

Item No. 9.	Classification: Open	Date: 8 December 2015	Meeting Name: Cabinet
Report title		Annual Home Care Contract Performance Report 2014-15	
Ward(s) or groups affected:		All	
From:		Councillor Stephanie Cryan, Adult Care and Financial Inclusion	

FOREWORD - COUNCILLOR STEPHANIE CRYAN, CABINET MEMBER FOR ADULT CARE AND FINANCIAL INCLUSION

Home care provides essential and valuable support to vulnerable people with social care needs and helps them to live independently and safely in their own homes. We are committed to ensuring that our vulnerable residents receive high quality personalised services and care. Our Fairer Future Promise to deliver the Southwark Ethical Care Charter underpins this commitment. It recognises the hard work and dedication of the home care workforce in Southwark.

The council adopted the Southwark Ethical Care Charter (SECC) in late 2013. The full SECC was implemented for the two contracts with London Care and MiHomecare last year and this has resulted in a real change for the carers and the people they care for. Payment is now made for travel time and every home care worker has been given the opportunity to take up a guaranteed hours contract. The council have been closely monitoring the impacts of these positive changes on the quality of care being delivered as we strongly believe that staff who feel recognised and respected deliver better care.

Next year we will be re-commissioning home care services and as part of this process we will be introducing the SECC for all providers delivering this service. This is a very significant step in our on-going commitment to support both our residents whom rely on the care provided and our home care workers who provide the care, many of whom are Southwark residents.

This report details the delivery, quality and performance of the home care services provided by London Care and MiHomecare. Both contracts have met the quality and performance requirements of the council.

RECOMMENDATION

1. That cabinet note that the delivery of the contracts over the fourth year has met the council's requirements and that service users have expressed their satisfaction with the service, both via the provider feedback mechanisms and through one to one interviews conducted with council staff.

BACKGROUND INFORMATION

2. In January 2011 cabinet approved the award of contracts for two universal contracts to London Care and MiHomecare (at that time, Enara) to deliver home care services to people in the borough for three years with an option to extend for a further 2 one year periods (a total of 5 years).

3. In July 2014 the cabinet member for adult care, arts and culture agreed to extend the contracts with London Care and MiHomecare for a period of one year.
4. In June 2015 cabinet agreed to extend the contract for a period of one further year from 1 July 2015 to 30 June 2016.
5. In March 2015 cabinet agreed the Gateway 1 Home Care Procurement Strategy to undertake a competitive tender to re-commission home care services.
6. Extensive consultations with service users, care workers, providers and council staff has been undertaken to help shape services to people in their own homes in the future and the Southwark Ethical Care Charter will be a key feature of the new tender.

KEY ISSUES FOR CONSIDERATION

7. In Southwark 1,247 adults received some form of home care service from London Care and MiHomecare during the period 1 July 2014 to 30 June 2015. Between them these two providers delivered 518,550 hours of home care to people in Southwark at a cost of £8.4m. Ensuring each visit meets our expectations of high quality home care is a priority for the council.
8. Recognising that the workforce is a key factor in delivering high quality care, Southwark has signed up to the Southwark Ethical Home Care Charter (SECC) which sets out some minimum requirements to be offered to care workers. This has now been implemented for both these contracts and new quality measures agreed with these providers which are reported on in this document.
9. From August 2013, payment of the London Living Wage (LLW) to care staff employed by both agencies was agreed. In October 2014 a further change was agreed to include other elements of the SECC; the offer of guaranteed hours contracts, an allowance for travel between service users, and related quality requirements.
10. The council is working with both agencies to measure improvements in quality related to the changes made under the SECC and the following indicators are being assessed:
 - Staff recruitment to provide sufficient capacity for both agencies to take on care packages offered to them.
 - Turnover of care staff since continuity and familiarity are key concerns for people in receipt of home care services
 - Percentage of care staff with vocational qualifications (NVQs/QCFs)
 - Service user-reported experience
 - Offers and acceptance of Guaranteed Hours Contracts by care staff.
11. Intelligence that has emerged from data collection on all the above activity has been incorporated in assessing the impact of the SECC changes on quality of service provision.
12. The council and providers are committed to working together to continually improve the quality and consistency of home care delivery. In addition to monitoring the key areas noted above, other mechanisms used to manage and monitor the contracts include regular contact between quality and performance

staff and the branches (including site visits), interviews with a random selection of service users, and oversight through the Senior Monthly Quality and Safeguarding Management (SMQSM) meetings.

13. This report provides a summary of performance for these contracts in their fourth year of operation using key performance indicators for the contracts as well as the additional quality measures agreed with the providers related to the SECC.
14. Overall, the delivery of home care services under the two generic home care contracts has met the quality and performance standards over the fourth year of operation.

CONTRACT ACTIVITY FOR 2014/2015

Contract usage

15. Summary of the usage of the contracts based on commissioned care packages from July 2014 to June 2015:

Provider	Number of hours commissioned	Number of service users
London Care	173,000	518
MiHomecare	346,000	729
Total	519,000	1,247

Contract Performance

16. A number of key measures are used by the council when assessing the performance and quality of home care services. The following paragraphs provide a brief explanation of each measure followed by a full analysis of the delivery against each measure.

Southwark Ethical Care Charter (SECC) performance indicators

17. SECC performance indicators have been agreed with both providers and are reported by them to the council on a quarterly basis

Service Quality Alerts

18. Service quality alerts are raised when someone is concerned about the way service is delivered to individual clients. Examples include care workers' punctuality for visits, and poor communication between agency (branch and field staff) with individual service users and/or the council and similar issues that impact negatively on service provision and the service user experience.

Safeguarding

19. A Safeguarding Alert is raised and investigated where there is an allegation that a service user has been subject to abuse. The abuse can be physical abuse, psychological abuse, financial abuse, neglect, among others. The allegation of abuse may be related to a care worker or a third party.

Complaints and Compliments

20. Both providers have mechanisms in place to record compliments received from service users and/or their family/friends/informal carers. Equally, both providers have mechanisms in place (formal complaints policies) to deal with service user concerns and complaints about service received. Both providers notify the council of the number of compliments and complaints they have received on a monthly basis.

Regulatory Compliance

21. In line with all care providers, London Care South London and MiHomecare Brockley (the branches from which home care services for Southwark residents are co-ordinated and delivered) are regulated by the Care Quality Commission (CQC) who inspects them and publishes findings of inspections on their website.

Service User and Carer Views

22. Most importantly, in order to provide a rounded view of quality and performance, the council actively seeks to understand the views of people who use the services, using a variety of mechanisms. Additionally, both MiHomecare and London Care are required to seek out service user views on the home care services delivered by them and there are a number agreed mechanisms by which they do so and report their findings to the council.
23. A summary of performance of both providers against each of the measures follows.

Southwark Ethical Home Care Charter Indicators

24. Key performance indicators for assessing implementation of the Ethical Home Care Charter in Southwark were agreed with both providers:
 - Staff Recruitment
 - Staff Turnover
 - Staff Qualifications (NVQs/QCFs)
 - Service User Experience; and
 - Offer of and acceptance of Guaranteed Hours Contracts by staff.
25. For each indicator the council established used a baseline to provide a benchmark against which improvements could be measured.
26. The table below shows the baseline measure for each indicator (taken from the quarter ending 31 December 2014) and how each agency is performing against these baseline measures for the last quarter of the period under review (quarter ending 30 June 2015).

We do not have a full year's data on each measure yet but will have this for the next contract period.

Comparison of performance

	Recruitment	Turnover	Qualifications	Service User Experience	Guaranteed Hour Contracts
London Care					
Baseline: Third quarter 2014-15 (Oct – Dec 2014)	15	11%	20%	52.8% very satisfied/ satisfied 0.6% dissatisfied/very dissatisfied	0
Fourth quarter 2014-15 (Jan – Mar 2015)	22 (47% increase over preceding quarter)	8%	24%	84% very satisfied/ satisfied 3% dissatisfied/ very dissatisfied	
First quarter 2015-16 (Apr – Jun 2015)	33 (50% % increase over preceding quarter)	5%	34%	97% very satisfied/ satisfied 3% dissatisfied/ very dissatisfied	17% (43 care workers)
Met standard?	Yes	Yes	Yes	Yes	Yes
MiHomecare					
Baseline: Third quarter 2014-15 (Oct- Dec 2014)	32	18%	20%	Not made available (Telephone monitoring not carried out by MHC Oct-Dec 2014)	0
Fourth quarter 2014-15 (Jan – Mar 2015)	32 (No increase over preceding quarter)	24% (NB: MHC carried out data cleanse of care worker database Jan-Mar 2015 which resulted in exaggerated turnover)	22%	82% very satisfied/ satisfied 11% dissatisfied/very dissatisfied	0

	Recruitment	Turnover	Qualifications	Service User Experience	Guaranteed Hour Contracts
First quarter 2015-16 (Jan – Mar 2015)	33 (3% increase over preceding quarter)	11%	27%	87.5% very satisfied/satisfied 12.5% dissatisfied/very dissatisfied	28% (86 care workers)
Met standard?	Yes	Yes	Yes	Yes	Yes

A summary of each indicator follows.

Care worker recruitment

27. This has been a key consideration for providers to be able to meet increased need from the council:

- In terms of recruitment both providers have improved recruitment, with London Care having a more pronounced increase.
- This is because of concerted efforts by London Care to recruit care workers from January 2015 onwards to significantly increase the agency's capacity to take on care packages.
- At end-December 2014 MiHomecare had 302 care workers in total, whilst London Care had 211. There was a need for London Care to scale up its workforce to establish parity between both agencies' ability to take on care packages.

Care Worker Turnover

28. Staff consultation sessions carried out with care workers in both organisations revealed a generally happy, motivated staff body who feel supported by management. In addition staff groups consulted within both organisations expressed satisfaction and reported feeling more valued and their work recognised by being in receipt of the London Living Wage, an allowance for travel between care visits, and being given the opportunity to take up guaranteed hours contracts if they wished to do so.

29. As part of the pre-tender engagement for the forthcoming home care procurement, the council co facilitated a forum for care workers from both London Care and MiHomecare as well as home care providers, to seek their views on how contracts can be set in place moving forward. This group was addressed by the Director of Adult Social Care, and representatives reported an improvement in morale and retention for those staff who now benefit from the SECC, as well as providing insight into how training, joint working and supervisions can be improved.

Vocational Qualifications

30. During consultation with staff they expressed satisfaction with opportunities offered by both agencies for training and professional development, including vocational qualifications.

31. London Care's has entered a partnership with Lifetime Training to provide care workers the opportunity to study for vocational qualifications.

Service User Experience

32. Service user experience (as reported above) is based on telephone checks carried out by both agencies with service users.
33. Initiatives introduced by the new Branch Manager of London Care have had a positive contribution to improved motivation for staff, which in turn links to user satisfaction.

Guaranteed Hours Contracts

34. Both agencies have offered Guaranteed House Contracts (GHCs) to all existing care workers and continue to offer this to new staff (who have completed their probationary period). Existing staff are able to change their decision if their needs change. The extent to which each agency has implemented guaranteed hours contracts with their workers varies and details are given below.

MiHomecare:

35. MiHomecare GHCs assure workers of a minimum of 10hrs/week or 20hrs/week of work based on the individual worker's choice.
36. In practice all care workers on GHCs workers do in excess of these minimum hours every week.

London Care:

37. London Care has set itself a target of 75 care workers in total or 30% of that workforce (whichever is larger) on GHCs by end November 2015.
38. With respect to both MiHomecare and London Care, the following has been observed / evidenced by the contract monitoring officer.
39. Recruitment literature for both agencies clearly states that GHCs are on offer.
40. All new recruits are offered GHCs after successfully completing their probationary periods with each agency.
41. The offer of GHCs is reinforced at staff meetings and during supervision / appraisals.
42. Based on the care worker consultation sessions, whilst the majority want the security of guaranteed hours contracts, at the same time they wish to retain the flexibility that zero-hour contracts offer them and the facility to decline shifts if it doesn't suit their personal circumstances at any particular time. This is because many care workers have childcare responsibilities or are students for whom flexible working is a necessity.
43. Both providers are working with care workers on an ongoing basis to implement GHCs in a way that allows for some flexibility.

44. Contract management are satisfied with the agencies' efforts to implement GHCs amongst care workers.

Service Quality and Safeguarding Alerts

45. Raising service quality alerts is encouraged by both the council and providers as a mechanism to inform and support continuous improvement as this can pick up issues at an early stage. All alerts are logged and followed up by contract monitoring officers in conjunction with social workers and other relevant stakeholders and the information is used by both providers and the council to ensure that service is improved.
46. For the period July 2014 to June 2015 there have been a total of 82 upheld alerts received with 38 relating to London Care and 45 relating to MiHomecare.
47. From July 2014 to June 2015 there have been a total of 22 safeguarding alerts with 8 relating to London Care and 14 relating to MiHomecare.
48. Of the 24 safeguarding allegations received, 7 have been found to be unsubstantiated, 4 were not determined / inconclusive, 6 have been substantiated, 4 partly substantiated, and the remaining 1 has not yet had an outcome recorded.
49. All safeguarding and quality alerts are fully investigated and the quality and performance team monitor any provider action points arising from these. The safeguarding allegations are reviewed monthly by the senior managers safeguarding and quality meeting and each individual case is followed up to ensure that the issues are dealt with and the person concerned is safeguarded.

Complaints and compliments

50. During the period covered by this report (July 2014 to June 2015) a total of 40 compliments were received by the two providers. Of these 17 compliments were received by London Care and 23 compliments by MiHomecare.
51. During the same period a total of 16 complaints were received by the providers and dealt with using each provider's Complaints Policy. Of these, 9 complaints were received by London Care, of which 7 were upheld; and 7 complaints were received by MiHomecare, of which 4 were upheld.
52. Occasionally, service users will address their complaint directly to the council. During the period covered by this report there were 3 complaints raised with the council's Complaints Team: 1 related to MiHomecare and 2 related to London Care.
53. The council expects providers to use complaints and compliments to help understand where things are going well and where changes need to be made. Some of the changes made by providers as a result of complaints and compliments received include:
54. Using team meetings to highlight compliments received to illustrate what service users' see as good care.
55. Incorporating actual compliments received (if appropriate and relevant) in customer service training to encourage and embed good practice.

56. In response to a request by the Contract Monitoring Officer for home care, collating compliments received in a file to be able to evidence compliments during the council's monitoring visits and for CQC inspections.
57. Similarly, with complaints, providers have used the real-life scenarios depicted in them at team meetings to highlight errors and poor practice from the service users' perspectives.
58. Complaints scenarios (along with examples from Quality Alerts and Safeguarding cases) are also used in induction and refresher training where appropriate to underline the importance of person-centred care and seeing things from a service user's point of view.
59. Where possible they are also used in supervision with individual care workers involved in them to view complaints as positive learning tools to improve the service they provide as well as to identify training and development needs.

Regulatory Compliance

60. The Care Quality Commission (CQC) undertakes regulatory inspections of registered services and home care is a registered service. The CQC's approach results in services being rated as:
 - Outstanding
 - Good
 - Requires improvement
 - Inadequate
61. The ratings relate to the service's assessment against the following questions:
 - Are the services safe?
 - Are they effective?
 - Are they caring?
 - Are they responsive to people's needs?
 - Are they well-led?
62. MiHomecare Brockley is being inspected by CQC at the time of writing this report but the CQC report has not yet been published. The branch was fully compliant at the time of their previous inspection in 2013.
63. London Care (South London) is also being inspected by CQC at the time of writing this report but the CQC report has not yet been published. This branch has not been inspected since it was opened so this is the first inspection report that will be available to the council.

Service user views

64. In addition to provider-led systems for service user feedback, the council continuously reviews its own monitoring processes to see how we can better capture good information on the impact the home care service has on people's lives and their experience of the service.
65. As part of this the council's Quality and Performance team have conducted a series of interviews with people who receive home care services. These interviews are conducted by the Contract Monitoring Officer for home care with

individual service users in the privacy of their homes to enable them to speak candidly about the services they receive in a safe and confidential space.

66. The outcomes from interviews carried out during the period under review were generally positive and consistent with previous such interviews with service users:
- Service users reported they felt the care workers attending them treated them with respect, took account of their preferences, sought their consent and respected their dignity when providing care.
 - They felt safe with the care workers who provide them with care, and where other services were involved (e.g. district nurses) felt that care workers worked harmoniously with the other professionals involved in delivering care.
 - Where the use of hoists or other equipment was used with service users, they reported feeling safe and confident in their care workers' knowledge, skills and experience in using this equipment.
 - Service users interviewed felt confident about making their views known to carers and were aware of and confident about complaining about any aspect of the service they were not satisfied with aspects of the service they were not satisfied with.
67. The interviews also revealed that for some service users there were aspects of service provision that they felt less satisfied with:
- Continuity of care: some service users reported not having the same care workers attending them on a regular basis; on occasion they had not been notified by the agency who would be coming to care for them on visits which their regular carers couldn't cover, for example when they were sick or needed to cancel attendance for valid personal reasons.
 - Involvement: some service users felt they could have been more involved in discussions about their care and enabled to influence the outcomes of such discussions.
 - Branch-based staff activity: A few service users also felt that branch staff could better coordinate care to ensure continuity and timely provision, and be more responsive to requests/instructions about their care which they had communicated to them.
68. Providers have responded to this feedback by making the following changes/improvements to their service:
- Branch-based staff have been prompted about the importance of calling service users and notifying them of changes to carer(s) attending them. When visits are running late, Coordinators must call service users affected by the delay and inform them, including offering them the alternative of another carer attending them.
 - Weekly rotas are sent to all service users as standard by one of the two providers, informing them of carers scheduled to cover their visits the following week. The other provider sends such weekly rotas to service users wishing to receive one. This provider has been encouraged to change practice and also provide weekly rotas to all service users as standard. Whilst the provision of rotas cannot guarantee that carers will attend all visits as scheduled in them (sickness or other unpredictable

absences on carers' parts cannot be eliminated) it provides reassurance to service users and their informal carers and family.

- Staff carrying out risk assessments and developing care plans for service users have been reminded of the need for an increased emphasis on involving service users in these discussions and their outcomes. Where service users cannot communicate for any reason, staff have been instructed to meet with service users' families and informal carers to better understand their history and personal preferences. If appropriate, staff are to consult professionals to understand service users' needs.
 - Branch-based staff have been reminded of the need to be aware of their telephone manner with service users and adopt a professional and understanding approach with them at all times. Service users are being asked about branch-based staff's manner as part of the quality assurance checks regularly carried out with them.
69. The council continually reviews the approach to assess the effectiveness of this and to ensure that service users are able to contribute their experience to help improve the quality of service received. We have reviewed the approach to gathering service user views due to some similarity in the responses received over the last two periods. The council is also currently working with service users and community organisations such as Healthwatch and Age UK to ensure that new home care contracts that will shortly be procured will be truly person centred.

Provider quality assurance and user experience

70. The council requires providers to have extensive quality assurance systems which capture information in a variety of ways. Their systems need to enable them to continuously monitor and improve the quality and safety of their services and ensure that they maintain high standards.
71. In addition to the telephone reviews both MiHomecare Brockley and London Care South London conduct annual surveys for their service users, and the results are summarised below.

MiHomecare Annual Survey 2015

72. MiHomecare undertook a short focused survey of Southwark service users in August 2015 to understand their experience of service provision, with questions focused on quality, responsiveness, care and compassion of care and support provided by MiHomecare.
73. Care workers were encouraged to support service users in completing the survey and a prepaid envelope was provided for its return.
74. The survey consisted of 10 statements with respondents given the following choices:
- Strongly Agree
 - Agree
 - Neither Agree nor Disagree (Neutral)
 - Disagree
 - Strongly Disagree.

Outcomes from the survey are set out below:

- i. 78% of respondents strongly agreed or agreed with the statement “My care workers are friendly, polite and positive”
 - ii. 77% of respondents strongly agreed or agreed with the statement “I am treated with respect by my care workers”
 - iii. 74% of respondents strongly agreed or agreed with the statement “I have a regular team of care workers who understand my needs”.
 - iv. 60% of respondents strongly agreed or agreed with the statement “If I contact the office, staff are polite and listen to me”.
 - v. 75% of respondents strongly agreed or agreed with the statement “I am aware of how to make a complaint
 - vi. 75% of respondents strongly agreed or agreed with the statement “Receiving support has made a positive contribution to my life”
 - vii. 64% of respondents strongly agreed or agreed with the statement “I have choice and control over my care”
 - viii. 78% of respondents strongly agreed or agreed with the statement “I am able to speak freely with my care workers if I have any concerns”
 - ix. 72% of respondents strongly agreed or agreed with the statement “My care workers help me remain safe in my own home”; and
 - x. 74% of respondents strongly agreed or agreed with the statement “My care workers deliver my care to my satisfaction.
75. The response rate for the survey was low, at 15%.
76. MiHomecare have reflected on the low return rate and identified measures to achieve a higher response rate. These measures have been applied to MiHomecare’s national survey which is presently underway and includes all Southwark service users, with results and analysis to be made available to the council in December.
77. MiHomecare have also taken steps to address concerns raised in the survey by raising the issue of appropriate and patient behaviour with office staff when dealing with service users; and by providing weekly rotas to all service users in advance, for them to be able to see who is meant to attend to them at visits the following week.

London Care Annual Survey 2015

78. London Care’s survey of Southwark service users achieved a return rate of 30%.
79. Whilst the London Care survey had six more questions than the MiHomecare survey, the domains covered by both surveys were very similar, as the responses below illustrate:
- i. 89% of respondents felt involved (totally or somewhat) in planning their care
 - ii. 86% felt they had control (a lot or some) over how their services are provided
 - iii. 93% felt that carers (always or usually) respected their privacy, upheld their dignity and treated them with courtesy and respect
 - iv. 91% felt that carers (always or usually) ensured their physical comfort, worked at a pace that was comfortable for them, were competent and made them feel safe whilst providing services, treated their possessions with care and were trustworthy.

- v. 77% reported being informed in advance (always or usually) of which care worker(s) were scheduled to attend them, and an equal proportion reported (always or usually) being informed if the care worker(s) attending them were running late
 - vi. As with MiHomecare, when it came to dealings with office staff, 30% were neutral, 70% reported feeling (very or quite) happy, and 10% were unhappy with their dealings with office staff
 - vii. 75% were aware of how to complain if they were not happy with the service.
 - viii. A lower proportion, 71%, reported feeling comfortable with complaining about the service, with 14% reporting they would not feel comfortable complaining, and 15% didn't know whether they would feel comfortable complaining.
 - ix. Overall, 87% reported being "very satisfied" or "satisfied" with the service, with 4% reporting they were "dissatisfied", and the balance of 9% remaining neutral ("neither satisfied nor dissatisfied")
80. London Care have identified continued work in the following areas:
- Ensure service user involvement in care planning, including involvement of informal carers and family;
 - Investment in staff training and development, directing carers to put service user confidentiality and respect for privacy at the forefront of all they do, and to similarly uphold service user dignity at all times;
 - Encourage an enabling approach in care with service user to maximise independence and confidence in self;
 - Monitor carers' standards through regular quality assurance calls with service users and spot-checks on care staff;
 - Office staff have been directed to be mindful of their interaction with service users and ensure appropriate professional standards when dealing with them at all times. Quality assurance checks with service users will be used to monitor office staff's dealings with them.

Community impact statement

- 81. These services are provided to people affected by all six strands of the council's equality agenda as the diverse nature of Southwark's population is reflected in those people needing care and receiving home care services.
- 82. Under CQC registration all Home Care providers are required to proactively demonstrate their commitment to equal opportunities and have been assessed to ensure that they have a satisfactory record in relation to diversity.
- 83. The universal services are able to meet a wide range of needs sensitivity.

Resources implications

- 84. There are no financial implications for this report.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Democracy

- 85. There are no specific legal implications regarding this report. Cabinet are advised that contracts for these services were awarded to London Care and MiHomecare and subsequently extended in line with the council's express

contractual powers, and this report sets out an analysis of the performance of the contracts.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Care Quality Commission – Compliance standards	http://www.cqc.org.uk/	Rochelle Jamieson 020 7525 4720
Home Care Contract Monitoring Report	Children’s and Adults’ Services, 160 Tooley Street, London SE1 2QH	Rochelle Jamieson 020 7525 4720
Link: http://moderngov.southwark.gov.uk/ieDecisionDetails.aspx?ID=3062		
Home Care Annual Performance Report	As above	Rochelle Jamieson 020 7525 4720
Link: http://moderngov.southwark.gov.uk/ieDecisionDetails.aspx?ID=3404		
Home Care Annual Contract Performance Report	As above	Rochelle Jamieson 020 7525 4720
Link: http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=302&MId=4550&Ver=4		
See item 10.		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Cabinet Member	Councillor Stephanie Cryan, Adult Care and Financial Inclusion	
Lead Officer	David Quirke-Thornton, Strategic Director of Children’s and Adults’ Services	
Report Author	Rochelle Jamieson, Quality and Performance Manager	
Version	Final	
Dated	27 November 2015	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Director of Law and Democracy	Yes	Yes
Strategic Director of Finance and Governance	No	No
Director of Adult Social Care	Yes	No comments
Date final report sent to Constitutional Team		27 November 2015