

A number of members of the public attended to speak with regard to item 5: Call-
in of the Decision of Cabinet dated 5 March 2011 relating to the permanent
Closure of Bexton Court.

Firstly Judie Collins, a Knutsford resident, asserted that there had been no public
consultation about the temporary closure of Bexton Court being made
permanent. She also raised a concern about the lack of interim arrangements
and services between the closure of Bexton Court and the potential opening of a
health and wellbeing centre in Knutsford.

Mabel Taylor, a Knutsford resident, also asserted that a full consultation had not taken place with regard to the permanent closure of Bexton Court. She stated that the closure of Bexton Court had proved to be a false economy for the Council as a number of former service users at the facility had moved into residential care at a cost to the Council.

Charlotte Peters Rock, a representative of the group Knutsford Area for Knutsford Action, argued that residents of the Knutsford area, in particular Family Carers and Service Users, had been put under pressure because of the loss of Day and Respite Care in the local area. She stated that this could potentially affect the health of family carers, forcing dementia sufferers into residential care – incurring an extra cost to the Council. She also asserted that the Council had not provided alternative and affordable specialist dementia care in the Knutsford area and therefore was failing to provide 'Local Care for Local People within Local Areas'. As a final point, she asserted that Bexton Court should not be viewed as a burden but rather as a money saving asset that would help the Council to provide local care for service users within the local area.

Mr Derek Empson MBE, a Knutsford resident, asserted it was wrong to close Bexton Court in light of the increasing number of elderly people living in Knutsford who – based on National statistics – would be affected by Dementia in the future. He called on the Council to retain services at Bexton Court so that local dementia and respite care could be provided and long journey's avoided.

62 CALL-IN OF THE DECISION OF CABINET DATED 5 MARCH 2011 RELATING TO THE PERMANENT CLOSURE OF BEXTON COURT

Mark Nedderman, Senior Scrutiny Officer, outlined the procedure for the Call In of the decision of Cabinet made on 5 March 2012 relating to the permanent closure of Bexton Court.

On behalf of the eight Members who had signed the Call In, Councillor D Brickhill addressed the Committee and outlined the reasons for the Call In.

Firstly, he stated that the Council had not entered into a full consultation over the permanent closure of Bexton Court as the most recent consultation had given the impression that the facility would remain closed only on a temporary basis. Councillor Brickhill made reference to a consultation which had been carried out in 2007 by Cheshire County Council but he contended that this was too historic to be deemed relevant.

Councillor Brickhill added that:

- The Call In meeting should have been held in Knutsford as to give local residents a chance to address the Committee.
- If Bexton Court was permanently closed, it would leave the residents of Knutsford with no alternative for the services formerly provided. This was in contrast to a similar situation in Crewe in which the services once provided in the closing Santune House were picked up in an alternative facility (Lincoln House).

- As Bexton Court had only been recently refurbished by Cheshire County Council and as it had been continued to be partly funded by the NHS in its temporary closure, it would prove to be a waste of public money to permanently close the facility.

Councillor Clowes, on behalf of the Cabinet explained the reasons for the decision, outlining that she would deal with the issue of whether the decision to permanently close Bexton Court was made within the context of proper consultation.

Councillor Clowes continued to respond to a number of points that had been made in the Call In Notice (Item 5: appendix 1):

- Regarding the assertion that there had been 'no consultation [in terms of the permanent closure of Bexton Court]', Councillor Clowes made reference to the 'Improvements to Adult Social Care Consultation Report' in appendix 2 of item 5, which documented and provided evidence of all of the consultation processes since September 2011. Additionally, she noted that the Council had given close regard to the best practice guide on consultation process from the Department for Communities and Local Government (DCLG). The Council had made additional steps to make contact with former service users of Bexton Court and their family/carers with extra letters, telephone calls and drop in sessions once it had been realised that they had not attended the public meetings.
- It had been asserted that the purported lack of consultation was unlawful. Councillor Clowes stated there was no statutory requirement to consult.
- Councillor Clowes stated that the claim that there was no alternative provision for the services once provided in Bexton Court was misleading. Bexton Court had been used as a Dementia assessment and respite centre with the actual provision of dementia care available elsewhere. This provision was still available through the market and residents could choose to use their direct payments to access this. She accepted that there would be no dementia respite provision in Knutsford for the foreseeable future. She noted that there was provision available in Macclesfield and for a number of service users who once attended Bexton Court; this was actually closer to their home.
- In terms of providing services for future dementia sufferers in Knutsford, Councillor Clowes asserted that the Council needed to be aware of the bigger picture. She stated that the Council had entered into a memorandum of understanding with the NHS over its involvement in any decision on what facilities were to be provided in a potential health and wellbeing centre in Knutsford.
- Attention was drawn to the statement allegedly made by Councillor Domleo which described how Cheshire East 'could not support such local care [as Bexton Court]'. Councillor Clowes asserted that this had been taken out of context and that the Council was committed to providing care that best met the needs of residents in the context of the current economic climate and taking into consideration resident's desires and preferences.

- Regarding the claim that the closure would result in job losses, Councillor Clowes confirmed that expertise would be retained as staff would move with the service users.

In response to questions from the Committee, the Health and Wellbeing Portfolio Holder assisted by the Strategic Director of Children, Families and Adults, Head of Local Delivery/Independent Living Services and the Commissioning and Provider Service Manager stated:

- That every attempt had been made to consult with the 11 former service users of Bexton Court and their family/carers.
- That both the general presentation and questionnaire involved in the building based review consultation referred explicitly to the permanent closure of Bexton Court.
- That all of the service users and carers that were spoken to understood that the consultation referred to the permanent closure of Bexton Court and no complaint had been made.
- That whilst Knutsford Town Council had recommended the re-opening of Bexton Court, this was dependent on the re-opening of the Tatton Ward which was at the behest of the PCT. Councillor Clowes read a statement from Councillor Stewart Gardiner, Mayor of Knutsford Town Council and a ward Member for Knutsford. This stated that the vast majority of people who had contacted Knutsford Town Council had done so regarding the Stanley Centre and not Bexton Court. Knutsford Town Council had set up three public meetings to look into issues around the building based review, supported by Cheshire East officers and no mention of Bexton Court had been made at these. The statement ended by asserting that whilst people might be disappointed that Bexton Court was closing, it could not be levelled at the Council that there hadn't been a full and proper consultation process.

Lawrence Tudin, a member of Cheshire East Local Involvement Network (LINK), attended to address the Committee. He stated that whilst LINK felt that the consultation process had been adequate there was a feeling that improvements could have been made to ensure it was 'appropriate'. For instance, he contended that as Bexton Court had already been closed for a number of months, it might not have been clear that the consultation related to the permanent closure.

Having answered questions, Councillors J Clowes, O Hunter and P Raynes declared a personal and prejudicial interest in this matter and withdrew from the meeting.

The meeting was adjourned for 5 minutes and resumed at 11.10am

The Committee then considered the report of the Borough Solicitor enclosing the grounds of the Call In, the options available to the Committee in respect of the Call In, together with the original report of the Strategic Director of Children, Families and Adults from the Cabinet meeting on 5 March 2012. The Committee also considered the formal response to the Call In from the Strategic Director of Children, Families and Adults along with the evidence gathered during the meeting.

RESOLVED – That the Committee offer no advice to Cabinet

The meeting commenced at 9.30 am and concluded at 11.20 am

Councillor M J Simon (Chairman)

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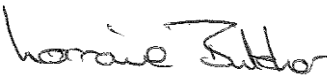
CHESHIRE EAST COUNCIL
ADULT SERVICES
POLICIES, PROCEDURES & GUIDANCE



POLICY TITLE	PERSONALISATION POLICY
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PURPOSE	To explain how Cheshire East Council is implementing the principles of Personalisation in accordance with national policy and legislation
SCOPE	All Adult social care services delivered in the community
POLICY SUPPORTED	Personalisation
RESPONSIBILITIES	All Adult Social Care Managers and Staff
ENQUIRY POINT	Jacqui Evans, Head of Individual Commissioning
KEYWORDS	Personalisation Choice Control Personal Budgets

**APPROVED - SUBJECT TO
 SCRUTINY COMMENT**

PROCEDURE APPROVAL			
APPROVED BY	Lorraine Butcher	POSITION	Strategic Director – Children, Families & Adults
SIGNATURE		DATE APPROVED	5/4/2012

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COMMUNICATING WITH SERVICE USERS OR CARERS

When following this policy, if you need to communicate with service users or carers, it is essential that the communication is made in a way that is understandable to them. For example, where people may be from a different ethnic origin, it is essential to find out whether or not their first language is English. If it is not, it will be appropriate and essential to enquire whether written or spoken communications need to be, or would best be, in their first language.

If the service user has a learning disability, you will need to make sure that any written communication is in an appropriate form and consider whether it would be advisable to have an Advocate available for any discussions.

Our Communication and Information Strategy requires that we should make information accessible to all. We have, therefore, contracted with a number of organisations to provide translation and interpretation services, and to transfer information into alternative formats such as large print or Braille. If you are unsure about the conventions which are acceptable to people from other cultures or religions, guidance is available from Communications: communications@cheshireeast.gov.uk.

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DEFINITIONS

Person-centred planning	Person-centred planning was an approach formally introduced in the 2001 <i>Valuing people</i> strategy (DH, 2001) for people with learning disabilities. The person-centred planning approach has similar aims and elements to personalisation, with a focus on supporting individuals to live as independently as possible, have choice and control over the services they use and to access both wider public and community services and employment and education. Rather than fitting people to services, services should fit the person.
Person-centred care	Person-centred care has the same meaning as person-centred planning, but is more commonly used in the field of dementia care and services for older people.
Person-centred support	Person-centred support is a term being used by some service user groups to describe personalisation.
Independent living	Independent living is one of the goals of personalisation. It does not mean living on your own or doing things alone, but rather it means 'having choice and control over the assistance and/or equipment needed to go about your daily life; having equal access to housing, transport and mobility, health, employment and education and training opportunities'
Self-directed support	Self-directed support is a term that originated with the in Control project and relates to a variety of approaches to creating personalised social care. in Control sees self-directed support as the route to achieving independent living. It says that the defining characteristics of self-directed support are: <ul style="list-style-type: none"> – the support is controlled by the individual – the level of support is agreed in a fair, open and flexible way any additional help needed to plan, specify and find support should be provided by people who are as close to the individual as possible – the individual should control the financial resources for their support in a way they choose – all of the practices should be carried out in accordance with an agreed set of ethical principles.

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APPENDICES

Appendix 1	Equality Impact Assessment [see embedded document]
Appendix 2	High Level Process Flowchart

REFERENCE DOCUMENTS

None

LEGISLATION

National Health Service and Community Care Act 1990.
 National Assistance Act 1948
 Mental Capacity Act 2005
 Mental Health Act 2007
 Community Care (Direct Payments) Act 1996
 Direct Payments Regulations 1996
 Direct Payments Regulations 2009
 Health and Social Care Act 2001
 Health and Social Care Act 2008
 Carers (Recognition and Services) Act 1995
 Carers Equal Opportunities Act 2004
 Disabled Persons Act 1986
 Chronically Sick & Disabled Persons Act 1970
 Carers & Disabled Children's Act 2000
 Children Act 1989

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POLICY

Introduction

Personalisation is one of the cornerstones of government policy in relation to Health and Social Care

Cheshire East Council has long embraced the concept of personalisation and is one of the front-running authorities in introducing systems and processes that implement that concept

This document explains the background to personalisation and goes on to detail how the authority is putting this into practice. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.

What is Personalisation?

- Personalisation was officially introduced in government policy in December 2007 when the Putting People First concordat was published. This outlined the reforms for social care.
- Personalisation is about giving people more choice and control over their lives in all social care settings.
- Personalisation means starting with the individual as a person with strengths and preferences.
- It is about starting with the person not the service, Individuals not institutions take control of their care
- It is wider than simply giving personal budgets to people eligible for council funding and applies to self-funders too.
- Personalisation means ensuring that everyone has access to the right information, advice and advocacy to help them make decisions about care and support.
- It requires the transformation of adult social care so that all systems, processes, staff and services are geared up to put people first.
- It means ensuring that people have a wider choice in how their needs are met and better access to universal public services.
- It includes developing local partnerships to co-produce a range of services for people to choose from and opportunities for social inclusion and community development
- It means embedding early intervention, re-ablement and prevention so that people are supported early on and in a way that's right for them
- It is recognising and supporting carers in their role, while enabling them to maintain a life beyond their caring responsibilities

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The History of Personalisation

- **2001 :**
Health and Social Care Act (2001) Section 57 made it mandatory rather than discretionary to offer direct payments to those with an assessed need. Valuing People White Paper (2001) has the key objective to make direct payments available to more people with a learning disability and officially introduces 'person-centred planning' as part of social work practice.
- **2005 :**
'Improving the Life Chances of Disabled People' (2005) outlines proposals to introduce individual budgets to improve choice and control over the mix of care and support. 'Independence, Wellbeing and Choice' (2005) reinforces the role of social care services in helping people to maintain their independence by 'giving them greater choice and control over the way their needs are met' and outlines the human skills required from social care practitioners
- **2006 :**
Our health, our care, our say: a new direction for community service (Department of Health White Paper – 2006) heralds a radical shift to the way services are delivered giving people more control and choice in achieving personalised care. It lays foundation for better working between health and social care to address people's needs and to achieve their chosen outcomes.
- **2007 :**
Putting People First: a shared vision and commitment to transformation of adult social care. Ministerial Concordat. Medium and short term reform.
Commitment to enabling individuals to direct, manage and control own support through individual/personal budgets. Drive to increase universal, preventative services in each community.
- **2008 :**
The Independent Living Strategy (2008) is published by the Office of Disability Issues sets out a five year plan that seeks to realise the Government's aim that all disabled people (including older disabled people) to have the same choice, freedom, dignity and control over their lives as non-disabled people. Further proposes personalisation of social care support, including personal budget options.
- 2009**
Personal health budgets: 'first steps'(2009) begins to explore how a personal health budget option could work for people with long-term conditions. The Green Paper, Care Support Independence:

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Shaping the Future of Care Together (2009) begins to consult on how personalised social care and support can be delivered and funded in the long term through the development of a National Care Service. The proposals aim to build a system that is fairer, simpler and more affordable

Personalisation Principles

The principles of personalisation are far-reaching and take a holistic view to service delivery. They include:

Universal services

This includes: Information, advice and advocacy , Leisure, Transport and User-Led organisations

This places personalisation and social care within wider public services. Personalisation means addressing the needs and aspirations of whole communities to ensure that everyone has the access to the right information, advice and advocacy to make good decisions about the support they need. It means ensuring that people have wider choice in how their needs are met and are able to access universal services such as transport, leisure, education, housing, health and opportunities for employment regardless of age or disability.

Early intervention and prevention

This includes: Reablement , Assistive Technologies , Better housing

Early intervention and prevention are about working with individuals at an early stage to get the right support to enable them to stay living independently in their own homes. This could mean ensuring that people have access to reablement support to help them return home following a hospital stay. It means offering older people access to assistive technologies to enable them to stay in their own homes for longer and better housing options such as supported housing for older people with dementia and their partners.

Social Capital

This includes: User-led organisations , Neighbours , Community Networks , Volunteers

Social capital is about the support people can offer each other outside the traditional statutory service structure. This includes friends and neighbours as well as wider community networks. Social capital can include volunteering, peer support, and time banking. It can also be facilitated by service user and carer led organisations

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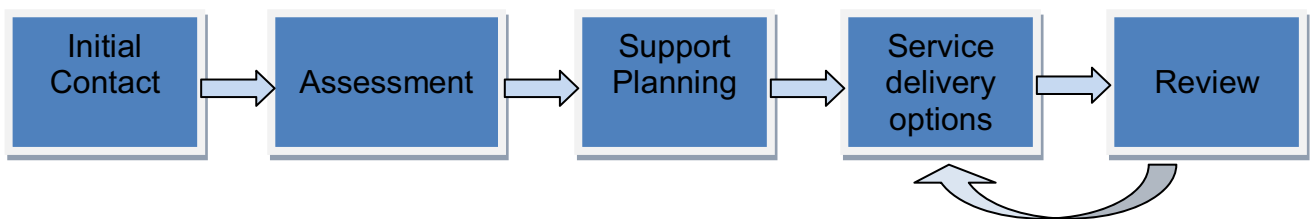
Choice & Control

This includes: Better housing options, Personal budgets, Person-centred support plans, Responsive, flexible services

At the heart of personalisation is the commitment to giving more choice and control to people using social care services. This may mean exploring personal budget options but it could also mean working with individuals in residential settings to ensure that their personal needs and preferences are identified and met. It is about self-directed support and enabling people to make their own decisions about how best to meet their assessed eligible need.

Personalisation in Practice

In Cheshire East the introduction of personalisation has led to redesign of the whole process of information provision, identifying eligible need and agreeing the delivery of services. The process can be divided into five stages as shown and explained below:



Initial Contact

- Information about social care can be found on the Cheshire East website
- You can make contact by telephoning the contact centre on 0300 123 5010. There is also a simple web form that you can complete asking us to contact you
- Initial contact is with one of 4 local teams of social workers and social care assessors, and direct to specialist teams on some occasions (this includes Occupational Therapy, Mental Health and Drugs & Alcohol teams)
- The teams cover the areas of Knutsford/Wilmslow/Poynton, Macclesfield, Congleton and Crewe/Nantwich respectively with the specialist teams covering the whole borough
- The team will make an initial assessment of the needs of the customer, potential customer, or carer and assess their eligibility (based on Fair Access to Care guidance) and priority level for services.
- Where it is apparent that the Council will not be able to offer support the teams will offer advice, guidance and information about alternative services that may be available locally from private and

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third sector organisations and community groups

Assessment

- Staff may then undertake a more in depth assessment to determine the needs and risks of the customer being referred.
- The assessment may involve visiting the customer in person
- The assessment will be carried out with the involvement of the customer, and relevant others with consent.
- Assessments will be carried out to specified timescales and fully recorded.
- The outcome of the assessment will be shared with the customer and relevant others with consent, so that a decision about potential solutions can be made (based on Fair Access to Care guidance).
- A financial assessment will be undertaken to determine the contribution to be made by the customer where appropriate and/or signposting for financial and benefits advice.
- Consideration as to suitability for 'reablement' services will be made and offered to the customer. These services are free for up to 6 weeks and progress monitored on a weekly basis

Support Planning

- Where council funded support is required (based on eligible, unmet need identified during the assessment) an indicative support plan and Personal budget will be developed and offered to the customer or their nominated representative.
- A Direct Payment will usually be offered to individuals together with other options such as a 'managed account'. In some circumstances (such as permanent residential care) a Direct Payment cannot currently be offered
- Support in developing a support plan is available from external agencies such as AgeUK

Service Delivery Options

- Once the Personal Budget is agreed a final support plan will be developed and agreed
- The support plan will set out who will do what, with whom and when and will be written down and shared with all involved.
- A named worker will be identified to ensure the support plan is implemented.

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Review

- New support plans will be reviewed after the initial 6 weeks of service.
- Existing support plans and financial contributions will be reviewed at regular intervals (not longer than 12 months). In addition, anybody involved with the case can ask for a review at any time if there is a change of circumstances.
- Support plans are reviewed to ensure that the services provided continue to meet the needs of the customer, and that the customer is still eligible for services. The customer will always be invited to participate in reviews.
- Reviews will be recorded and shared with the customer and relevant others, with consent, where appropriate.
- Where a change to the services provided is required, the support plan should be amended accordingly. Sometimes a new support plan will need to be produced if the needs have changed significantly.
- Reviews will ensure that: The independence and recovery of customers is promoted, except where risks are such that they are in need of protection from harm by themselves or other people. Services are delivered in a way that does not undermine the basic human rights of people to autonomy and independence.
- Customers are at the centre of everything we do. We regularly ask for their views about the services they receive and respond by shaping those services accordingly.

A more detailed version of the above process is included as Appendix 2.

Each stage in the process is governed by a suite of policy and procedure documents which can be accessed at <http://www.cheshireeast.gov.uk>

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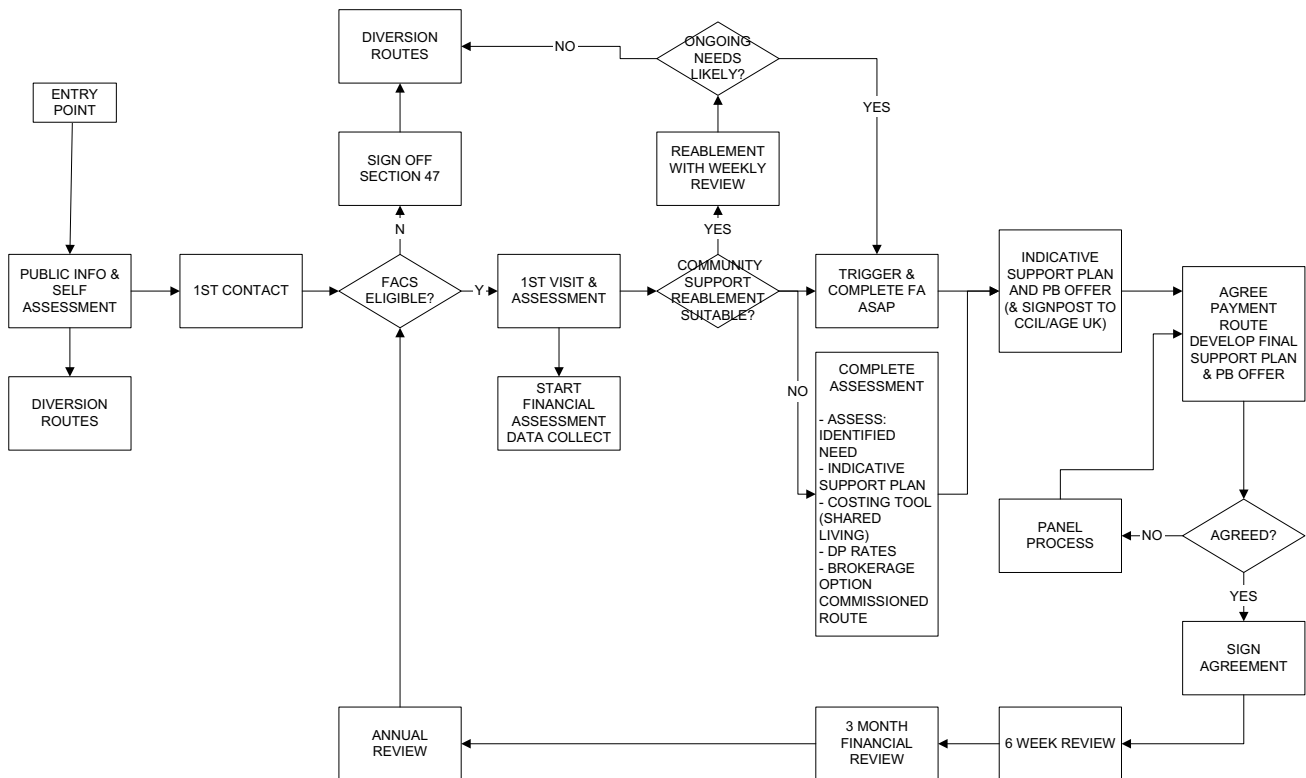
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Appendix 2

PERSONALISATION PROCESS FLOW



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