

Adult Social Care and Health

Personal Budgets and Cost Setting Guidance

To be read with the [Care and Support Statutory Guidance, Regulations issued under the Care Act 2014 by the Department of Health](#).

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Owner:	ASCH Policy and Quality Assurance Team - AH Policy&StandardsEnquiries@kent.gov.uk

Key messages

Section 26 of the Care Act 2014 places Personal Budgets in law, making them statutory for people with care and support needs **including** extending Personal Budget allocation to accommodation in a care home.



Cost Setting Guidance for Personal Budgets

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Version control	Date re-issued	Summary changes	Reviewed by
5	02 March 2016	<p>Personal budget that includes night support, must ensure that the total weekly rate paid to the support worker equates to the minimum wage (see 9.5.3 for more details)</p> <p>Direct payments for long term residential care postponed until 2020</p>	Jean Wells
5a	08 March 2016	<p>Appendix 2 added, outlining responsibilities for updating CSG with new unit costs.</p> <p>Additional wording, explaining Appendix 2, added (14.3)</p>	Paul Bufford
6	27 July 2018	<p>Paragraph 9.4 Personal Assistant update.</p> <p>The guide cost of the Personal Assistant is between 60% to 75% (not 85%).</p>	Jean Wells
7	12/04/2023	<p>All reference to "SWIFT/AIS/MH SPREADSHEET" replaced with MOSAIC.</p> <p>Indicative (Estimated) Personal Budget replaces use of word "Estimate Personal Budget. The use of the word <i>Indicative</i> correlates to the terminology used in section 11 of the Care and Support Statutory Guidance.</p> <p>Reference to KMPT and SC removed and replaced with ASCH.</p> <p>Reference to CSG replaced with Cost Setting Calculating Tool</p>	Jean Wells

Cost Setting Guidance for Personal Budgets

8	23/05/2003	Changes to when a financial assessment should be requested by the practitioner added to Chapter 8	Simon Stockwell
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Table of Contents	Page
1. <u>Legislative Context</u>	4
2. <u>National Guidance</u>	4
3. <u>Purpose</u>	4
4. <u>Scope</u>	5
5. <u>Principle</u>	5
6. <u>Assessment of need and a personal budget</u>	5
7. <u>People in Care Homes</u>	6
8. <u>The Process</u>	6
9. <u>Cost Setting Guidance</u>	11
9.1 <u>Respite</u>	
9.2 <u>Day Care Services</u>	
9.3 <u>Employment Support Services</u>	
9.4 <u>Personal Assistant</u>	
9.5 <u>Supported Independence Service</u>	
9.5.1 <u>SIS –Personal Assistant</u>	
9.5.2 <u>Sleep Night and Wake Support</u>	
9.5.3 <u>Minimum wage for sleep and wake nights</u>	
9.6 <u>Sensory Services</u>	
9.6.1 <u>Sensory Services-Personal Assistants</u>	
9.7 <u>Advocacy</u>	
9.8 <u>Transport</u>	
9.9 <u>One off Equipment</u>	
10. <u>Exceptional circumstances (increasing an Indicative (Estimated) Personal Budget)</u>	13
11. <u>Kent Card</u>	14
12. <u>Allocating Personal Budgets</u>	14
13. <u>Review</u>	14
14. <u>Inflationary Uplifts</u>	15
15. <u>Recording Personal Budgets</u>	15

Appendices

- 1 Overview of Care and Support Planning Process setting Personal Budgets

Cost Setting Guidance for Personal Budgets

2 Cost Setting Calculating Tool update responsibilities.

Cost Setting Guidance for Personal Budgets

1. Legislative Context

- 1.1 Section 26 of the Care Act 2014 places Personal Budgets (PB) in law, making them statutory for people with care and support needs.

2. Statutory Guidance

- 2.1 The Care and Support Statutory Guidance issued under the Care Act 2014 by the Department of Health (October 2014) says:

“The Personal Budget is the mechanism that, in conjunction with the care and support plan, or support plan, enables the person, and their advocate if they have one, to exercise greater choice and take control over how their care and support needs are met”.

3. Purpose

- 3.1 In the context of services, a ‘Personal Budget’ is defined as the sum of money that Adult Social Care and Health (ASCH) has confirmed a person should be allocated for the sole purpose of meeting their eligible social care needs.
- 3.2 The purpose of this guidance is to assist staff (ASCH) to understand the processes which support the allocation of a Personal Budget. This is generic guidance and covers older people and people who have a physical disability as well as those with a learning disability, sensory disability or people with mental health needs.
- 3.3 This guidance will help to promote consistency in the allocation of an Indicative (Estimated) Personal Budget and will ensure that staff in ASCH are able to place Personal Budgets within the framework of assessment, eligibility and review policies.
- 3.4 The guidance recognises that high quality assessment is essential for the appropriate use of social care, health and wellbeing resources. The decision-making process should be clearly recorded, providing reasons for those decisions verbally and in writing.
- 3.5 This guidance will:
 - ✓ Outline the process of setting an Indicative (Estimated) Personal Budget.
 - ✓ Speed up the process for people who want to exercise more choice and control through a Direct Payment.
 - ✓ Ensure a consistent approach to setting Personal Budgets.
 - ✓ Ensure that best value is maintained.
- 3.6 The guidance and its associated Cost Setting Calculating Tool will produce a figure which provides the Indicative (Estimated) Personal Budget that will be appropriate for most people. **The up-to-date Cost Setting Calculating Tool is on [Tri-X](#)**
- 3.7 The Care and Support Plan/Support Plan will identify the actual costs and

Cost Setting Guidance for Personal Budgets

when approved, will give the Actual Personal Budget. On-costs should be incorporated into a Personal Budget amount where it is clear that the use of a Personal Budget to meet needs will incur these costs.

- 3.8 If the proposed cost is more than the Indicative (Estimated) Personal Budget, then the Care and Support Plan/Support Plan must be checked to see it supports only eligible needs and represents *best value* before it can be agreed. It may be necessary for the adult to look at a cheaper alternative or top up the Personal Budget themselves.

4. Scope

- 4.1 This guidance applies to people in need of care and support and carers equally, unless specifically stated. For further guidance on the use of a carers Personal Budget please read the Supporting Carers Policy.
- 4.2 This guidance applies for all ASCH provision, except where specific exclusion apply (see 4.4 below). It will be used to calculate an Indicative (Estimated) Personal Budget for all people who have an ongoing need for services or support.
- 4.3 This guidance should also be used to review the amount of existing Direct Payments as part of a review of the adult's eligible social care need. Any subsequent changes to the Direct Payment must be based on changes to eligible need. The changed need must be documented and a new Direct Payment agreement made.
- 4.4 The Care and Support (Personal Budgets Exclusion of Costs) Regulations 2014 set out that the provision of intermediate care and enablement are free, therefore excluded from a Personal Budget.

5. Principle

- 5.1 This cost setting guidance is based on the general principle that:
- Indicative (Estimated) Personal Budgets should be set at the same level as the cost of the 'standard service' provision that would meet the adult's needs
 - The Actual Personal Budget must be sufficient to meet needs, having clear information about what has been allocated and the amount an adult will pay towards the cost themselves on the basis of their financial assessment.

6. Assessment of need, eligibility and a Personal Budget

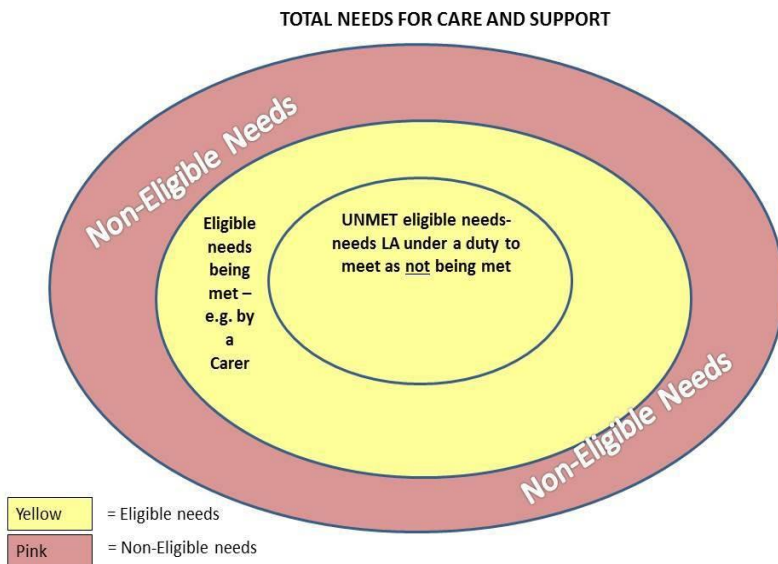
- 6.1 Local authorities must undertake an assessment for any adult with an appearance of need for care and support, regardless of whether or not the LA thinks the individual has eligible needs. Following the needs assessment and determination of eligibility, a Care and Support Plan/Care Plan will be prepared that includes the Personal Budget allocation. (The Care and Support/Support Plan **MUST** be signed by the adult, or if lacking capacity, then evidence of completed MCA needs to be attached to the Care and Support Plan- see Care and Support Planning Policy for further details).

Cost Setting Guidance for Personal Budgets

- 6.2 Eligible needs can be met by supporting the adults own strengths by universal, community or voluntary services, equipment, information and advice, or by the carer.
- 6.3 Local authorities are responsible for care and support for **unmet** eligible needs.

Note: LA are not required to meet any eligible needs that are met by a carer, but those needs should be recognized and recorded as eligible during the assessment process (see both Assessment and Eligibility Policies).

To illustrate see Diagram 1 below:



7. People in Care Homes

Personal Budget allocation extends to accommodation in a care home.

The allocation of an Indicative (Estimated) Personal Budget shall be based on the placement guide price and the Actual Personal Budget based on either this or a higher cost if this is necessary to meet needs (i.e the actual cost of the placement but NOT including any top-up amount). Direct Payments cannot be used to pay for long term residential care. (See [Direct Payments Policy](#) section B for further details)

Cost Setting Guidance for Personal Budgets

8. The Process

8.1 The following table provides:

- 1) The process for new adults this process is also applied following Enablement provision or following urgent provision.
- 2) The process for urgent provision, process (1) is implemented following the first reassessment.
- 3) The process for existing adults.

STEPS	POLICY APPLICATION	PRACTICE EXPECTATION	SUPPORTING INFORMATION
1.	For new adults The practitioner will:		
1.1	<p>First, completion of assessment of need</p> <p>Second, a decision about eligibility</p> <p>Third, request a financial assessment at the end of the care needs eligibility via a “next action” on the Mosaic System Record. For Strengthening Independence Service (previously known as Disabled and Young Peoples Service), use the updated “Finance Referral form” template on KNet).</p> <p>Fourth, decision about whether needs require the provision of any services to meet ‘eligible needs’</p> <p>This is a statutory duty</p>	<p>The assessment summary must clearly record what are:</p> <p>a) ‘eligible needs’ – that we have a duty to meet and</p> <p>b) ineligible ‘presenting needs’ – that we do not have a statutory obligation to meet.</p>	<p>Leaflets are currently under review</p> <p>Bespoke information and guidance</p>
1.2	<p>The assessment identifies needs and does not identify the solutions (services) to meet those needs.</p> <p>The Indicative (Estimated) Personal</p>	<p>List and record eligible needs. See Diagram 1</p>	<p>The Indicative (estimated) Personal Budget is:</p> <p>Recorded on MOSAIC and is provided to the</p>

Cost Setting Guidance for Personal Budgets

	Budget is calculated on the unmet eligible needs using the Cost Setting Guidance.		adult on the Care and Support Plan/Support Plan. The optional Personal Budget Guidance Tool may be used to support recording and will ensure information is transferred between teams effectively
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Cost Setting Guidance for Personal Budgets

STEPS	POLICY APPLICATION	PRACTICE EXPECTATION	SUPPORTING INFORMATION
1.3	<p>Where appropriate, the adult should be advised that they will be financially assessed and that they may be required to make a contribution to their Personal Budget.</p>	<p>Referral to Assessment Officer-Finance.</p>	<p>The charging booklet for either non-residential services or residential care MUST be provided to the adult.</p> <p>Confirmation of Financial Information Provided (template letter)</p>
1.4.	<p>Using the information provided on eligible needs, the adult develops a Care and Support Plan/Support Plan.</p> <p>When required, assistance is provided with this proportionate to the adults needs (i.e. Independent Advocacy).</p> <p>The Care and Support Plan/Support Plan focuses on outcomes and takes account of any potential consequences and how risk can be managed. Where there is more than one option for meeting need the most cost effective means of meeting needs should be used</p>	<p>The support mechanisms must be legal.</p> <p>Simply stating “24 hour care” is not an acceptable response to need, the Care and Support Plan/Support Plan should describe the provision and how this will meet need.</p> <p>The Care and Support/Support Plan MUST be signed by the adult, or if lacking capacity, then evidence of completed MCA needs to be attached to the Care and Support Plan</p> <p>Each area of expenditure should be described with costs.</p>	<p>The Care and Support Plan/Support Plan template can be used</p> <p>Care and Support Plan Policy</p>

Cost Setting Guidance for Personal Budgets

1.5.	The Actual Personal Budget is agreed against the support needs that have been identified as eligible (national eligibility criteria) and are unmet.	The Personal Budget is recorded on MOSAIC	The Actual Personal Budget is confirmed on the Care and Support Plan/Support Plan
			The Personal Budget is recorded on MOSAIC Where occurring, the reason for variances between the indicative (estimated) and actual personal budget are recorded
1.6.	<p>The Manager or Senior Practitioner is responsible for authorising the Care and Support Plan/Support Plan.</p> <p>The Plan should meet all criteria listed in the Care and Support Plan Policy</p>	<p>The authoriser must consider if:</p> <ul style="list-style-type: none"> ✓ The most cost effective means of meeting need has been selected ✓ The Care and Support Plan/Support Plan is legal ✓ The system recording has been completed 	
1.7	<p>Where the cost of the proposed Care and Support Plan/Support Plan exceeds the Indicative (Estimated) Personal Budget staff should consider the following prior to agreement:</p> <ul style="list-style-type: none"> i) The costs are only related to eligible needs. ii) The plan represents best value 		

Cost Setting Guidance for Personal Budgets

1.8	<p>Managers are responsible for ensuring consistency of eligibility and service response decision-making by assessors.</p> <p>In brief</p>	<p>a) this is done by discussions in supervision</p> <p>b) evaluation of submitted information to check:</p>	
	<p>Assessor responsible for:</p> <p>a) assessment and application of eligibility</p> <p>b) calculating Indicative (Estimated) Personal Budget</p> <p>c) Care and Support Planning with the adult to agree service response</p> <p>d) agreeing Care and Support Plan/Support Plan</p> <p>e) reviewing the Care and Support Plan/Support Plan</p> <p>Managers responsible for:</p> <p>Consistency of decision-making in relation to</p> <p>a) application of eligibility</p> <p>b) service response</p>	<p>1) the quality of the assessment,</p> <p>2) coherence of evidence,</p> <p>3) adherence to policy and</p> <p>4) consistency of decision-making</p>	
2	For new adult – urgent provision or hospital discharge		
2.1	The process above applies with the exception of providing an Indicative (Estimated) and Actual Personal Budget.		
2.2	The review always undertaken as a re-assessment.		
2.3	<p>The review must take place within 8 weeks of commencing the service and the steps in section 1 are followed.</p> <p>For enablement/recovery services three week intervals</p>		

Cost Setting Guidance for Personal Budgets

3	For existing adults The practitioner will:		
3.1.	Calculate the Indicative (Estimated) Personal Budget based on the current service provision using the Cost Setting Calculating Tool		a) Existing provision b) Cost Setting Calculating Tool
STEPS	POLICY APPLICATION	PRACTICE EXPECTATION	SUPPORTING INFORMATION
3.2.	Complete review		Promoting Independence Through Review Policy

Cost Setting Guidance for Personal Budgets

3.3. (a)	<p>Circumstances and needs NOT changed: Work with the person to Develop new Care and Support Plan/Support Plan and identify outcomes.</p> <p>The person has 2 choices: i) Continue with the same services ii) Use Personal Budget differently</p> <p>The Manager/team leader or Senior Practitioner is responsible for authorising the Care and Support Plan/Support Plan.</p>	<p>The Care and Support/Support Plan MUST be signed by the adult, or if lacking capacity, then evidence of completed MCA needs to be attached to the Care and Support Plan</p>	<p>Care and Support Plan Policy</p> <p>The authoriser must consider if:</p> <ul style="list-style-type: none"> ✓ The most cost effective means of meeting need has been selected ✓ The Care and Support Plan/Support Plan is legal ✓ The system recording has been completed
3.3. (b)	<p>The Plan should meet all criteria listed in the Care and Support Plan/Support Plan Policy</p> <p>Circumstances and/ or needs HAVE changed following the review: Revise Care and Support Plan/Support Plan Calculate and confirm actual Personal Budget</p> <p>The Manager/team leader or Senior Practitioner is responsible for authorising the Care and Support Plan/Support Plan.</p> <p>The Plan should meet all criteria listed in the Care</p>		<p>The authoriser must consider if:</p> <ul style="list-style-type: none"> ✓ The most cost effective means of meeting need has been selected ✓ The Care and Support Plan/Support Plan is legal ✓ The system recording has been completed

9. Cost Setting Calculating Tool

Use the 'standard service' provision identified in step 3.1 above. This may be made up of several types of support.

Cost Setting Guidance for Personal Budgets

- Work through the guidance below for each type of service to produce a guide cost for each type of support.
- Add these together to arrive at the Cost Setting Calculating Tool figure.
- The Cost Setting Calculating Tool can be used to do the calculation automatically.
- As in some instances, there are variations in costs between localities it is important to first select the locality in which the adult lives and this will then populate the Cost Setting Calculating Tool with the correct figures.
- Once you have worked through the tool you will find that a summary of the Indicative (Estimated) Personal Budget will be shown on the front overview page of the tool.
- The total equivalent weekly Indicative (Estimated) Personal Budget inclusive of one offs should then be entered on MOSAIC.

9.1 Respite

The weekly guide cost is based on the average gross cost of a residential service that would be arranged through a 'standard service' provision. There is a single guide price for each adult group regardless of the locality. These are to be used even if the adult decides to use the money for a non-residential form of respite.

9.1.1 People who use a Direct Payment for respite are assessed for charging under ASCH "Charging for care provided at home" (the Blue Book) irrespective of how the adult uses the money. This is to give them greater flexibility over the use of the Direct Payment.

9.1.2 The calculation for respite where a combination of respite and support is provided is made as follows:

Weekly cost of care provision e.g. £300

Calculate whole year cost minus the number of weeks respite, e.g.

3 weeks = 49 weeks x £300 = £14700

Plus the total Personal Budget for respite e.g. 3 weeks @ £336.92 = £1010.76

£1010.76 + £14700 = £15710.76

Divide this by 52 to calculate the weekly PB = £302.13

9.2 Day Care Services

Daily guide cost based on the average day care cost, for that adult group. Other than in exceptional circumstances, day care will not be included while the adult is on respite.

9.3 Employment Support Service

Employment services that offer a time limited intervention to enable the person to either:

- Gain employment
- Provide pre-employment training
- Get 'job ready' by providing job searches, CV writing, interview

Cost Setting Guidance for Personal Budgets

techniques

- ✓ Help adults maximise their work welfare benefits
- ✓ Help to retain current employment

NB: Please ensure you have explored whether some of this support can be provided via Jobcentre Plus or our own in-house Benefits Team.

9.4 Personal Assistant

Adults who choose a Direct Payment to employ a Personal Assistant must involve the Direct Payments Support Worker to help set this up.

The guide cost of the Personal Assistant is between **60% to 75%** (as indicated in the cost setting calculating tool) of the cost of the 'standard service' provision. The reduction is because the cost of employing a PA is less than the cost of an agency worker and is consistent with achieving best value. The guide cost of the Personal Assistant includes all the employers' cost of: PA wage, employers pension contribution, NI, holiday, payroll, insurance etc.

Commented [JWAB1]: TBC

9.5 Supported Independence Service (SIS)

The Supported Independence Service sits across all adult groups and includes community support services, supported living and accommodation services. In summary, this is support provided in the community to enable adults to live independently.

The support provided varies from person to person but could include:

- ✓ Promotion of independent living
- ✓ Providing companionship and friendship within appropriate boundaries
- ✓ Providing regular and practical support
- ✓ Providing support with daily living
- ✓ Facilitating people living 'ordinary lives'
- ✓ Helping the person to gain access to resources
- ✓ Providing information on healthy living and mental wellbeing
- ✓ Helping to identify early signs of relapse within in-house, voluntary or private environments
- ✓ Support adults with involvement/participation with their recovery

9.5.1 SIS – personal Assistant

An additional service called SIS plus may also be purchased which is for adults who are assessed by KCC as having complex and/or challenging needs, where higher risks are present that cannot be reduced by additional staffing. Section 4 of the [SIS Contract Specification](#) gives further details.

9.5.2 Sleep Night and Wake Support

If a person requiring 24 hour, seven days a week support to meet assessed needs, then Sleep Night and Sleep Wake Support may be arranged. The night element of the Service spans from 22:00 to 07:00 hours and can be either a

Cost Setting Guidance for Personal Budgets

'sleep in' or a 'waking night.' In both instances the Service may be provided for one-to-one or shared support. For clarity, the sleep-in and waking night Service can be distinguished as where a Support Worker is required to be available (asleep or awake), throughout the night to ensure that the person is safe and secure. The requirement for this kind of support will be stated in the Care and Support Plan/Support Plan.

9.5.3 Where the personal budget includes night support, KCC must ensure that the total weekly rate paid to the support worker equates to the minimum wage. In practice this means, a worker paid for 2 sleep nights and 3 days of work receives a total pay for the week which is above the National Minimum Wage then they are compliant. Whereas a worker paid for 2 sleep nights only may receive a total wage, which at an hourly rate is not the National Minimum Wage would not be compliant.

9.6 Sensory Services

The Cost setting Calculating tool contains a specific section to calculate the cost of a Guide Communicator and/or support worker. Guide communicators and support workers for Deaf or Deafblind people will have a level of training and qualification around communication, mobility and access to information which differentiates them from other support services currently covered under the SIS contract.

9.6.1 Sensory Services-Personal Assistants

Adults who choose a Direct Payment to employ a Personal Assistant may need to involve the Direct Payments Coordinator to help set this up.

People who are Deaf or Deafblind will need to employ personal assistants with a level of training and qualification around communication, mobility and access to information this often makes it more difficult to recruit and increases the hourly rate of pay.

9.7 Advocacy

This is not a chargeable service to the adult.

9.8 Transport

ASCH will only pay for transport based on assessed need and adult circumstances, as part of the Care and Support Plan/Support Plan. It will be based on the actual cost of the journey.

9.9 One off Equipment

Guide cost is the actual cost to ASCH of the equipment.

10. Exceptional circumstances (increasing an Indicative (estimated) Personal budget)

For most people the Actual Personal Budget will be the same or less than the Indicative (Estimated) Personal Budget. However, an adult or the adult social care practitioner may feel that there are particular circumstances that mean eligible needs cannot be met within the cost setting calculating tool

Cost Setting Guidance for Personal Budgets

figure. In such circumstances it may be necessary to agree a higher Actual Personal Budget. This can only be considered by ASCH, in liaison with their line manager after the Care and Support Plan/Support Plan has been developed, while bearing in mind:

1. The duty to ensure that a way of meeting the eligible need is actually available,
2. The principle of ensuring best value.

11. Kent Card

For new recipients, the primary method for providing a Direct Payment is through the Kent Card. For Direct Payment recipients who do not want to use the Kent Card, a separate bank account will be required. (See [Direct Payment Policy](#))

12. Allocating Personal Budgets

The process of allocating the Personal Budget should be completed in a timely manner, proportionate to the needs to be met, so that the person can access their Personal Budget without significant delay. The Personal Budget must be allocated within 8 weeks.

The Care and Support Plan/Support Plan must describe how the adult would like to receive KCC's financial contribution to their Actual Personal Budget and how their Personal Budget will be managed if using a Direct Payment.

For details refer to the [Care and Support Planning Policy](#).

13. Review

When a Care and Support Plan/Support Plan has been agreed, the practitioner must keep under review the plan and re-evaluate the adult's assessed needs and circumstances, which helps determine the adults continued eligibility for support and is undertaken to:-

- Establish how well the Care and Support Plan/Support Plan is meeting the adult's personal outcomes
- Identify what next steps are needed to meet any unmet personal outcomes
- Set out new personal outcomes and end outcomes no longer appropriate
- Review the Personal Budget allocation and the effectiveness of direct payments, where appropriate

See . <https://proceduresonline.com/trixcms2/media/18551/care-and-support-plan-review-practice-guidance.pdf>

Cost Setting Guidance for Personal Budgets

13.1 Change in need and/ or circumstance

Where there has been a change in needs the practitioner should:

- ✓ Complete a re-assessment proportionate to the change. This may be a revision or review of the Care and Support Plan/Support Plan, a financial assessment or full reassessment, to clearly document the reasons for deciding to increase or decrease the level of care and support or services provided to the adult
- ✓ Recalculate the Personal Budget
- ✓ Update the Care and Support Plan/Support Plan and records appropriately.

13.2 Needs and/ or circumstances remain the same

If the adults' needs and/ or circumstances have **not changed**, the Care and Support Plan/Support Plan may still need to be revised to look at personal outcomes, in line with the Care and Support Planning policy. This may result in a slight change to the plan about how assessed needs will be met differently.

The adult may choose to continue with the current support arrangements and have similar services as before, or may choose to look at other options including using the Personal Budget in other ways to meet their assessed eligible needs.

In either circumstance, the practitioner must ensure that the Actual Personal Budget is in line with the Indicative (Estimated) Personal Budget.

The expectation is that in most instances, the Actual Personal Budget will either be less or remain the same.

The practitioner will need to agree this with the adult and record any change in the Actual Personal Budget received as well as recording this in the adults Care and Support Plan/Support Plan.

13.3 Closure

In this situation there will be no Personal Budget and action taken to recover any surplus funds.

14. Inflationary Uplifts

- 14.1 Managed Personal Budgets will be increased by ASCH current agreed inflationary uplift each year. MOSAIC does not automatically uplift the Personal Budget, this is undertaken annually at review.
- 14.2 Personal Budgets (such as those available through Direct Payments) will receive the inflationary increase if applicable via the Cost Setting Calculating tool automatic uplift, which in turn will increase the adults Personal Budget after review.

Cost Setting Guidance for Personal Budgets

- 14.3 When new unit costs are agreed through the commissioning process the Cost setting calculating tool is updated. Responsibility for this is outlined in Appendix 2.

15. Recording Personal Budgets

MOSAIC includes Personal Budget recording functionality.

Cost Setting Calculating Tool for Personal Budgets

Overview of the Care and Support Planning Process

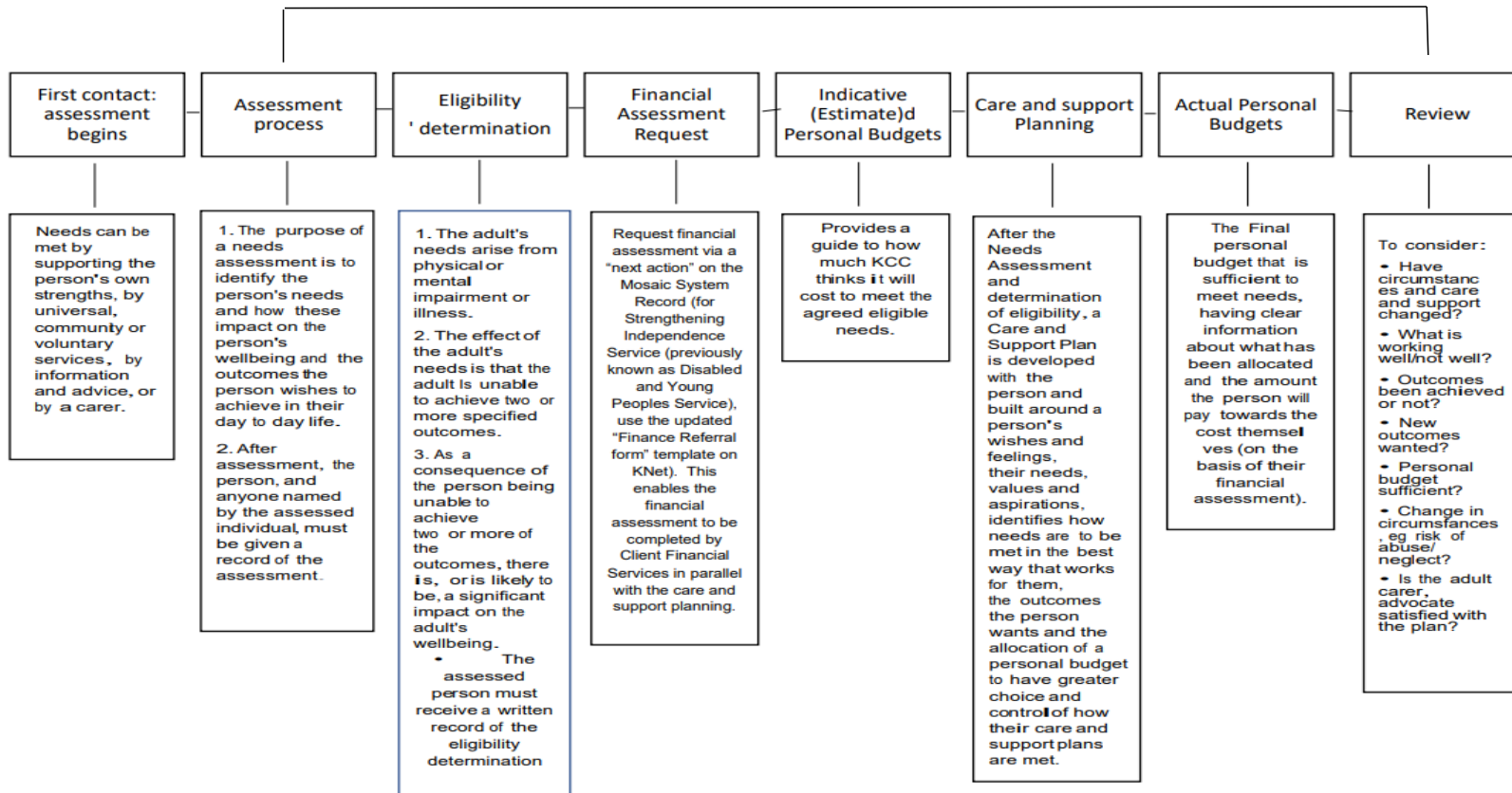
Does the person have capacity?

Do they need support for involvement, including independent advocacy?

What is the impact on the whole family? Should there be a carer's assessment?

Is there a safeguarding concern?

If after review, the care and support plan changes- or if the person's needs or circumstances change – then a proportionate assessment takes place.



Cost Setting Guidance for Personal Budgets

APPENDIX 2

Cost Setting Calculating Tool Update Responsibilities

<u>Action</u>	<u>Commissioning</u>	<u>Policy & Quality Assurance s</u>	<u>OSU Technical Support</u>
New Unit Cost Confirmed			
Date for Implementation			
Inform Policy Team			
Update Cost setting calculating tool			
Update log with change and responsible commissioner			
Draft email to inform staff of update			
Send email to inform staff			