

Item No. 15.	Classification: Open	Date: 7 December 2021	Meeting Name: Cabinet
Report title:		Homecare Annual Review Report 2021	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Evelyn Akoto, Health and Wellbeing	

FOREWORD – COUNCILLOR EVELYN AKOTO, CABINET MEMBER FOR HEALTH AND WELLBEING

The council agreed in 2016 to adopt an Ethical Care Charter and phased the introduction of investment in the workforce supporting the most vulnerable to live in their own homes. In 2017, the council awarded Care at Home contracts to five providers of homecare to support over 1000 people.

Cabinet received a report in 2019, which described the mobilisation of the providers to support people funded by the council to live as independently as possible in their own homes. Some of the issues in the 2019 report continue to be reflected in this report. This is within the context of a persistently high percentage of residents reporting that they are satisfied or highly satisfied with the service that they receive and the number of complaints reported being relatively low.

There is widespread recognition that the frontline workforce continued to provide care and support during the pandemic. Whilst the council is grateful for the dedication of the workforce, the council remains focused on ensuring that the service received by our vulnerable residents is safe and ethical. For this reason the continued monitoring, and findings, by officers to ensure that residents receive the service that they deserve, and tax payers receive value for money, are welcomed.

The lessons learnt in the 2019 report are being implemented and the contract management actions related to service improvements are being proactively managed.

RECOMMENDATIONS

1. That Cabinet note the journey of the Care at Home Contracts since the last report received in October 2019.
2. That Cabinet note the impact of the Covid 19 pandemic on Care at Home Providers and the ongoing challenges relating to recruitment and retention of staff.
3. The Cabinet note the performance concerns in relation to Adults Care at

Home contracts and endorse the management action being taken to improve services to residents.

4. Note the recommendation that reporting is developed against strategic outcomes from the 2017 contract award for Care at Home services.

BACKGROUND INFORMATION

5. Cabinet approved the award of Care at Home contracts for adults in October 2017 and in October 2019 received a report of the first year of operation of these contracts which had taken place between April 2018 and March 2019.
6. The first report covered the mobilisation of the contracts and covered:
 - How officers had worked with incoming providers to support residents.
 - How the numbers of people benefitting from the Southwark Ethical Care Charter introduced in 2014 had increased as a result of the Care at Home Contracts.
 - The mobilisation journey over the course of the year
7. The report highlighted some challenges identified during the mobilisation of contracts:
 - A lack of infrastructure and management oversight within providers
 - Insufficient care staff allocated to contracts
 - Poorly managed rostering of staff
 - Inconsistent quality of care
 - Poor communication with service users, families and the council
8. The report also highlighted concerns about performance of Care at Home providers against Key Performance Indicators:
 - Missed visits
 - Missed double handed visits
 - Shortened visits
 - Workers not trained to support the person
9. The report contained two tables in Appendix One which include information from the 2019 Annual report with updated performance, these are:
 - Numbers of packages, numbers of hours, numbers of complaints and complaints as a percentage of packages by provider
 - Number of service users, numbers of survey responses and numbers of those surveys rating satisfied or above
 - A third table related to calls to the information line established during contract mobilisation and is no longer relevant
10. The report also contains four new tables, these are:
 - Table one – customer satisfaction survey results July 2021
 - Table two and three – core provider compliance pre and post action planning period
 - Table four – core provider timeliness data

11. The report did not contain performance data although it did include a narrative of areas of concern. A detailed performance dashboard has subsequently been developed and is shared in this report.
12. The 2019 report referred to providers by the reference Provider A – E. The same references have been used in this report and cross referenced to the relevant provider so that individual performances can be compared.
13. The 2019 report covered the Care at Home Contracts relating to Adults. Cabinet approved Children’s Care at Home and in the Community Contracts in March 2021 and these are currently being mobilised and will be reported on in future.
14. The 2019 report focused on the five core providers A – E and made reference to the three supplementary providers F – H. This report includes the five core providers, and four supplementary providers, and includes details on the use of spot purchasing of Care at Home.
15. Following the award of core contracts in 2017 two providers were temporarily suspended as a result of a drop in their ratings from the Care Quality Commission (CQC). This led to three supplementary providers being commissioned under emergency powers to increase capacity. One additional provider, who was providing resident advocacy services, made a case to provider Homecare to a small number of their existing service users and were added as a supplementary provider.
16. There was no annual Care at Home report for 2019-2020 due to the Covid 19 pandemic. This report covers data for that year, 2020 – 2021 and includes additional information on activity in the early part of 2021-22 in relation to additional commissioning and performance management activity. Data is presented by year for comparison with the previous report.

KEY ISSUES FOR CONSIDERATION

Journey of the Care at Home Contracts since 2019

17. Since the report on the first year and mobilisation of the contracts the providers have continued to deliver under what have been significantly challenging circumstances. There has been an overall increase in the number of packages of around 37% for Care at Home for Adults and additional commissioning activity had been undertaken for adult’s providers.
18. For adults in March 2019 the five core Care at Home providers supported a total of 1,291 residents. In July 2021 these providers supported a total of 1,781 people with an additional 241 supported by four supplementary providers and 135 supported by eighteen spot purchased providers.
19. The commentary in the current performance section of this report provides an update on delivery against performance indicators and, where reported on, provider performance.

20. Despite the relative maturity of the core contracts for adults some of the challenges and performance concerns reported in 2019 remain and have been stubbornly persistent despite periods in intervention and escalation.
21. Whilst some flexibility has been applied, particularly in relation to the impact of the Covid 19 pandemic, contract management enforcement are now being applied to improve the service for residents.
22. Since the report of 2019 there have been some changes within the council in relation to commissioning and management of contracts including creation of a new Assistant Director Post, establishment of Programme Management resources and a proposed restructure of the Contracts Team which has been delayed as a result of the Pandemic. There has also been redeployment of some contract management capacity to welfare calls during lockdown. These things whilst necessary have had an impact on the team's ability to robustly monitor provider performance.
23. Current core provider contracts are let on a five year basis with the option to extend by up to two years. Current contracts would end in March 2023 unless extended to March 2025.

Governance

24. Since mobilisation governance mechanisms for Care at Home have been established.
25. A monthly Internal Monitoring Board receives highlight reports on contracted provision prepared by the Quality and Contracts Team. This board is the decision maker for contract management action against providers and also receives regular reports on complaints, quality and safeguarding alerts. It is currently chaired by the Assistant Director Quality, Performance and Transformation and is attended by Commissioning and Service Representatives.
26. A Strategic Care at Home Monitoring Board meets quarterly and is jointly chaired by the Director of Commissioning and Director of Adult Social Care. This board is also attended by Commissioning and Service Representatives and reviews performance dashboard information for all Care at Home provision. Membership of this group will be adapted to include representatives from All Age Disabilities as those contracts come on stream.

Use of spot purchase and supplementary providers

27. Additional Adults Care at Home Commissioning, as per the Gateway 1 report of October 2019 has recently been completed with supplementary providers due to be in place for January 2022 which should further reduce the use of spot purchase as well as providing additional capacity and choice. It should be noted that existing core providers will have first refusal on any new packages within the terms and conditions of the

contract.

28. Across the existing core and supplementary adults providers around 50 requests for care packages are refused per quarter, this relates to around half that number of residents who are refused by more than one provider. The most common reasons for refusal are language specific or providers unable to provide double handed care when requested. In recent months we have seen an increase in refusals due to lack of available staff.
29. Refusal reasons are being explored in more detail by the Internal Monitoring Board to ensure providers are meeting the expectations of their contracts.
30. Since the mobilisation of the Adults Care at Home contracts there has been a drive to reduce the amount of adult provision which is spot purchased, as per the procurement strategy (GW1). This is in part due to the more robust contractual arrangements in place and also to ensure we maximise use of contracts where we have greater control of costs.
31. The majority of reduction in the use of spot purchase for adults was achieved between July 2019 and July 2020 with the number halving during this period from 99 to 54. Since then spot purchased packages of care have remained static at between 48 and 52.

Impact of the Covid 19 Pandemic

32. The Covid 19 pandemic has had a significant impact across the social care sector. Care at Home staff continued to deliver services throughout periods of lockdown, fast-changing guidance from government, PPE shortages, a general climate of uncertainty and fear; and despite providers having staff shielding, self-isolating or otherwise unavailable. Southwark's Ethical Care Charter supported the workforce to be paid full sick pay when self-isolating and when sick they were paid full sick pay.
33. Southwark Council worked hard to support the sector during this period both through practical support such as financial assistance, access to PPE when required, provision of parking permits for Care at Home staff to enable them to move more quickly and safely around the borough, supporting staff and resident testing and more recently vaccination take up.
34. Southwark Council has supported the financial stability of the Care at Home providers during the pandemic through introducing block payment mechanism or the period of March 2020-August 2020. This process ensured the sustainability of the providers during the uncertainty of the initial period of the pandemic. The council has also distributed infection control funding to homecare providers.
35. We also put in place additional forums and mechanisms for rapid cascade of information, particularly in relation to regularly changing government guidance.

36. Our consultation with the sector as part of the annual price review in 2020-21 also highlighted issues with accessing affordable PPE and additional costs incurred.
37. As we begin to move out of the current phase of the pandemic challenges remain, particularly in relation to staff recruitment and labour market shortages across a range of positions. Our 2022-23 annual price review survey will help us determine if these challenges are partly attributed to other factors such as Brexit. Low unemployment and increasing wages in other sectors means that some members of the workforce will be attracted to expanding sectors such as delivery and logistics.
38. Although currently only applicable to staff working in care homes it is possible the requirement for mandatory vaccination may expand to other parts of the care sector and increase staff shortages.

Current performance

39. Since the report of 2019 we have continued to have concerns about the performance of providers. The performance data tables show consistent failure to meet the target for compliant visits with compliance continuing to fail across the indicators. The issues detailed below are being addressed through robust contract management which includes contract warning notices and default notices.
40. Although identified as challenges in the 2019 report we continue to see performance below target on measures such as late and early visits, missed visits, double handed visits carried out single handed or carers arriving more than 15 minutes apart.
41. In depth analysis of data in CM2000 (Electronic Monitoring System) has also highlighted that one provider is scheduling care workers visits back to back and in some cases overlapping which is a breach of the Southwark Ethical Care Charter.
42. As a result of on-going performance concerns all providers were contacted on 11 June 2021 by the Assistant Director to announce a six week enhanced monitoring period during which performance would be reviewed on a weekly rather than monthly or quarterly basis.
43. At the conclusion of this period there was little or no improvement and providers were issued with formal warning notices under the relevant clauses of their contracts and were asked to produce improvement action plans by the end of August 2021.
44. The warning notices also highlighted poor compliance with the process and deadlines for investigating complaints and quality alerts and this is one area in which improvement has been noted with most complaints now responded to within timescales.
45. Initial responses to the warning letters were, with one exception, challenging with providers feeling they were unwarranted.

46. Each provider was given an evidence file of three months' worth of data for three staff members and three service users per month to review. Although a number of providers pointed out they were close to the 85% compliance target they were reminded that this still represents over 15% over residents impacted by non-compliant service and that the evidence files highlighted the unreliability of the data submitted.
47. Following this deadline one of five providers had submitted an action plan and this was not deemed to be of sufficient quality or give assurance that steps were being taken to resolve the highlighted issue. This was also not evidenced by the weekly performance data over the period.
48. Despite reminders only one additional provider had responded within two weeks of the deadline stating that the relevant officer was on leave until mid-September.
49. This was discussed at the Care at Home Internal Monitoring Board on September 6th and the Board were of the view that this reflects a significant under-estimation on the part of providers of the seriousness of the issues. It is also surprising given that the initial responses to the warning letters.
50. Legal advice has been sought and advised that providers should be issued a final warning to submit their action plans by a revised date and that from that date until plans are received payments would be withheld. Further action would be to move to termination of contracts however this needs careful consideration in the context of availability of alternatives and the impact on 2,171 residents.

Complaints, quality alerts and resident experience

51. Although we receive relatively low levels of complaints through the corporate complaints process we do receive an average of one per month relating to Care at Home providers.
52. Complaints are usually received from family members and common themes are late or missed visits and poor communication from providers. Again this was a theme picked up in 2019 so it is disappointing that it still occurs.
53. In general providers appear to have high levels of staff turnover in back-office functions that should be more actively monitoring visit compliance. This results in many complaints featuring dissatisfaction with providers not being aware when family member visits had been missed under they were alerted by relatives.
54. It is also concerning when taking into account that Care at Home is provided to our most vulnerable residents who may not be able or willing to raise concerns themselves when they are reliant on services for their day to day living. Therefore, the expansion of contract monitoring to include welfare calls (a legacy of the virtual contract monitoring during the

initial lockdown) enables officers to proactively seek feedback from service users and their families.

55. We also receive relatively low levels of quality alerts. Quality alerts are sent from professionals such as social workers and whilst treated in a similar way to complaints are an additional safeguard to ensure the voice of our residents is heard and concerns put to providers for response. The Assistant Director for Quality, Performance and Transformation has recently been attending service management team meetings to remind teams of the quality alert process and encourage more reporting.
56. As part of their contractual obligations providers are asked to complete satisfaction surveys with residents and to report the results. Questionnaires are based on a series of statements with residents asked to rate against a range of response. A target is set for response being satisfactory when the response is “always” or “most of the time”. There is also a target of 35% of service users responding.
57. Although providers are meeting the satisfaction target one is below the response target.

Table 1 – Satisfaction Survey Responses July 2021

Provider	Total SU	Surveys Returned	%	Satisfied	%
Provider E	56	13	23%	12	92%
Provider B	560	521	93%	485	93%
Provider A	141	56	40%	55	98%
Provider C	300	214	71%	202	94%
Provider D	575	328	57%	296	90%

Impact on Staff of the Southwark Ethical Care Charter and introduction of the Residential Care Charter.

58. The 2019 Annual Review Report reported that a total of 867 staff were employed in the five core Care at Home Providers and would therefore benefit from the commitment of the providers to pay the London Living Wage as introduced in the Ethical Care Charter.
59. Since 2019 the amount of packages held by core providers has increased by 37% so it can be assumed that there has been a correlating increase in staff employed and benefitting from the Ethical Care Charter.
60. Southwark Council have recently developed a Residential Care Charter which places the same requirements of providers of residential care as on Care at Home. This will result in a 665 staff employed in care homes benefitting from the London Living Wage.

Performance and Contract Management

61. As outlined earlier there has been some internal changes since the last report on these contracts including a restructure of the Quality and Contracts Function which is due to complete in autumn 2021.
62. Prior to the Covid 19 Pandemic new contract management templates and tools were developed however these were not fully implemented due to key staff being redeployed to the Covid Recovery Team.
63. Contract Monitoring Officers were also partly redeployed to welfare calls and other response tasks and repeated lockdowns made completing face to face visits to providers or residents impossible to complete.
64. Contract monitoring has tended to focus on reviewing individual providers performance against their performance indicators as well as, where relevant, site visits to offices and home visits to residents to check compliance on some indicators such as training records and care compliance with care plans. There has been less focus on reviewing the overall performance across the contracts against the original specification.
65. The service has been working on documenting processes for commissioning and contract management do that there are standardised templates and procedures for induction and quality assurance. These templates and procedures will reflect the recently published Contract Management Toolkit developed by the corporate procurement team and alongside this.

Table 2 – Adults core provider compliance July 2021 prior to action planning period

Provider	Total visits	Compliant Visits	%
Provider E	4,929	4,089	83%
Provider B	33,154	28,002	84%
Provider A	10,396	5,006	48%
Provider C	20,728	17,448	84%
Provider D	44,019	41,338	94%

Table 3 – Adults core provider compliance August 2021 following action planning period

Provider	Total visits	Compliant Visits	%
Provider E	4,703	4,703	83%
Provider B	34,061	34,061	83%
Provider A	10,526	10,526	83%
Provider C	19,959	19,959	78%
Provider D	44,656	44,656	96%

66. Visit compliance measure's visits that are missed, are more than 30 minutes early or late or double handed visits which are carried out single handed or where carers arrive more than 15 minutes apart. Compliance also takes account of visits where either the carers log in and log out are registered from the office rather than the residents address QR code (software visits).

67. Software visits appear to be used more by some providers than others and once these are removed the actual timeliness of visits gives a more accurate reflection of the service to residents.

Table 4 – visit timeliness July to August action planning period – software visits compliance removed

Provider	Percentage
Provider E	87.9%
Provider B	84.7%
Provider A	92.4%
Provider C	78.9%
Provider D	79.4%

Financial Performance

68. The Homecare core contracts are let on an hourly rate basis and there is no overall contract value as such as total costs are based on the demand for care packages.
69. The contracts were let on the assumption of an overall reduction in the cost of packages by increasing those provided through core providers and reducing the reliance on spot purchasing.
70. The tables in Appendix 2 show an overall increase in Homecare packages, particularly since January 2021, where packages have increased from 1,759 to 2,269 per month, an increase of 29.9%.
71. The increase in total spend for the same period from £3.4m per quarter to £4.8m million, an increase of 41% however further analysis would be required to establish the reasons for this increase. For example whether packages were like for like and the impact of factors such as annual increases and introduction of block payments as part of our response to Covid 19. It is recommended this is completed as part of an evaluation prior to extending or re-tendering as outlined below.

Delivery of Care at Home against Service Specification Outcome

72. The specification for the Care at Home Contracts (adults) included outcomes for the individuals, the council and the wider health and social care economy and population, some example are:
- For individuals to live as independently as possible for as long as possible in their own homes, to have regular carers with less frequent changes
 - For the council a reduction in the numbers of people entering residential or nursing care, support for recovery for illness or injury and improved independence
 - For the wider population to ensure the cultural needs of service users are taken into account, to ensure the investment made adds social value to the wider community, to contribute to reducing emergency admissions to hospital

73. The performance reporting dashboard and the KPI performance returns from providers have not been designed to capture evidence of whether these outcomes are being progressed or achieved.
74. It is proposed that a more detailed evaluation is completed prior to any extension or re-commissioning of Care at Home Services. Although they will be required in some form this would enable better assessment of future investment and allow for designing wider performance measures from the outset.

Future challenges

75. Improving the performance of the existing providers is likely to remain challenging, particularly in the context of mobilising new providers in both adults and children.
76. Implementing a step change in the management of contracts requires significant effort and energy but is an important change in having better grip on delivery of this and other contracts, the corporate toolkit will be an opportunity to progress this.
77. The Covid 19 pandemic continues to raise challenges across the health and care sector and it is difficult to predict the long term impact on labor markets and costs in the future.
78. There is a lack of clarity about how the recent National Government announcements on spending increases for Health and Social Care will improve the experiences of individuals, the sustainability of the sector and opportunity for local authorities to invest in the workforce.

Next steps

79. The current concerns are:
 - Visits that are late or early
 - Visits that are missed
 - Visits that should be completed by two carers (double handed) where only one carer attends or the time between arrival of the two carers is too long and care tasks cannot be completed
 - Carers being logged into their visits by the office so arrival and departure times cannot be verified
 - Providers scheduling visits too close together so requirements of the Southwark Ethical Care Charter cannot be met.
80. The actions taken to-date are:
 - Providers issued with warning notices in July 2021
 - Provider performance reviewed on a weekly basis until October 2021
 - Two providers showed improvement and have had warning notices withdrawn
 - Two providers are still subject to weekly review, if performance improvement is not sustained these providers will be suspended and

- will not receive any new packages, this would be reviewed monthly
 - One provider has been given a further warning in relation to compliance with the Southwark Ethical Care Charter and has been given until 26 November 2021 to amend their rotas. If they are non-compliant after this date they will be suspended and will not receive any new packages, this would be reviewed monthly
81. The contracts team will continue to manage the performance of the existing providers and take action where required to address the current concerns.
 82. The contracts team will also be supporting the process for the new supplementary providers starting to work in the borough.
 83. The contracts for new supplementary providers will strengthen the service to residents as it will increase the overall number of providers (and therefore the workforce) available to respond to the referrals from our placements team.

Policy framework implications

84. The Care Act 2014 requires the Council to provide care support to meet people's eligible care and support needs. The Care at Home services support people in their own homes to remain as independent, healthy and well as possible.
85. The Council Plan 2014-2018, introduced the Southwark Ethical Care Charter. The implementation of the charter and delivery of services supports the Fairer Future principles in the 2018-2022 Borough Plan, 'treating residents as if they were a valued member of our own family'.
86. The intended introduction of the Residential Care Charter which mirrors the requirements of the Ethical Care Charter means a further 665 employees in Care Homes will benefit from the requirement to pay London Living Wage and this builds on the outcomes reported on in 2019 when Care at Home staff acquired this benefit.

Community, equalities (including socio-economic) and health impacts

87. These services are provided to people affected by all nine strands of the Council's equality agenda which are; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. The diverse nature of Southwark's population is reflected in those people needing care and receiving home care services.
88. 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.

89. Skills for Care publish national workforce data, the latest data published in October 2020 reflects information collated prior to the pandemic and shows that Nationally 48% of the Domiciliary Care (Care at Home) workforce were employed on zero hours contracts where Southwark Ethical Care Charters states zero hours contracts will not be used in place of permanent contracts. Nationally 84% of workers were female with an average age of 44 and whilst an ethnicity breakdown is not included 84% are reported as British with 7% non-British EU and 9% non EU.
90. Commissioning have recently worked with Care at Home Providers and Care Workers through a series of meetings and forums to discuss their experience of racism in the workplace as a result of our commitment to Southwark Stands Together and a series of recommendations have been agreed including annual reporting of incidents, regular forums and events celebrating diversity.

Health impact statement

91. In relation to residents a major health impact is the benefit of being able to remain in their own homes and not entering nursing care homes. Data for March to December 2020 showed that in the initial wave of the pandemic deaths were higher in nursing and care settings than in the community however rates in care homes fell more sharply from May 2020 and have remained low. Between September and December 2020 deaths in care homes fell 57% whilst in the community they rose 18% for those resident receiving Care at Home or other services.
92. Care at Home service users have also benefitted from contact with care workers during the pandemic in a context where many day care services they may previously have attend have been reduced or stopped and this can be assumed to have benefitted mental health.

Community Impact Statement

93. Additional health benefits can be assumed for the Care at Home staff through the introduction of the Ethical Care Charter and being paid London Living Wage to reflect fair pay for important work.

Climate change implications

94. Providers generally have overarching policies in relation to sustainability within their organisations but the ability of these contracts to contribute to Southwark Councils Climate Change priorities is limited.
95. There is some opportunity to work with providers to develop sustainable travel policies to encourage walking, cycling and the use of public transport however this can be in conflict with time savings in using private vehicles

when workers have a number of visits to complete within a short period of time.

96. It should also be noted that during Covid 19 Southwark Council were providing parking permits for care workers and Transport for London waived Congestions Charges to encourage staff away from public transport in order to comply with government guidance in relation to social distancing.

Resource implications

97. The restructure of the Contracts Management Team will strengthen the resources dedicated to Care at Home.

Legal implications

98. None

Financial implications

99. Appendix 1 summarises the financial position on a yearly basis, in which there is a clear increasing year on year spend in relation to Homecare cost and volume. There was a 14.7% increase from 2019-20 to 2020-21 with regards to total spend on Homecare cost and volume, which resulted in a budget pressure of £2.12m. This was a result in a surge in demand for Homecare due to COVID, in which Homecare became the preferred method of care, as oppose to care home based services.
100. As a result of this increasing trend, there is a forecasted year on year increase from 2020-21 to 2021-22 of 4.1%. The increasing trend in demand combined with the implemented inflationary uplift of 3% (inclusive of LLW) has resulted in a projected £1.84m pressure on the financial position.
101. Additionally, spend on Homecare spot has experienced a reduction in spend year on year of 0.5% and 6.3% from 2019-20 to 2020-21 and 2020-21 to 2021-22 respectively. This is as result of further utilisation of the Care at Home contracted providers. It is forecasted that there will be a favourable variance in relation to Homecare spot of £172k in 20201-22.

Consultation

102. During the periods of lockdown as a result of COVID 19 staff were redeployed to welfare calls to residents in receipt of Care at Home in order to ensure they continued to receive a good standard of care.
103. More recently consultation has taken place with Care at Home providers and care workers as part of the Care Worker Equality Project developed as part of Southwark Stands Together with seven providers meeting with Commissioners and fifteen care workers taking part in two forum meetings.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Head of Procurement

104. Not required, report for information

Director of Law and Governance

105. Not required, report for information

Strategic Director of Finance and Governance

106. Not required, report for information

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Data Tables (included in report)
Appendix 2	Performance Dashboard

AUDIT TRAIL

Cabinet Member	Councillor Evelyn Akoto, Health and Wellbeing	
Lead Officer	David Quirke-Thornton, Strategic Director, Children's and Adults Services	
Report Author	Claire Belgard, Assistant Director, Quality, Performance and Transformation	
Version	Final	
Dated	26 November 2021	
Key Decision?	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Governance	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team	26 November 2021	

Data Tables

APPENDIX 1

Table 1 Adults – summary of provider and performance

	2018-19			2019-20			2020-21		
	Packages	Complaints	% of packages	Packages	Complaints	% of packages	Packages	Complaints	% of packages
A	139	9	6%	147	3	2.0%	168	1	0.6%
B	362	14	4%	427	18	4.2%	555	2	0.4%
C	300	27	9%	295	16	5.4%	327	1	0.3%
D	429	21	5%	480	20	4.2%	610	5	0.8%
E	61	0	0%	51	2	3.9%	67	0	0.0%

Table 2 – Adults - Provider surveys

	2018-19					2019-20					2020-21				
Provider	Total service users	Surveys returned	%	Satisfied and above	%	Total service users	Surveys returned	%	Satisfied and above	%	Total service users	Surveys returned	%	Satisfied and above	%
A	140	10	7%	6	60%	146	18	12%	15	83%	131	51	39%	49	96%
B	357	238	67%	202	85%	381	150	39%	125	83%	503	457	91%	434	95%
C	304	60	20%	53	88%	274	55	20%	47	85%	298	222	74%	215	97%
D	447	132	30%	129	98%	470	156	33%	154	99%	534	218	41%	209	96%
E	62	10	16%	7	70%	54	13	24%	11	85%	57	12	21%	12	100%