

Item No. 13.	Classification: Open	Date: 13 December 2016	Meeting Name Cabinet
Report title		Performance Report for Home Care Contracts 2015-16	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Richard Livingstone, Adult Care and Financial Inclusion	

FOREWORD - COUNCILLOR RICHARD LIVINGSTONE, CABINET MEMBER FOR ADULT CARE AND FINANCIAL INCLUSION

Home Care services provide essential 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, which created the Southwark Ethical Care Charter, underpins this commitment and recognises the hard work and dedication of the home care workforce in Southwark.

This report details the delivery, quality and performance of the contracted home care services provided by London Care and MiHomecare. Now in their fifth year of operation, the two Homecare providers have fully met the delivery of the Southwark Ethical Care Charter (SECC) and this is most welcome. This is the first full year of implementation of the SECC and it has made a real difference to the workers and the quality of the service. Every home care worker has been given the opportunity to take up a guaranteed-hours contract and payment is now made for travel time. The council has closely monitored the impacts of these positive changes on the quality of care being delivered. We strongly believe that staff who are recognised and respected deliver better care.

We are currently in the process of re-commissioning Home Care services. Through this process we will be introducing the SECC for all providers delivering this service. Re-procurement will start in January 2017 and we expect new contracts to be in place by October 2017.

Both the council and providers are committed in working together to continue to improve the quality and performance of the service, especially in retaining staff with qualifications and to ensure the response rate when collecting service user views is better. Overall, the delivery of homecare services under the two contracts has achieved continuous improvement in all areas. Where issues were raised by the Care Quality Commission (CQC) both providers quickly addressed these matters.

RECOMMENDATIONS

1. That cabinet note the delivery of the contracts over the fifth year has met the council's requirements on Southwark's Ethical Care Charter (SECC).
2. That cabinet note the delivery of the contracts over the fifth year has largely met the council's contractual requirements and that service users have expressed

their satisfaction with the services through provider feedback mechanisms and through one-to-one interviews conducted by Age UK.

3. That cabinet note the gap in meeting one indicator on the proportion of qualified staff. This is due to qualified staff leaving the agency in the last year to progress their career. An action plan will be agreed with the provider regarding this indicator.
4. That cabinet note the improvement of the services on the quality issues raised by CQC in their inspections during 2015.

BACKGROUND INFORMATION

5. In January 2011, cabinet approved the award of contracts for two universal contracts to London Care and MiHomecare (at that time known as 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).
6. 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.
7. In June 2015 cabinet agreed to extend the contract for a period of one further year from 1 July 2015 to 30 June 2016 at about the same capacity. There is also spot purchasing provision undertaken to meet increased demand for homecare that cannot be met through these contracts. Spot provision is around 42% of purchased homecare in the same period.
8. In March 2015 the cabinet agreed the Gateway 1 Home Care Procurement Strategy to undertake a competitive tender to re-commission home care services.
9. In August 2016 the contracts were extended for a further year to allow for the procurement exercise to be undertaken.
10. 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

11. In Southwark 1,394 adults received some form of home care service from London Care and MiHomecare during the period 1 July 2015 to 30 June 2016. These two providers delivered 603,867 hours of home care to people in Southwark at a cost of £9.9 million. Ensuring each visit meets our expectations of high quality home care is a priority for the council.
12. Recognising that the workforce is a key factor in delivering high quality care, Southwark created the Southwark Ethical Home Care Charter (SECC) which sets out some minimum requirements to be offered to care workers. This has now been implemented. This year was the first full year of the SECC for both these contracts.

13. 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.
14. Intelligence from data collection on all the above activity has been incorporated in assessing the impact of the SECC changes on quality of service provision.
15. 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.
16. This report provides a summary of performance for these contracts in their fifth 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.
17. Overall, the delivery of home care services under the two generic home care contracts has met the quality and performance standards of the council by achieving continuous improvement in areas where quality concerns were raised by CQC.

Contract activity 2015 to 2016

Contract usage

18. Below is a summary of the usage of the contracts based on commissioned care packages from July 2015 to June 2016 compared with 2014/15:

Provider	Number of hours commissioned 2014-15	Number of hours commissioned 2015-16	Number of service users 2014-15	Number of service users 2015-16
London Care	173,000	240,000	518	612
MiHomecare	346,000	364,000	729	817

Provider	Number of hours commissioned 2014-15	Number of hours commissioned 2015-16	Number of service users 2014-15	Number of service users 2015-16
Total	519,000	604,000	1,247	1,394

Contract performance

19. 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.
20. Southwark Ethical Care Charter (SECC) performance indicators have been agreed with both providers and are reported by them to the council on a quarterly basis.

Service quality alerts

21. 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

22. 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

23. 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

24. In line with all care providers, London Care South London and MiHomecare Brockley (the branches from which home care services for Southwark residents are coordinated and delivered) are regulated by the CQC who inspect them and publish findings of inspections on their website.

Service user and carer views

25. 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.

26. A summary of performance of both providers against each of the measures follows.

Southwark Ethical Home Care Charter indicators

27. 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
 - Offer of and acceptance of guaranteed-hours contracts by staff.
28. For each indicator the council established a baseline to provide a benchmark against which improvements could be measured.
29. The table below shows the baseline measure for each indicator (taken from the quarter ending 30 June 2015) and how each agency is performing against these baseline measures for the last quarter of the period under review (quarter ending 30 June 2016).

Comparison of performance

London Care					
	Recruitment	Turn-over	Qualifications	Service user experience	Guaranteed hours contracts
Baseline: Q4: 2015-16 (Apr – Jun 2015)	33	5%	34%	97% very satisfied/ satisfied 3% dissatisfied/ very dissatisfied	17% (43 care workers)
Q1: Jul – Sep 2015	51	2%	16%	97% of sample very satisfied/ satisfied 1% dissatisfied/ very dissatisfied	100%
Q2: Oct – Dec 2015	24	3%	16%	93% of sample very satisfied/ satisfied 1% dissatisfied/ very dissatisfied	100%
Q3: Jan – Mar 2016	21	2%	20%	99% of sample very satisfied/ satisfied 1% dissatisfied/ very dissatisfied	100%
Q4: Apr – Jun 2016	30	8%	20%	91% of sample very satisfied/ satisfied 5% dissatisfied/ very dissatisfied	100%
Met standard?	Yes (Recruitment levels in line with staff turnover over 4 Qtrs)	Yes (Overall decrease in staff turnover over the course of 3 Qtrs with a spike in Q4).	No (Overall decrease in proportion of qualified staff over 4 Qtrs due to qualified staff leaving the agency)	Yes (>90% service users sampled consistently very satisfied/satisfied over 4 Qtrs)	Yes (All workers offered guaranteed hours contracts over 4 Qtrs)

MiHomecare					
	Recruitment	Turn-over	Qualifications	Service user experience	Guaranteed hours contracts
Baseline Q4:2015-16 (April – June 2015)	33	11%	27%	87.5% very satisfied/ satisfied 12.5% dissatisfied/ very dissatisfied	28% (86 care workers)
Q1: Jul – Sep 2015	23	3%	19%	98% of sample very satisfied/ satisfied 2% dissatisfied/ very dissatisfied	100%
Q2:Oct – Dec 2015	23	4%	19%	91% of sample very satisfied/ satisfied 9% dissatisfied/ very dissatisfied	100%
Q3:Jan – Mar 2016	21	12%	22%	97% of sample very satisfied/ satisfied 3% dissatisfied/ very dissatisfied	100%
Q4:Apr – Jun 2016	19	4%	36%	95% of sample very satisfied/ satisfied 5% dissatisfied/ very dissatisfied	100%
Met standard?	Yes (Recruitment levels in line with staff turnover over 4 Qtrs)	Yes (Staff turnover decreased over the course of 3 Qtrs with a spike in Q3)	Yes (Overall increase in proportion of qualified staff in Q4)	Yes (>90% of service users sampled consistently very satisfied/satisfied over 4 Qtrs)	Yes (All workers offered guaranteed hours contracts)

Service quality and safeguarding alerts

30. 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.
31. For the period July 2015 to June 2016 there have been a total of 82 upheld alerts received which is the same number as last year; with 33 relating to London Care and 49 relating to MiHomecare.
32. From July 2015 to June 2016 there have been a total of 9 safeguarding alerts with 1 relating to London Care and 8 relating to MiHomecare. This is lower compared to last year where 22 safeguarding alerts were received.
33. Of the 9 safeguarding allegations received, 6 have been found to be unsubstantiated, 1 was not determined/inconclusive, 1 has been substantiated and the remainder had the investigation ceased at the individual's request.
34. 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

35. During the period covered by this report (July 2015 to June 2016) a total of 43 compliments were received by the two providers. Of these 10 compliments were received by London Care and 33 compliments by MiHomecare.
36. During the same period a total of 26 complaints were received by the providers and dealt with using each provider's complaints policy. Of these, 6 complaints were received by London Care, of which 4 were upheld, and 20 complaints were received by MiHomecare, of which 16 were upheld.
37. Occasionally, service users will address their complaint directly to the council. During the period covered by this report there were 7 complaints raised with the council's complaints team; 6 related to MiHomecare of which 3 were upheld and 1 partially upheld and 1 related to London Care which was not upheld.
38. 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:
 - Using team meetings to highlight compliments received to illustrate what service users' see as good care.
 - Incorporating actual compliments received (if appropriate and relevant) in customer service training to encourage and embed good practice.

- 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.
- 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 user's perspective.
- 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.
- 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

39. 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.

40. 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?

41. MiHomecare Brockley was inspected by CQC in October 2015 and the report was published in January 2016 with an overall rating of 'requires improvement'. The three areas that required improvement were:

- risk assessments needed to be updated more regularly
- care plans needed to be person-centred
- the branch had to increase continuity of carers for clients.

42. The service was slow to start working on improving these areas although now they have implemented a number of improvements and are performing well against their action plan.
43. London Care (South London) was inspected by CQC in November 2015 and the report was published in February 2016 with an overall rating of 'requires improvement'. The three areas that required improvement were:
 - managing of medicines and recording
 - training staff on managing medicines
 - risk assessments needed to be more comprehensive.
44. The service was quick to start working on improving these areas and implemented a number of improvements that resulted in quickly addressing the areas of concern from CQC. The service was re-inspected in October 2016 and the feedback they received was positive. The report has not yet been published.
45. Improvements for both services have been evidenced by us with: weekly calls to the branch and weekly updates by the branch manager, monthly visits to the service to evidence improvements against their action plan, and holding regular meetings with the managers to resolve any ongoing issues in order to ensure the smooth operation of the services. MiHomecare is due to be inspected again by CQC in November and with the improvements they have made they are confident they will get positive feedback.

Service user views

46. In addition to provider-led systems for service user feedback, Age UK carried out a Homecare quality check project which was funded by the Esmée Fairbairn Foundation. The purpose of the project was to capture good information on the impact the home care service has on people's lives and their experience of the service.
47. As part of this, Age UK conducted a series of interviews with people who receive home care services. These interviews were conducted by the co-ordinator of the project and/or one of the project's volunteers 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.
48. The outcomes from the 59 interviews that were 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 that their care was person centred with continuity of care by the same carers and much needed social interaction

- Where equipment or assistive technology was used with service users, they reported how beneficial the equipment was to them to feel safe and well supported in their own home although in some cases the issue of their care worker not feeling confident in using this equipment was reported
- 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.

49. However the interviews also revealed that for some service users there were aspects of service provision that they felt less satisfied with:

- Replacement of carers: some service users reported that when a replacement care worker was used issues came up due to the new care worker not have been given sufficient information about the client and how to support them
- Involvement: A few service users felt they could have been more involved in discussions about their care and enabled to influence the outcomes of such discussions and that information sharing was not sufficient
- 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.

50. 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, co-ordinators 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.

51. 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. 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

52. 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. We're working with the providers to increase response rate.

53. 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

54. MiHomecare undertook a full survey of all their service users in December 2015 to understand their experience of service provision, with questions focused on quality, responsiveness, care and compassion of care and support provided by MiHomecare.

55. Care workers were encouraged to support service users in completing the survey and a prepaid envelope was provided for its return.

56. The survey was split in three sections, which were Your Carer (consisting of 8 statements) Your local branch office (consisting of 6 statements) and The Quality of Your Care, (consisting of 9 statements). For each statement, respondents were given the following choices:

- Strongly agree
- Agree
- Neither agree nor disagree (neutral)
- Disagree
- Strongly disagree

57. Outcomes from the survey are set out below and are specific to the Brockley branch:

- Overall 74% of respondents strongly agreed or agreed with the questions

- 78% of respondents strongly agreed or agreed with the statement “My care workers are friendly and positive”
- 96% of respondents strongly agreed or agreed with the statement “I am treated with dignity and respect by my care workers”
- 78% of respondents strongly agreed or agreed with the statement “I have a regular team of care workers to provide continuity in my care”
- 61% of respondents strongly agreed or agreed with the statement “If I contact the office, staff are polite and listen to me”
- 53% of respondents strongly agreed or agreed with the statement “Any changes in my care are communicated in a timely way”
- 48% of respondents strongly agreed or agreed with the statement “If I do make a complaint it is resolved to my satisfaction”
- 83% of respondents strongly agreed or agreed with the statement “The care I receive has a positive impact on my well being”
- 70% of respondents strongly agreed or agreed with the statement “I have choice and control over my care”
- 70% of respondents strongly agreed or agreed with the statement “I am able to speak freely about my care”
- 91% of respondents strongly agreed or agreed with the statement “I feel supported to remain safe in my home”
- 52% of respondents strongly agreed or agreed with the statement “I am informed about any local changes that might impact on my care”.

58. The response rate for the survey was low, at 18%. We are working with the provider to increase the response rate.

59. MiHomecare have taken steps to address concerns raised in the survey in the following areas and have decided from 2016 the survey to be branch specific.

- In response to the survey and the CQC comprehensive inspection in October 2015 there has been a training programme on effective care planning
- A revised risk assessment process has been implemented
- An updated national procedure for complaints has been introduced and training provided by the MiHomecare quality team introduced for the office team at Brockley
- A dedicated ‘complaints’ lead is identified at Brockley and an action plan developed to bring all complaints investigations up to date and maintain compliance with MiHomecare response times

- A national tracking and review process for all safeguarding vulnerable adults is in place
- Additional senior management oversight in place with a new regional manager to support timely improvements in office administration and responsiveness to the public
- A MiHomecare internal audit of core business processes with resultant actions to address timeliness of reviews of care plans
- National electronic call monitoring, failure to gain entry and out of hours procedures have been introduced to improve timekeeping.

London Care annual survey 2016

60. London Care's survey of Southwark service users achieved a return rate of 25%.

61. Whilst the London Care survey had 3 less questions than the MiHomecare survey, the domains covered by both surveys were very similar, as the responses below illustrate:

- 89% of respondents felt involved (totally or somewhat) in planning their care
- 85% felt they had control (a lot or some) over how their services are provided
- 89% felt that carers (always or usually) respected their confidentiality, their privacy and upheld their dignity
- 88% felt that carers (always or usually) worked at a pace that was comfortable for them and treated their possessions with due care
- 83% felt that carers (all or most) are competent to provide their service
- 70% felt that the number of different carers that visit them are the right number
- 47% reported being informed in advance (always or usually) of which care worker(s) were scheduled to attend them, and only 39% reported (always or usually) being informed if the care worker(s) attending them were running late
- When it came to dealings with office staff, 66% reported feeling (very or quite) happy, 24% were neutral, and 10% were unhappy with their dealings with office staff
- 76% were aware of how to complain if they were not happy with the service and 77%, reported feeling comfortable with complaining about the service, with 11% reporting they would not feel comfortable complaining, and 12% didn't know whether they would feel comfortable complaining

- Overall, 84% reported being “very satisfied” or “satisfied” with the service, with 6% reporting they were “dissatisfied”, and the balance of 10% remaining neutral (“neither satisfied nor dissatisfied”).

62. London Care have identified continued work in the following areas:

- Ensure service users are in control of the service provided and are encouraged to be as independent as possible
- Ensure service users are involved in care planning, including involvement of informal carers and family and that care planning is done with an increased focus on supporting client choice and independence
- Train office staff to improve customer service, listen to their service users and take action on any concerns expressed (outside of the complaints process) that could improve their service
- More consideration to be given to permanently allocating care workers to ensure continuity of care
- Monitor carers’ standards through regular quality assurance calls with service users and spot-checks on care staff
- Service users to be reminded how to complain and to whom and to be encouraged to do so when unhappy with the service.

Community impact statement

63. 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.

64. 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.

65. The universal services are able to meet a wide range of needs sensitivity.

Financial implications

66. There are no financial implications for this report.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Democracy

67. There are no specific legal implications regarding this report, which analyses the performance of the home care contracts with London Care and MiHomeCare. Cabinet are advised that the contracts for these services were awarded to those providers in 2011, and have been subsequently extended in line with contract standing orders. Officers from the corporate team (law and democracy) are assisting with the re-commissioning of these services which is noted in paragraphs 5 and 6.

Strategic Director of Finance and Governance

68. The strategic director of finance and governance notes that this report has no financial implications.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Care Quality Commission – Compliance standards		Dimitra Nikoloudaki 020 7525 2891
Link: http://www.cqc.org.uk/		
Age UK – Home Care Quality Check Project May 2016		Dimitra Nikoloudaki 020 7525 2891
Link: http://www.ageuk.org.uk/		
Home Care Contract Monitoring Report		Dimitra Nikoloudaki 020 7525 2891
Link: http://moderngov.southwark.gov.uk/ieDecisionDetails.aspx?ID=3062		
Home Care Annual Performance Report		Dimitra Nikoloudaki 020 7525 2891
Link: http://moderngov.southwark.gov.uk/ieDecisionDetails.aspx?ID=3404		
Home Care Annual Contract Performance Report (Item 10)		Dimitra Nikoloudaki 020 7525 2891
Link: http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=302&MId=4550&Ver=4		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Cabinet Member	Councillor Richard Livingstone, Cabinet Member for Adult Care and Financial Inclusion	
Lead Officers	David Quirke-Thornton, Strategic Director of Children's and Adults' Services	
Report Author	Dimitra Nikoloudaki, Quality and Performance Manager	
Version	Final	
Dated	30 November 2016	
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	Yes	Yes
Director of Adult Social Care	Yes	No
Cabinet Member for Adult Care and Financial Inclusion	Yes	Yes
Date final report sent to Constitutional Team		30 November 2016