

<b>Item No.</b> 15.	<b>Classification:</b> Open	<b>Date:</b> 19 November 2013	<b>Meeting Name:</b> Cabinet
<b>Report title:</b>		Ethical Care Charter Task and Finish Group. Progress and Feasibility Report on the Work of the Task and Finish Group.	
<b>Ward(s) or groups affected:</b>		All	
<b>Cabinet Member:</b>		Councillor Catherine McDonald, Health, Adult Social Care and Equalities	

### **FOREWORD - COUNCILLOR CATHERINE MCDONALD, CABINET MEMBER FOR HEALTH, ADULT SOCIAL CARE AND EQUALITIES**

Home care services provide essential support to vulnerable people with social care needs in order to help them live independently and safely in their own homes. The quality of the important services we commission is paramount and as a council our fairer future promises underline our strong commitment to high quality personalised support. This is one of our most important duties.

The people who carry out the work caring for vulnerable people – helping with their personal care – including getting up, washed, dressed and fed in the mornings and the equivalent routine at bed time, housework, shopping and being someone to talk to – provide a vital and demanding role that is critical to the service users and their carers – and critical to our wider society and community. Having the highest possible quality home care workforce is essential to support our vulnerable residents.

Older and disabled people need help at home because they are facing a range of health conditions that impact on their lives. I believe having a better paid, better skilled and well motivated home care workforce working in the community will support the ambitions of our Health and Wellbeing Board to reduce unnecessary demand for hospital services and help to keep people at home for longer.

The many hundreds of local people who make up the home care workforce are also important to us and this council recognises the need to ensure that people are paid fairly for their work. That is why I am proud that earlier this year, we introduced the London Living Wage (LLW) for home care workers, ensuring our homecare providers pass this on to their employees.

The large majority of home care workers, 85%, live in Southwark, 82% are women and 65% come from black and minority ethnic communities.

Commissioning high quality home care services that embraces the principles of the charter and supports our vision and values for home care is fundamental to our commitment to support the most vulnerable members of our community. In April, this cabinet welcomed Unison's Ethical Care Charter and noted the progress we had already made in implementing many areas of it. In April we agreed to set up a Task and Finish Group and a stakeholder to develop an approach for Southwark that supported the council's aspiration to implement the principles of the charter – including those relating to the three outstanding areas – zero hours contracts,

payment for travel time, occupational sickness schemes - subject to affordability, contractual commitments and with reference to the demands of personalised budgets.. I am pleased that following the work of the task and finish group and stakeholder group I am asking cabinet to sign up to the charter in full. It is our intention to work towards implementing the charter in a sustainable and cost effective way that delivers the greatest impact on the quality of care and improves the lives of people who need this support.

This report recommends adopting a commissioning based approach to implementing the charter and I am pleased that this will include developing an approach that ensures home care workers can be offered the choice of having defined hours contracts, be paid for travel time and have access to an appropriate level of occupational sickness cover.

## **RECOMMENDATIONS**

1. That cabinet notes the principles of the charter and agrees to sign up to the charter and confirms the council's intention to work towards its implementation.
2. That cabinet note that affordability and sustainability is and will remain a key consideration when working through the approach to making progress on the charter. The strategic director of finance and corporate services is requested to do financial modeling and set aside a provisional sum in the budget.
3. That cabinet agrees that a commissioning based approach (as opposed to varying existing contract or bringing home care services in house) is likely to be the most affordable way to implement the charter and will have greatest impact on the quality of provision as set out in paragraphs 40-47.
4. That cabinet note and agree the vision and values for home care service that have been developed through the stakeholder group and reviewed by the 'Task and Finish' group
5. That cabinet requests that the strategic director of children's and adults' services is asked to develop a new commissioning strategy to deliver the vision and values for home care in a way that is consistent with the charter principles. The strategy would need to ensure that additional investment in home care services achieves measurable improvements in quality, user experience and outcomes.
6. To note and agree interim steps to improve the delivery of home care services including providers better co-ordinating visits to minimise travel time and agree that a workforce development group be established to devise a training and development programme that will support up-skilling home care workers as set out in paragraph 38.
7. To note that there will be a report back to cabinet in June 2014 with a proposed approach for the re-commissioning of home care services in line with the Ethical Homecare Charter.

## **BACKGROUND INFORMATION**

8. In November 2012, cabinet heard from a delegation of home care workers who presented UNISON's ethical care charter and requested that Southwark Council sign up to this. Cabinet requested officers carry out analysis of the charter to inform consideration of whether it would be possible to sign up to the charter.
9. In April 2013 cabinet considered a report that provided analysis of the charters principles and the current arrangements in Southwark. The report agreed by cabinet in April 2013 confirmed that many aspects of Unison's Home Care Charter were already in place, including no 15 minute visits, and a commitment to bringing in the London Living Wage, which was done in August 2013 and a commitment to developing a training partnership with providers. However three areas were noted as requiring further analysis in order to fully consider the feasibility of adopting the Charter with reference to affordability, contractual commitments and the demands of personal budgets. These were:
  - Ensuring that home care workers are paid for their travel time
  - Ensuring that zero hours contracts are not used in place of permanent contracts
  - Ensuring that home care workers are covered by occupational sick pay schemes (above statutory sickness cover)
10. Cabinet agreed to establish a 'Task and Finish' group involving stakeholders (Unison, providers, home care workers and officers) and this group has met four times to consider the issues. The work of the 'Task and Finish' Group has also been informed by a wider stakeholder group which has met five times to review best practice and develop our vision. This group has involved a range of providers, front line staff, lay inspectors, voluntary sector reps, social care operational staff, commissioners and health. It has also capture some direct user input via the independent facilitator Annie Stevenson from MyHomeLife, who has work closely with the council on its Quality Strategy for Care Homes.
11. In addition, cabinet agreed that these elements should be considered in the context of developing a Quality Strategy and Best Practice Principles for home care. The vision and values for home care services are set out in appendix 1 and 2, which cabinet are asked to agree.
12. Focusing on the three areas outlined above, the 'Task and Finish' group have been working together to assess whether it is possible to adopt the charters principles and what the implications would be. The group identified the potential implementation options should cabinet agree a commitment to progress the charters principles and these are set out in paragraphs 39 to 47.

## **KEY ISSUES FOR CONSIDERATION**

13. The report to cabinet in April 2013 identified that one of the key challenges around adopting the principles of the charter was affordability and sustainability in the context of budget reductions the council faces. Contractual issues were also considered. The 'Task and Finish' group carried out further analysis and estimated an indication of the cost estimates of variation to existing contracts.
14. It is important to note that these estimates are based on implementing outstanding areas of the charter with existing providers as opposed to the other

options set out in paragraphs 39 to 47, which could offer better value.

15. As affordability and sustainability were important considerations this was looked at by the 'Task and Finish' group in relation to the potential options for progressing the principles of the charter. The charter itself sets out a staged approach to implementation. It recommends to councils who are considering adopting the charter that the charters principles need to be embedded in the delivery and commissioning approach to home care services.
16. With this in mind the 'Task and Finish' group, alongside other options, looked at what a staged approach to adopting the charter's principles might involve. Consideration was given to how our approach would support delivery of the vision and values for home care and the impact it might have on quality and outcomes. It was agreed a staged approach focused on securing innovation would achieve most impact and value for money. This informed recommendations 2 and 3 that a commissioning approach to redesign the service was the best way to deliver a commitment to the principles of the charter while managing affordability and sustainability.
17. Analysis of the all the options considered are provided in paragraphs 39 to 47 below and paragraphs 18 to 38 provide a summary of the key discussion points that informed the options considered.

#### **Discussion of outstanding areas of the charter**

18. The vision recognises the importance of the relationship between the person who needs support and the carer whom they rely on to do the things many of us take for granted, including intimate care. This implies that investing in the home care workforce so that staff feel secure and valued is fundamental to achieving the highest possible standards of care.
19. The 'Task and Finish' group identified 2 key strands to this theme as follows:
  - Valuing home carers as a key professional group of staff who play a vital role in delivering health and social care services, and
  - Valuing the workforce through improving terms and conditions
20. The elements of the charter relevant to valuing the workforce through improving terms and conditions are discussed below and the theme around valuing home care staff as a key professional group is covered in more detail under partnership working in paragraphs 32 to 35

#### **Payment for travel time**

21. Payment for travel time was the issue that was most commonly raised through the stakeholder group by home care workers. This was often linked to the broader issue of having enough time to work flexibly and home care workers being able form relationships with users so as to respond better to them as individuals. Removing the pressure on workers to 'get to their next job' by addressing the issue of payment for travel time is important.
22. The wider research and evidence base from the past 10 years or so confirms that payment for travel time is one of the most significant issues for the home care workforce and can impact on service quality.

23. Early themes emerging from the Carewatch Lay Inspection project<sup>1</sup> also highlighted the importance of effectively planned rotas, how, when and where visits are scheduled and how this links to being paid for travel time.
24. The 'Task and Finish' group identified that while a commissioning based approach is recommended as the best way of embedding the principles of the charter and vision and values in to local practice and contracting arrangements, there are shorter term actions that could be taken forward by or with existing providers to help begin to address the issues above associated with payment for travel time. This includes:
  - more detailed planning and co-ordination of rotas by providers
  - consideration by providers of where homecare workers live and proximity of care visits to their home location to minimise travel
  - greater flexibility in how the council commissions/orders home care packages to allow providers and home care workers more autonomy to negotiate with users the timing of visits in a more personalised way.

### **Zero hours contracts**

25. Not using zero hours contracts in place of defined hours contracts was confirmed as an important issue in 'Task and Finish' group discussions. This issue was however less prominent in stakeholder group discussions where travel time was the main recurring theme.
26. The stakeholder group identified some important issues to consider when developing a commissioning based approach. Discussions highlighted that the use of zero hours contracts gave rise to a number of issues for home care workers including the impact on benefits and certainty around income. It was noted that where providers have begun testing this out through discussion with their workforce, contracted hours employment to their workforce, some of their workforce has indicated they would prefer to remain on zero hours contracts. Reasons stated have included flexibility and personal circumstances. What appeared critical though is that home care workers can be offered the choice to home care workers to move onto defined contracted hours rather if they wanted to.
27. However, the need to pay for travel time to ensure that workers who may choose to remain on zero hours contracts are not financially disadvantaged compared to others was noted.

### **Occupation sick pay schemes**

28. Stakeholder group discussions did not identify the need to provide occupational sickness cover as a key issue and it was noted that many providers do offer discretionary schemes as a safety net to provide cover over and above statutory sick pay provisions. The 'Task and Finish' group considered cost estimates of providing 4 weeks fully paid cover when considering the overall feasibility of making a commitment to progress on this issue in line with the

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<sup>1</sup> Carewatch is a 3 year research based project being carried out by Health Services Management Centre, University of Birmingham with AgeUK Southwark and Lewisham. It is looking at home care services, the role of lay inspection in assessing service quality gaining user experience and through convening home care worker focus groups the factors from a home care workers perspective that influence and affect the quality of service delivery.

principles of the charter.

29. As the charter's guidance to councils suggests a phased approach to adopting the charter's principles and stage 3 deals with occupational sickness cover it is suggested that further work through the development of a commissioning based approach will need to resolve the scope and level of cover required.

### **Wider quality drivers and key issues**

30. In relation to home care, there is a wealth of research on what drives best practice and influences quality that has been published by the following institutions and organisations over the last couple of decade: York Personal Social Services Research Unit (PSSRU), Kent PRSSU , Health Service Management Centre - Birmingham University, The Kings Fund, Nuffield Trust and Social Care Institute for Excellence.
31. From this evidence base there are recurring themes the research identifies and key factors that influence quality. These can be summarised as follows:
  - The skills and competencies of staff and the importance of training and staff development. This has become and increasingly important as acuity of need is much higher than it was
  - Adopting a flexible approach linked to outcomes as opposed to more rigid time and task based approach and the importance of giving home care workers and providers more autonomy to deliver user defined outcomes
  - The importance of effective co-ordination and rostering of care visits, time needed to travel between visits and payment for travel time
  - Co-ordination with other services such as primary care, hospitals and health community services are important to the effectiveness of home care, particularly in reablement.
  - In user experience focused research, providing continuity of care is a key recurring theme and the importance of the relationship between the carer and the person receiving care
32. **Partnership and integrated working** - was a key issue identified by the stakeholder group and T&F group and is consistent with the research evidence. And from discussion of practical issues and case examples at the 'Task and Finish' and stakeholder group it is clear that partnership working with health and other social care professionals is critical to delivering good quality care. There are opportunities to embed this within the commissioning led approach, making sure that this informs the work of Southwark and Lambeth Integrated Care (SLIC), future priorities and investment that will come from new Integration Transition Funding and the emerging work around the Southwark CCG primary care strategy that is seeking to develop a more locality focus approach.
33. Critical to developing a partnership based approach will be engaging the right stakeholders across the council and NHS and it is recommended that the cabinet requires the strategic director of children's and adults' services to establish a project group that can embed principles of co-production and partnership working within the development of a commissioning based approach.

34. The commissioning strategy will need to recognise that, as the wider health and social care system seeks to respond differently to the challenges of an aging population and supporting people with long term conditions in the community, it is vital that the contribution that home care workers and home care service is valued by all professionals within the NHS and wider service area. For example strengthening the links with community health services and district nursing is one such area where better co-ordination could lead to improved quality of life and outcomes.
35. There are also opportunities to improve cross council working, for example in relation to supporting older people with care needs in sheltered housing and how this interfaces with landlord and warden functions. A recent review of sheltered housing and development of an enhanced housing management service identified that around 30% of sheltered housing residents also have care needs. The commissioning strategy will consider opportunities to align the new home care services with relevant health and housing resources.
36. **Training and development of the home care workforce** - the research evidence is very clear on the importance of investing in the training and development of the home care workforce. Recent work carried out by Skills for Care underlines this and the factors that contribute to a stable and well skilled workforce. This includes good communication within organisations and between partners, appropriate and focused training and supporting staff to have autonomy over their work. Where these can be achieved (by providers and through the commissioning approach and support provided by local authorities and health) the evidence shows that providers are generally more successful in recruiting and retaining the right staff and deliver better outcomes.
37. To support the current and future homecare workforce develop and enhance their skills and enable them to respond to the increasing demands of higher levels of acuity and more complex needs they are expected to manage in the community, the 'Task and Finish' group identified that action is required to improve the scope, availability and focus of training and development available to home care workers.
38. It is recommended that a workforce development group be established to devise a training and development programme to support existing providers and the wider system to improve quality in the short term and develop a longer term workforce development strategy in partnership with the NHS and provider organisations that can have a lasting impact on the training, development and support available to home care workers.

## **OPTIONS APPRAISAL FOR ADOPTING THE CHARTER'S PRINCIPLES**

39. The 'Task and Finish' group identified four potential options to take forward delivering a commitment to the principles of the Charter and the wider vision and values developed by the stakeholder group:

### **Option 1 - Implement the charter by varying existing contracts**

40. While this option potentially provides the quickest route with implementation possible by June 2014 when the current contracts reach the end of their initial term, the estimated cost of this option – which is not the recommended option – would be up to £4m.

41. A key issue for this option is that there would be little incentive for providers to bear any of this cost and there is a significant risk of legal challenge as the contract would have varied substantially from the arrangements put in place through the formal tender process that concluded 2010/11.

### **Option 2 - Bring home care services in house**

42. This option is likely to be more costly than Option 1 because there will be additional costs associated with CQC regulation and operating overheads (e.g. pensions, accommodation). The council no longer has the capacity or expertise to manage it in-house and would bear the risk as self-managed personal budgets increase of people choosing to make their own arrangements. In the future, as we redesign the health and care system to support further integration, further consideration could be given to specialist aspects of home care services that might be delivered in house subject to further cost benefit analysis.

### **Option 3 - Re-commission home care services to deliver our vision and best practice principles and meet the Charter's aspirations (Recommended)**

43. This option is recommended as it is most likely to support innovation and to achieve the quality improvements that the principles of the charter and our vision seek to deliver at better value. The option should be able to deliver the charter principles through service redesign at significantly lower cost than options 1 or 2. Competition and a partnership based approach mean providers would be more likely to bear a proportion of any additional investment needed and would be able to reduce some of their costs, for example on recruitment and retention.
44. Innovative approaches to service redesign could have some impact on commissioning costs and contract efficiency. For example, key issues such as adopting commissioning on a locality basis with care staff working smaller patches that reduce travel time could be designed into the approach. There would be scope to develop co-working in sheltered schemes with wardens to reduce silo working and possible duplication. Other options may include procuring on an annualised hours basis linked to users specified outcomes and an outcome focused delivery model with providers taking responsibility to tailor their offer to the individual.
45. This option would require cabinet to agree the commissioning strategy and procurement approach. It is recommended as the preferred approach and it is recommended that the strategic director of finance and corporate services is requested to do financial modeling and set aside a provisional sum in the budget. Subject to cabinet agreement, a project group will be established and report back to cabinet in June 2014 setting out the commissioning approach and associated procurement strategy. This should allow a tendering process and award of new contracts to complete by early 2015.



#### **Option 4 - Work with SLIC (Southwark & Lambeth Integrated Care) to commission an integrated service with Lambeth council and the NHS**

46. This option may have additional benefits but is likely to take significantly longer than single organisation commissioning. A commissioning strategy and procurement approach may be possible to develop by October 2014, however the tendering process is likely to be considerably more complex and may not complete until late 2015 / early 2016.
47. It should also be noted that under option 3 there is a clear emphasis on involving all relevant stakeholders, particularly health colleagues, so that what is commissioned can be better aligned with NHS services as Southwark's position on integration develops and is signed off by the Health and Well Being Board.

#### **Policy implications**

48. Home care services are used by the council as a means to comply with its statutory duties under the NHS and Community Care legislation and FACS statutory guidance.
49. The Council's Health and Wellbeing Strategy sets out as one of its three priorities the need to improve the experience and outcomes of care for our most vulnerable residents enabling them to live more independent lives.
50. Home care services are also key to the delivery of the council plan and fairer future promises ensuring that vulnerable people are supported to live independent, safe and healthy lives by giving them more choice and control over their care
51. With the home care workforce being predominantly made of people who live locally there are wider policy links to the Council's Economic Wellbeing Strategy. The implementation of the Charter which will lead to improvements the terms and conditions of this workforce which should in turn contribute to the local economy.
52. Any additional costs associated with meeting the council's aspiration to embrace the principles of the Charter, would also impact on the personal budgets rates paid across the social care system. This is because the level of direct payments individuals are entitled to is related to what it would cost the Council to arrange for care to be provided.

#### **Community impact statement**

53. Analysis undertaken to date has shown that the home care workforce in Southwark is made up of predominantly local women, a significant proportion of which are from BME groups. The current profile can be summarised as follows:
  - Across the councils two main contract the two providers employ in excess of 400 people.
  - Of these, approximately 82% are women and approximately 65.5% are from BME groups.
  - Providers have indicated that they do not have any staff who have declared

a disability under the Disability Discrimination Act.

- It is estimated that in excess of 80% of homecare workers live in Southwark

54. Demographics of people who receive care:

- Of 4600 people who receive care, approximately 64% are older people, with the remainder being people with learning disabilities, mental health or physical disabilities.
- Amongst the over 65's approximately 65% of these are women and approximately 37% are from BME groups.
- Amongst the under 65's approximately 47% of these are women and approximately 56% are from BME groups.
- All people receiving care meet the Fairer Access to Care Services (FACS) criteria of critical and substantial. This means they are all likely to be classified as having a disability.

55. Any changes that impact on the quality of care delivered will affect all adults social care client groups though it should be noted that older people represent the largest group of service users.

56. The full equalities impact of the council's intention to implement the charter will be considered continually throughout the development of the council's commissioning approach and any future recommendations to cabinet arising from this work will include a full assessment of their equalities impact.

57. It is however anticipated that by signing up to the charter and delivering on the charter will have a positive impact on the household incomes of some of our lowest paid residents, many of whom are from BME groups.

### **Resource implications**

58. All three options presented in this report would incur additional costs within the Children's and Adults' Services revenue budget. A funding growth bid would need to be submitted as part of annual revenue budget setting to meet this pressure.

59. Option 1 (implementing the charter by varying existing contracts) represents an estimated annual cost of up to £4m and proposes little incentive for this cost to be reduced. Option 2 (bring homecare services in house) is the most expensive option.

60. The recommended option, Option 3 (re-commission homecare services) would seek to encourage competition and reduce the estimated annual cost estimate of Option 1. This option would also allow for the possibility of bringing aspects of specialist home care services in house, if affordable.

61. If Option 3 is adopted then further financial modeling will be done as the procurement strategy is developed and contracts are tendered. The financial impact of new contracts is not expected to impact service budgets until 2015.

### **Consultation**

62. In January a focus group discussion took place with a mixture of voluntary, and for profit homecare provider organisations. This included the councils two main

contracted providers, providers delivering homecare under MAP arrangements and some spot purchase providers and informed the initial report to Cabinet in April 2013.

63. Following the report agreed at cabinet in April 2013 a Task and Finish Group was established comprising of care worker representatives, council officers, health and unison. The work of this group was supported by a wider stakeholder group, independently facilitated and this group had wide representation from home care providers, home care workers, lay inspectors, voluntary sector reps, social care commissioning and operational staff and carers. It also captured some direct user input via the facilitator.
64. Views have also been sought from a wide range of homecare providers working in Southwark via an email survey and the stakeholder group through its links with the AgeUk Care Watch project has been able to capture the early learning themes from this research based project that is looking at user led evaluation of the quality of home care services and the experience of home care workers delivering these services.
65. It is recognised that further engagement is necessary with users and other stakeholders and the Adult Social Care transformation team is developing the council's approach to co-production that will support the further work recommended in this report around the quality improvement based commissioning approach.

## **SUPPLEMENTARY ADVICE FROM OTHER OFFICERS**

### **Director of Legal Services**

66. This report requires the cabinet to note and approve a number of recommendations relating to the ethical care charter, and the council's intention to work towards its implementation, as detailed in paragraphs 1-7 of this report. It is proposed that a commissioning based approach is likely to be the most appropriate way to implement the charter, and this will be considered more fully in the procurement strategy (gateway 1) report which will follow.
67. The cabinet is advised that the council may include workforce conditions as part of its procurement (such as travel time/zero hours) but should only do so where this will achieve best value. This report outlines the work already undertaken by the Task and Finish Group, and as noted in paragraph 16 it is thought that the commissioning approach would achieve the greatest impact and value for money. This will be further considered when the procurement strategy is considered for decision, and further legal advice will be given at this point.
68. Paragraphs 39-47 sets out the alternative options considered. Option 1 considers the possibility of implementing the charter by varying the existing contracts. Legal advice has been given on this option, and it is correct that this could put the council at risk of challenge, if these contracts were to be amended to include the charter requirements as this is likely to represent a substantial variation to the contract. The director of legal services therefore supports the implementation of the charter being considered as part of a commissioning based approach.

69. Before approving any proposals Members should have regard to their equalities implications and consultation that has been undertaken. Paragraphs 53-65 sets out the equalities and consultation implications, which will need to be considered in more detail, including a full assessment of the equalities impact, as part of the gateway 1 approval.

**Strategic Director of Finance and Corporate Services (FC13/075)**

70. This report seeks cabinet agreement that a commissioning based approach is likely to be the most affordable way to implement the care charter. The financial implications are set out in paragraphs 58-61 and indicate the potential costs of all three delivery options.
71. The strategic director of finance and corporate services notes a likely budget pressure in 2015/16 of an amount to be modelled (see recommendation 2), which will need to be identified during the budget setting process.
72. It is expected that robust monitoring arrangements will continue to ensure the existing contracts continue deliver quality services. Officer time to implement this framework will be contained within existing resources.

**BACKGROUND DOCUMENTS**

Background Papers	Held At	Contact
Unison Ethical Care Charter <a href="http://moderngov.southwark.gov.uk/ie/ListDocuments.aspx?CId=302&amp;MId=4253&amp;Ver=4">http://moderngov.southwark.gov.uk/ie/ListDocuments.aspx?CId=302&amp;MId=4253&amp;Ver=4</a>		

**APPENDICES**

No.	Title
Appendix 1	Our shared vision for My Life at Home in Southwark
Appendix 2	A set of values for Home Care

## AUDIT TRAIL

<b>Cabinet Member</b>	Councillor Catherine McDonald, Health, Adult Social Care and Equalities	
<b>Lead Officer</b>	Romi Bowen, Strategic Director Children's and Adults' Services	
<b>Report Author</b>	Jonathan Lillistone, Head of Commissioning Children, Families and Adults	
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<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Legal Services	Yes	Yes
Strategic Director of Finance and Corporate Services	Yes	Yes
<b>Cabinet Member</b>	Yes	Yes
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