

Appendix 2

Summary of Responses to Adult Social Care Charging Policy Review

Consultation on Proposed Changes to Cambridgeshire County Council's Adult Social Care Charging Policy

1.0	Introduction
1.1	<p>The proposals on the revisions to Cambridgeshire County Council's Adult Social Care charging policy were consulted on widely for a 12 week period from 23 September to 15 December 2019 via:</p> <ol style="list-style-type: none">1. 3486 letters sent to individual service users who might be impacted by the changes (or their nominated representatives), inviting them to complete a paper survey, from which 363 completed responses were received.2. An online survey published on the Council's website, from which 154 completed submissions were received.3. Six public consultation events from which comments were recorded in detail.4. A telephone line and dedicated e-mail address were provided offering support with completion of the survey. 151 calls and emails were received.5. Direct contact to 33 key local voluntary and community sector partner organisations.6. Presentations to all five Cambridgeshire Adult Social Care Partnership Boards and to the Adult Social Care Forum, which include expert by experience representatives.7. Seven drop-in meetings for adults with learning disabilities or autism, held by the Speak Out Council.
1.2	<p>Also the Council published a Frequently Asked Questions document online which was available during the consultation period.</p>
1.3	<p>The following is a summary of the responses received from the consultation, in general and in response to the five specific changes proposed.</p>
2.0	General Responses to the Consultation
2.1	<p>The various meetings which took place to raise awareness of the proposed changes to the Adult Social Care charging policy did bring forward some generic points around the current charging policy not related to any one specific proposal. Three general overarching themes emerged:</p> <ol style="list-style-type: none">1. The financial assessment process in Cambridgeshire is regarded as not fit for purpose and needs to be reviewed. It needs to be more personalised to people's individual circumstances and provide clear information in a timely and efficient manner.

	<p>2. The Disability Related Expenditure (DRE) assessment process in Cambridgeshire is regarded as not fit for purpose. Better guidance needs to be given on what can be considered as a disability related expense, the process needs to be easier to manage, proportionate, and personalised to people's individual circumstances.</p> <p>3. The proposals do not take into account the stress and demands on carers, not only in terms of providing care but also because they are often having to step in to cover any shortfalls out of their own money.</p>
2.2	<p>The Council received formal responses to the consultation from partner organisations including:</p> <ol style="list-style-type: none"> 1. Pinpoint – “Care support budget reductions over the last decade, particularly to support access to the community have meant that disability benefits have played a significant part in mitigating the effects of those reductions for disabled people. The new charging may have a significant role in reducing the ability of disabled people to lead purposeful lives outside their homes.” 2. MND Association – “The Association acknowledges there are significant financial pressures being faced by Local Authorities as they try to best meet the social care needs of their residents and that difficult decisions need to be made. We also understand that the proposals contained within Cambridgeshire County Council's consultation are in line with the Care Act. However, we believe the proposals will negatively and disproportionately impact on people living with and affected by severely disabling conditions such as Motor Neurone Disease (MND). We recommend the Council does not progress with these policies.” 3. Alzheimer’s Society – “Alzheimer's Society recognise the challenges that local authorities face in providing social care to an increasingly aging population within the context of funding pressures and an 11% decline in successful CHC applications nationally over the last 4 years. However, we are extremely concerned that the changes proposed to Cambridgeshire County Council's charging policy will have a disproportionate impact on some of the most financially vulnerable people in the community. <ul style="list-style-type: none"> a) Cambridgeshire County Council decided against changes to its financial assessment two years ago. The changes proposed now are in response to increased financial pressure and the need to look at ways to continue to provide social care affordably. However, the Council must also recognise that vulnerable people affected by dementia continue to need high quality support and care. The needs of people requiring social care haven't changed in the last two years while incomes have decreased at a time of growing cost. b) People living with dementia and their carers already face catastrophic costs of care. Alzheimer's Society regularly hear from people who have spent all of their life savings on care. Due to the complexity of the condition, the cost of dementia care is on average 15 per cent more expensive than other types of social care – we call this the 'Dementia Penalty'. We are campaigning for change in the way that social care is funded in England through our 'Fix Dementia Care' campaign.

	<p>c) We fear that any increased revenue the Council will generate in the short term will be outweighed by significant increases in costs for caring for people. Higher costs may make it difficult to access social care services and place more pressure on the health service. With moves towards the integration of health and social care, the system for charging for social care should not be looked at in isolation from health care provision.</p> <p>d) Although the consultation document sets out how many people the individual change will effect, it is not clear how many people will be affected by two or more of the proposals. Has the Council analysed what would happen in the case of someone affected by a lowered MIG, increased respite costs and additional benefits included in the financial assessment all in one go?</p> <p>e) The consultation paper says that Cambridgeshire County Council can use their discretion not to charge and insist they will judge each case individually to check the changes are affordable. Alzheimer's Society would urge the Council to review how often they have used this discretion on the grounds of affordability since the Care Act came in, and what guidance they have in place, so that staff who will be responsible for implementing changes know how to apply this discretion."</p>												
2.3	<p>Healthwatch Cambridgeshire and Peterborough was unable to submit a formal response to the consultation.</p> <p>This was because in the pre-General Election 'purdah' period it took advice from Healthwatch England and assessed all of its activities for potential political implications. As Healthwatch Cambridgeshire and Peterborough considered that there were significant political implications in the proposed changes it decided, following discussions with its Chair and Board, that it was not able to engage fully with the consultation and therefore was not in a position to submit a formal response.</p> <p>However, Healthwatch Cambridgeshire and Peterborough were able to comment that, as a general point, they would always look to see that the most vulnerable people are protected in any changes.</p>												
3.0	<p>Proposal 1 – To change the Minimum Income Guarantee figure used to the level set by the Department of Health and Social Care. (This proposal applies only to those of State Pension age or older.)</p>												
3.1	<p>485 people responded to this proposal in the survey with 200 (41%) agreeing and 285 (59%) disagreeing, see table below:</p> <table><tr><th>Response</th><th>Number</th><th>Percentage</th></tr><tr><td>Yes, I agree</td><td>200</td><td>41.24%</td></tr><tr><td>No, I do not agree</td><td>285</td><td>58.76%</td></tr><tr><td>No response to this question</td><td>32</td><td></td></tr></table>	Response	Number	Percentage	Yes, I agree	200	41.24%	No, I do not agree	285	58.76%	No response to this question	32	
Response	Number	Percentage											
Yes, I agree	200	41.24%											
No, I do not agree	285	58.76%											
No response to this question	32												

3.2	<p>162 individual comments were made within the submitted surveys in relation to this proposal. The comments can be summarised into the following three main points:</p> <ol style="list-style-type: none"> 1. The proposed change would impact disproportionately on the most vulnerable members of society, people who can least afford to pay more – even £5.50 per week. 2. Cambridgeshire is an expensive place to live and having a locally set slightly higher Minimum Income Guarantee level for those of state pension age and above reflects this. 3. The impact of this change would put increased strain on carers who are already carrying the burden of care.
3.3	<p>Themes from the consultation meetings about proposal one are outlined below:</p> <ol style="list-style-type: none"> 1. The Minimum Income Guarantee (MIG) level has been frozen for some years and this has already had a detrimental impact on people's income and standard of living. People's real disposable income has been eroded and the proposed change would make this worse. 2. The cost of living in Cambridgeshire is higher than in many parts of the country which also has an impact on people's standard of living. The MIG does not reflect regional differences. 3. The MIG should be index linked to inflation. 4. The MIG is an ageist policy – it isn't fair that younger people have lower MIG levels, further protecting older people's income levels adds to this inequality. 5. People with sensory impairments have a higher average cost of living than the general population and so any reduction in the MIG level would have a higher impact on them. 6. The proposed change will have a huge impact on older people and their carers, who have the highest support needs. These people are already on low incomes and struggling to make ends meet. 7. Although the proposed increase per week appears small, for many people it is a significant percentage of their weekly/annual income. 8. Any additional strain on the family income may mean that some carers feel they are unable to pay, so choose to reduce the care they pay for and this could lead to carer breakdown and have the knock-on effect of increased costs to the Council. 9. Some people mentioned that there are other financial benefits available specifically to older people, for example free bus travel, winter fuel payment, etc. that may not be available to other groups of people. Some people thought this would be inequitable and therefore using the MIG level set by the Department of Health and Social Care for people of State Pension age and older would bring this group into line with the approach for other adults where the Council applies the nationally set MIG level for their age/circumstance.
3.4	<p>Responses received from partner organisations in relation to proposal one are summarised below:</p> <p>MND Association – “The Association recommends that recipients of social care in Cambridgeshire should continue to be entitled to the same MIG levels as previously</p>

	<p>held, so they can better manage the significant financial cost of living with MND. The Association notes that Cambridgeshire County Council proposes to use the savings as a result of this policy change to protect existing prevention and short-term services. It is important to note that these initiatives will be of limited use for people living with progressive and terminal conditions such as MND, where intense support needs are inevitable and will only increase as the disease progresses.”</p> <p>Cambridgeshire and Peterborough Clinical Commissioning Group – “The amount of additional money is relatively small but may be a barrier to the most deprived. The number of people impacted is relatively high at 1300-1500. The cumulative impacts of this change and other changes to social care funding and associated grants have not been assessed.”</p> <p>Alzheimer’s Society – “we have concerns that the proposed change does not sufficiently take into account the higher costs for people living in Cambridgeshire ... In addition, the minimum income guarantee does not reflect the unique needs and additional costs of caring for someone living with dementia. For example, people with dementia may not show interest in eating and drinking sufficient amounts. They often need special diets or foods that may be out of reach to someone on a low income and may not be taken into account as part of the calculation of minimum income. Many elderly people feel the cold, and this is particularly the case for someone living with dementia. In addition, it is common for people with dementia and their carers to spend a large proportion of their day in the home, requiring it to be heated for longer. Opportunities to get out of the house and be part of the community are more difficult for people with dementia, with cost of travel and the significant rurality of the county being particular challenges.”</p>												
4.0	<p>Proposal 2 – To include all rates of the following disability benefits in the financial assessment calculation: Attendance Allowance; Care component of Disability Living Allowance; Daily living component of Personal Independence Payment.</p>												
4.1	<p>469 people responded to this proposal in the survey with 122 (26%) agreeing and 347 (74%) disagreeing, see table below:</p> <table><tr><th>Response</th><th>Number</th><th>Percentage</th></tr><tr><td>Yes, I agree</td><td>122</td><td>26.01%</td></tr><tr><td>No, I do not agree</td><td>347</td><td>73.99%</td></tr><tr><td>No response to this question</td><td>48</td><td></td></tr></table>	Response	Number	Percentage	Yes, I agree	122	26.01%	No, I do not agree	347	73.99%	No response to this question	48	
Response	Number	Percentage											
Yes, I agree	122	26.01%											
No, I do not agree	347	73.99%											
No response to this question	48												
4.2	<p>148 individual comments were made within the submitted surveys in relation to this proposal. The comments can be summarised into the following three main points:</p> <p>1. People who receive higher rates of disability benefits do so for a reason, i.e. their care and daily living needs are higher and this would penalise them due to their disability and/or complex needs.</p>												

	<ol style="list-style-type: none"> 2. The current Disability Related Expenditure assessment process in Cambridgeshire is difficult to engage with, does not reflect the real additional costs that people have related to their disabilities, and is not fit for purpose. 3. The potential increased cost per week is not affordable and would have a long-term detrimental impact on individuals and their families.
4.3	<p>Themes from the consultation meetings about proposal two are outlined below:</p> <ol style="list-style-type: none"> 1. The higher rates of disability benefits are awarded to people to reflect all the additional 'living' costs that people have because of their disability – it isn't just given to them for their care. 2. The potential increased charge of £28.95 per week would have a huge impact on people already on low income and their families. 3. The people affected by this proposal have already suffered from multiple and ongoing cuts to their income and support over many years, because of the impact of austerity and the erosion of welfare benefits. 4. People have found the Disability Related Expenditure (DRE) process difficult to manage, time consuming and too rigid. Many said that it felt like a 'tick box' exercise and that the financial assessment was not taking into account their individual circumstances/those of the person they care for. 5. People said that more items needed to be considered as possible DRE. 6. For people with sensory impairments the current standard DRE allowance of £20.00 per week is not enough to cover their additional needs. For example, a person with a visual impairment living in a rural area without public transport may need to use a taxi to go to an appointment and this could use up their weekly DRE allowance in one go. 7. People felt that the current standard DRE allowance of £20.00 per week needed to be higher. 8. People with sensory impairments have a higher average cost of living than the general population and so any changes to the rules on disability benefits will have a greater impact on them. 9. Some people felt that it was unfair that when they were awarded higher rates of some disability benefits because of their needs that the Council could then potentially 'take them away' again as part of the financial assessment process. 10. Some people felt that the most vulnerable members of society with the highest support needs were being 'picked on' again by the Council.
4.4	<p>Responses received from partner organisations in relation to proposal two are summarised below:</p> <p>MND Association – “We take issue with the wording in the consultation, which states: <i>"Many people in receipt of social care support receive disability benefits which are paid specifically to help people pay for their care and support."</i> To be clear, PIP is not specifically designed for the payment of care and support costs. Rather, PIP is a disability benefit designed to help meet the extra daily living and mobility costs associated with living with a disability, a far broader remit.”... “<i>MND Costs</i>, a research report written in 2017 by Demos on behalf of the MND Association, found that on average people living with MND face an additional cost of £12,000 a year, before</p>

	<p>taking loss of earnings into account” ... “These include higher energy bills, increased insurance costs, and increased transportation costs.”</p> <p>Cambridgeshire and Peterborough Clinical Commissioning Group – “These people are likely to be older and or have more disabilities than the general population. These additional costs are likely to have a significant impact on the individuals on whom they fall. This may lead to them being unable to fund care which will have an adverse effect on health outcome in these vulnerable groups and an additional impact on health service attendance and health service activity, both through primary, secondary and Continuing Health Care routes. The CCG would like to monitor impacts alongside the County Council.”</p> <p>Alzheimer’s Society – “For people with dementia or other degenerative conditions, the costs of additional disability related expenditure may go up over time. If Cambridgeshire County Council include any of the rate of disability related benefits in the calculation, the Council must ensure that their financial assessments are flexible to take into account these variations in expenditure, not just deduct a set amount. In addition, it is vital that the system is responsive to changes in expenditure. For example, when people have signed up to a new disability related expenditure eg a community alarm, they shouldn't have to wait months for their financial assessment to reflect this, with potential negative impacts their health and wellbeing. Before implementing this change, we would like to see the Council review what the current waiting time is when a new financial assessment is requested and set enforceable targets to ensure that people affected are not financially penalised when their care needs change.”</p>												
5.0	Proposal 3 – <i>To change the way that the charge for short-term respite care is calculated, using 'residential' care charging rules.</i>												
5.1	<p>439 people responded to this proposal in the survey with 139 (32%) agreeing and 300 (68%) disagreeing, see table below:</p> <table><tr><th>Response</th><th>Number</th><th>Percentage</th></tr><tr><td>Yes, I agree</td><td>139</td><td>31.66%</td></tr><tr><td>No, I do not agree</td><td>300</td><td>68.34%</td></tr><tr><td>No response to this question</td><td>78</td><td></td></tr></table>	Response	Number	Percentage	Yes, I agree	139	31.66%	No, I do not agree	300	68.34%	No response to this question	78	
Response	Number	Percentage											
Yes, I agree	139	31.66%											
No, I do not agree	300	68.34%											
No response to this question	78												
5.2	<p>133 individual comments were made within the submitted surveys in relation to this proposal. The comments can be summarised into the following three main points:</p> <ol style="list-style-type: none">1. People will still have costs to pay whilst in respite accommodation and the proposed change would put a huge strain on people's finances.2. People were worried that this could be potentially a large increase in contribution and that it was not a fair proposal.3. People were worried that families may be put off using respite services because of this proposal and this would affect the health and wellbeing of not only the												

	people who would have been using respite but also place added strain on their family carers, leading to possible carer breakdown.
5.3	<p>Themes from the consultation meetings about proposal three are outlined below:</p> <ol style="list-style-type: none"> 1. This proposal may prevent people from accessing respite which will place added strain on carers who need supporting, possibly leading to carer breakdown. 2. People should not be penalised for needing respite care – this is vital for the individual having the respite and also for their carers. 3. Family carers are under enough pressure as it is and if they had to stop using respite the situation may become too much and then their family member might have to move permanently into residential care – which the individual and the family wouldn't want and it would cost the Council more money. 4. People thought that the Council didn't understand all the bills and support needs that individuals and their families still continue to have even if a person is having a respite stay – it isn't just things such as housing costs. 5. For many families, where the carer is unable to work due to their caring responsibilities, the cared for person's income may be a significant contribution to the overall household income and so the impact on these families of such a large reduction in their income, even for a few weeks a year, would be significant and unsustainable. 6. Where some people could understand the principle behind the proposed change, they felt that the cost should be capped to a much lower level, to acknowledge people's continuing costs at home but also to recognise that there was an additional cost to the Council from offering respite care.
5.4	<p>Responses received from partner organisations in relation to proposal three are summarised below:</p> <p>Cambridgeshire and Peterborough Clinical Commissioning Group – “For those who cannot afford to fund the difference there will be a decrease in respite care available with a consequent impact on the health of 100- 250 carers.”</p> <p>Alzheimer’s Society – “Out of all the proposals this one raises the most concern for the Alzheimer's Society and the people we work with in Cambridgeshire ... If carers no longer ask for their loved one to be placed in respite as frequently or at all, this will in turn mean that they will experience higher levels of stress, fatigue or not be able to care for as long. It may mean that increasing numbers of people have to enter residential care rather than being cared for in the community. The economic benefit of unpaid family carers in Cambridgeshire is estimated at £142.3m and anticipated to rise by 73.6% to £246.9 m by 2030*. This unpaid care saves the Council supporting someone in residential care where the costs are considerably higher ... we recommend that Cambridgeshire County Council abandon this proposal and instead choose to support and promote the wellbeing of their unpaid carers, many of whom already have to overcome feelings of guilt to ask for help.</p>

	Although this is presented as a change to the financial assessment of the person with dementia, under the Care Act, respite care serves the function of meeting a carer's needs and if the carer is eligible, the Council has a duty to arrange it. If the costs of respite care become prohibitive for carers, Cambridgeshire County Council must have an alternative plan to meet the needs of carers that they are under a duty to meet. A local authority cannot avoid not fulfilling this duty due to a lack of resources."												
6.0	Proposal 4 – To introduce a new administration fee to Adult Social Care service users whose social security benefits and finances are managed by the Council acting as their Department for Work and Pensions corporate appointee.												
6.1	<p>436 people responded to this proposal in the survey with 177 (41%) agreeing and 259 (59%) disagreeing, see table below:</p> <table><tr><th>Response</th><th>Number</th><th>Percentage</th></tr><tr><td>Yes, I agree</td><td>177</td><td>40.60%</td></tr><tr><td>No, I do not agree</td><td>259</td><td>59.40%</td></tr><tr><td>No response to this question</td><td>81</td><td></td></tr></table>	Response	Number	Percentage	Yes, I agree	177	40.60%	No, I do not agree	259	59.40%	No response to this question	81	
Response	Number	Percentage											
Yes, I agree	177	40.60%											
No, I do not agree	259	59.40%											
No response to this question	81												
6.2	<p>92 individual comments were made within the submitted surveys in relation to this proposal. The comments can be summarised into the following three main points:</p> <ol style="list-style-type: none">1. This proposal discriminates against people who do not have family or friends to undertake this service. In these circumstances the Council should bear the cost of this work.2. For those who agreed with the proposal they felt that making a charge for the service was fair but that it should be kept to a reasonable amount.3. Also people felt that the £1,000 savings balance should be higher.												
6.3	<p>Themes from the consultation meetings about proposal four are outlined below:</p> <ol style="list-style-type: none">1. Some people thought that it was unfair to charge vulnerable people for this service because they didn't have family/friends who could help them instead.2. Some people thought that the proposed weekly fees were too high – for example, some people said it shouldn't cost that amount to manage somebody's money if they were in residential care.3. People thought that the savings/capital balance should be higher to allow for capital item replacements, unexpected expenses (such as a boiler breaking down), holidays, funeral costs, etc. Suggestions ranged from £3,000 - £6,000.4. People suggested that the proposed charge should be considered as a Disability Related Expenditure item.5. Some people said that there were other providers out there offering this service that people could go to and they were often charging more, so felt that this was a fair proposal.												

6.4	<p>Responses received from partner organisations in relation to proposal four are summarised below:</p> <p>Cambridgeshire and Peterborough Clinical Commissioning Group – “This proposal disadvantages the most deprived and vulnerable who have no-one else to manage their benefits. The annual amount paid is a significant total of the capital threshold CCG recommendation is to increase the capital threshold to £25,000.”</p> <p>Alzheimer’s Society – “Alzheimer's Society recognises that there are professional companies and solicitors who charge more for being an appointee than the sum being proposed by Cambridgeshire County Council, and that deputyship as an alternative would be even more costly, however, before implementing this change, we would like the Council to examine the following points:</p> <ul style="list-style-type: none">• We have some concerns over people who lack capacity, potentially in the case of someone living with dementia, being signed up to this scheme in their 'best interests'. Although it is cheaper than the alternatives and they can't be without assistance, the Council should be satisfied that there is no conflict of interest. The council may be in the position of determining that it is in someone's best interests and also the beneficiary of that decision if there is a policy of charging for it. If there was clear third party (DWP for example) guidance about charging, as there is for example from the Court of Protection regarding deputyship, then the conflict of interest would be less acute.• It is widely accepted that "professional" appointees can charge for their service although the basis for charging is not clear and there is no guidance about the level of charges. If the Council decides to impose charges they should be proportionate and reasonable. We would like the Council to confirm what legal basis it has for charging for these services, and how they have calculated what the charge will be. Our view is that acting as an appointee as a last resort is part of the Council's general care and support duties for which they shouldn't be charging, or only charging on a means tested basis.• We would like to know whether the Council have completed an equalities impact assessment bearing in mind the duty under the Equality Act not to discriminate, and the public sector equality duty.”									
7.0	<p>Proposal 5 – To charge an annual (recurring) care arrangement fee to those people living in the community who are able to afford the full cost of their own care but have chosen to ask the Council to arrange this for them.</p>									
7.1	<p>443 people responded to this proposal in the survey with 177 (40%) agreeing and 266 (60%) disagreeing, see table below:</p> <table><tr><th>Response</th><th>Number</th><th>Percentage</th></tr><tr><td>Yes, I agree</td><td>177</td><td>39.95%</td></tr><tr><td>No, I do not agree</td><td>266</td><td>60.05%</td></tr></table>	Response	Number	Percentage	Yes, I agree	177	39.95%	No, I do not agree	266	60.05%
Response	Number	Percentage								
Yes, I agree	177	39.95%								
No, I do not agree	266	60.05%								

	No response to this question	74		
7.2	<p>114 individual comments were made within the submitted surveys in relation to this proposal. The comments can be summarised into the following three main points:</p> <ol style="list-style-type: none"> 1. The Council should provide a good quality service and information and advice offer about care choices – and some people did not think this was happening at the moment and so did not agree with the proposed charge. 2. For some of those who did agree in principle to increasing the charge, they thought it should be for a smaller amount. 3. Some people thought that if people have the money then they should pay for the service. 			
7.3	<p>Themes from the consultation meetings about proposal five are outlined below:</p> <ol style="list-style-type: none"> 1. Some people supported the proposal and said that it was not a large amount on a weekly basis. 2. Some people agreed with the principle of an annual charge for the service, but thought it should be at a lower level than the maximum of £400 per year mentioned in the proposal. 3. People thought that there needed to be more information and advice available about care choices for self-funders. 4. People said that if the Council was going to introduce an annual charge then it needed to deliver a better quality service for the money – for example, some people mentioned about invoicing mistakes. 			
7.4	<p>Responses received from partner organisations in relation to proposal five are summarised below:</p> <p>Cambridgeshire and Peterborough Clinical Commissioning Group – “This disadvantages a vulnerable group of people who presumably have other frailty / disability issues which mean that they are not willing to arrange their own care. Recommendation: A capital threshold for this charge should be set at £25,000 for this fee.”</p> <p>Alzheimer’s Society – “It is well acknowledged that self-funders prop up the social care system by paying higher home care and care home rates than those who have care arranged by the Council. Although the consultation document states that they benefit from lower fees as a result of asking the LA to help arrange care rather than by themselves, a lot of older people (especially people affected by dementia) may have little knowledge of the social care system and the rules in which it operates and may feel they have no choice but to pay these costs to get any help.</p> <p>If Cambridgeshire County Council decides to impose this fee, we would also like to see them introduce information and advice services to offer residents a legitimate choice to educate themselves about the social care sector and empower them to arrange care for themselves.”</p>			

8.0	Additional Documents
8.1	<p>Additional documents available online:</p> <ul style="list-style-type: none"> • Consultation Findings Report: https://www.cambridgeshire.gov.uk/_data/assets/pdf_file/0016/12256/Adult-Social-Care-charging-policy-consultation-findings-report-20-08-01-20.pdf • Blank copy of the consultation survey: https://www.cambridgeshire.gov.uk/_data/assets/pdf_file/0017/12257/Adult-Social-Care-charging-policy-consultation-survey-08-01-20.pdf