

CABINET - 20 SEPTEMBER 2016

THE USE OF THE ADULT SOCIAL CARE PRECEPT AND THE IMPACT OF THE NATIONAL LIVING WAGE ON ADULT SOCIAL CARE

SOCIAL & COMMUNITY SERVICES DIRECTORATE

Report by the Deputy Director - Joint Commissioning

Executive Summary

1. As noted during the Service & Resource Planning process for 2016/17, the National Living Wage came into force in April 2016. This was for workers aged 25 and over and the first increase was set at £0.50 per hour, bringing the total National Living Wage to a level of £7.20 per hour from 1 April 2016. The National Minimum Wage remains in place for workers between the ages of 18 and 25 years of age.
2. In November 2015, the Chancellor of the Exchequer announced the outcome of the Government's Spending Review. This included provision for increased income generation through an additional council tax precept for the purpose of supporting adult social care costs, including the National Living Wage. The Department for Communities and Local Government subsequently noted that this was in recognition of demographic changes which are leading to growing demand for adult social care, which is increasing pressure on council budgets.
3. In February 2016, the council approved an additional 2.0% council tax precept for 2016/17. This generated funding of £5.883m to support the costs of adult social care in Oxfordshire. In addition, a further £0.600m funding was agreed to be added to the budget for adult social care from 2016/17 to support the impact of the National Living Wage on the cost of sleep-in care. This supports service users, primarily with learning disabilities, through the night - time period.
4. Some of the £5.883m funding available through the Adult Social Care Precept has already been used to reflect the direct impact of the National Living Wage and other agreed cost pressures on providers in 2016/17. Through those decisions, £0.857m has already been committed, leaving £5.026m available to allocate.
5. The impact of the National Living Wage is not known either nationally or locally. In view of this, the council asked officers to undertake further work in this area to establish its impact.
6. This report describes our subsequent discussion with care providers, the consultation exercise we have taken on the use of the funding available and the outcome of the same. It concludes with recommendations about how the

£5.026m should be used to support adult social care in Oxfordshire. It also notes how the £0.600m additional funding to support night - time sleep-in care will be used to help with the impact of the National Living Wage.

Background

7. There are a number of factors that have influenced the council in taking forward a consultation exercise on the impact of the National Living Wage in Oxfordshire:-
 - a. The council's responsibilities set out in The Care Act regarding commissioning, market facilitation and the National Minimum Wage.
 - b. Central government's announcement regarding the introduction of a National Living Wage.
 - c. The introduction of the Adult Social Care Precept as part of the Spending Review 2015, which enabled upper-tier authorities to increase council tax by 2.0% in addition to the current referendum threshold of 1.99% to fund adult social care.
 - d. The implementation of the National Living Wage from 1 April 2016.
8. The first of these, The Care Act 2014, came into force on 1 April 2015 and it placed new duties on local authorities to promote the efficient and effective operation of the market for adult care and support as a whole. This can be considered to be

"...a duty to facilitate the market, in the sense of using a wide range of approaches to encourage and shape it, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways."
9. The Statutory Guidance that accompanied The Care Act went on further to specify how local authorities should respond to the National Minimum Wage when commissioning services saying that

"... local authorities should assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care. This should support and promote the wellbeing of people who receive care and support, and allow for the service provider ability to meet statutory obligations to pay at least the national minimum wage and provide effective training and development of staff. It should also allow retention of staff commensurate with delivering services to the agreed quality, and encourage innovation and improvement. Local authorities should have regard to guidance on minimum fee levels necessary to provide this assurance, taking account of the local economic environment. "
10. The Director for Adult Social Services sets out the county council's response to these obligations in an open letter to contracted care providers in December 2015.
https://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/socialandhealthcare/general/National_Minimum_Wage_Lettertoproviders.pdf

11. Although the additional precept has generated funding of £5.883m for 2016/17, and the council's Medium Term Plan assumes further increases of 2.0% annually from 2017/18 – 2019/20, the actual increase will be subject to agreement through the annual budget setting process for the relevant year. Furthermore, the funding available through the precept does not reflect an assessment of the likely impact locally of the National Living Wage or other pressures on adult social care; it is simply the value of the increase in council tax for the relevant authority.
12. In summary, through the Care Act the council is expected to commission services that are sustainable, meet the current and future requirements of the wider population and allow providers to meet their National Living Wage obligations. Because of that the council has agreed an additional council tax precept of 2.0% in 2016/17 to meet any increased cost of care, including The National Living Wage. Separate to the precept (and within existing planned funding) it also agreed to support the cost of the National Living Wage in respect of sleep-in care to support service users predominantly with learning disabilities with additional funding of £0.600m. The council now needs to decide how to utilise the funding generated through the Adult Social Care precept.

The National Living Wage - Impact and Context

13. The National Living Wage is something that central government is committed to increasing on an annual basis through to 2020, with an objective to have a National Living Wage of over £9 per hour by 2020. However, we do not know what the actual impact of its introduction will be. A great deal will depend on the situation within the local market, including the prevailing level of employment, plus the availability and remuneration of the workforce. Because of this the impact is likely to vary widely across the country.
14. The Chief Finance Officer's 'Statutory Report on the Budget' to the County Council on 23 February 2016 comments:

"National Living Wage – There is a significant risk on contract cost increases linked to the implementation of the national living wage. It is difficult to forecast what the impact will be on the price of contracts particularly those that are predominantly staff based such as social care..."

15. The report also notes that:

"There is also likely to be an impact in terms of pay differentials. As the national living wage increases, the pay rates just above this will need to increase to keep them in proportion. This will then affect the pay rates further up the scale. Furthermore, an indirect impact could be seen as employees across Oxfordshire push up wages to secure employees in an economy with almost no unemployment. This means that for adult social care providers (and other relevant providers to local government) they will have to match at least the pay rate offered in other sectors, irrespective of the national living wage, to secure staff. It is not possible to quantify what this might mean in terms of additional cost, but there is a real risk of spiralling pay increases."

16. Nationally we know that social care is a sector that is characterised by low wages, tight budgets, and a rising demand for services. The sector is therefore likely to be affected by the National Living Wage as the ability for providers to absorb wage increases may be limited.
17. Locally, we recognise that Oxfordshire has high employment and a high cost of living and this has an impact on the wage levels that are paid by employers. The council has various sources of intelligence that it accesses and reviews on a regular basis - recent tenders, local adverts, provider feedback, stand-alone reports including:
 - Care Homes for Older People - on an annual basis we use those sources of intelligence to calculate the minimum cost model for care homes. This generates our Target Banding Rates that are used as a basis for our spot-placement negotiations. This year we used a minimum wage level of £7.58 per hour for care workers based on a sample of rates paid by homes (April 2016). Further detail was set out in the Care Home Fees report to Cabinet on 15 March 2016.
 - The National Minimum Data Set for social care suggests an average rate of pay of £8.59 per hour for adult services domiciliary care (or home support) in Oxfordshire.
 - We have also held recent tenders for care services in Extra-Care Housing and in Supported Living Schemes for people with a Learning Disability. In these situations, the pay rates declared by providers as part of their indicative cost calculations are above the National Living Wage.
18. Because of this awareness, we feel that many care workers in Oxfordshire are already paid above the National Living Wage, and it is perhaps understandable that local providers are unsure of the impact that this change brings. As the rates paid are already higher than £7.20 per hour, there is no direct need to increase rates to match the National Living Wage. However, market pressures may mean that there is a domino effect through the local employment market.
19. We have sought to address this uncertainty by meeting with a small group of provider representatives to discuss these issues, with representation being primarily drawn from the two main care associations in Oxfordshire (The Oxfordshire Association of Care Providers and the Oxfordshire Care Homes Association). It is evident from these discussions that the precise impact of the National Living Wage is unclear to them as well, although they have put forward views that suggest that:
 - Most providers that have contacted the council are quoting National Living Wage as a reason for requesting higher fee rates.
 - Other providers may not be directly affected by the National Living Wage because of the wage rates they already pay.
 - A number are asking whether the council has approved an additional precept.

- Others that have a higher proportion of local authority business may be affected by our decisions, particularly where we have restricted price increases over the past few years.
- Learning Disability providers have already mentioned that they may be affected by issues such as lower wage rates relative to other providers, and cost pressures generated by an employment tribunal decision about payment for sleep-in rates.
- Some providers have already implemented wage changes on the back of central government's National Living Wage announcement expecting the council to fund these. There is also a risk that some providers are holding back on increasing pay rates to their workers until additional funding is confirmed by us.
- Others have expressed a concern about remaining competitive with other non-care sectors and to be able to maintain differentials across their wage structures, particularly if the National Living Wage generates wage inflation.
- There is also the indirect impact of cost pressures generated throughout the care sector's supply chain.

20. What we do know is that the National Living Wage will impact individual providers in different ways and for different reasons, as providers operate on different business models and are of different economic sizes.

Consultation Process & Considerations

21. Because of the variable impact on providers our initial thoughts were that applying a blanket approach to the allocation of funding may not reflect the best use of public funds, as it will not target the areas of greatest need. However, we concluded that we needed to hear more from providers about their thoughts, concerns and experiences in this area and what evidence they could provide that they had increased pay rates as a result of the National Living Wage.

22. We also considered that the consultation was not only about increasing up to the level of the National Living Wage, but that any allocation of funding should ensure that care staff are:

- remunerated accordingly and
- encouraged to stay in their roles and not to move to other jobs in other sectors.

23. With this in mind, and to reflect our responsibilities under The Care Act and to local council tax payers, we emphasised that any resulting increases to the rates that we pay providers should:

- be used to increase the pay that care workers receive
- require providers to be able to evidence that this has taken place
- be used to support the direct costs of delivering care.

24. We know that on average most care workers in Oxfordshire are already paid more than £7.20 per hour. However, we want to support providers to increase

pay rates and improve the level of recruitment and retention in the social care workforce. In this way they can remain competitive with other employers and main supply of services to respond to demographic increases and the more complex needs of vulnerable adults in the future.

25. We also want to encourage social care providers to remain in the market, to help meet the demand for future services and to reflect local differences as far as possible. The solution we choose needs to be equitable and affordable within the funding available for use in 2016/17, with any ongoing cost impact being sustainable in future years.
26. Underpinning any decision to increase the rates we pay, we felt we needed evidence that we are responding to real and demonstrable pay cost pressures experienced by providers in the local market.
27. We are aware that some of the indirect pressures generated by the implementation of the National Living Wage may not become apparent until later in the year. In this respect, we believe we should hold back some funding for future allocation so that we can respond to any such pressures.
28. Having discussed our approach with our providers, we commenced our consultation exercise on 27 June 2016. The consultation period ran through to 17 August 2016 with a number of key questions being set and an opportunity for providers to upload cost information and evidence of pay rates as part of their response. Details of the consultation documentation, which reflect our responsibilities under the Care Act can be found at: https://consultations.oxfordshire.gov.uk/consult.ti/National_living_wage/consultationHome
29. Alongside this, we attended three meetings where we presented details about our consultation to interested providers.
 - 18 July 2016 - Learning Disability (Oxfordshire Association of Care Providers)
 - 21 July 2016 - Home Support (Oxfordshire Association of Care Providers)
 - 16 August 2016 - Care Homes (Oxfordshire Care Homes Association)
30. A number of reminders about the consultation were circulated via our provider e-mail list and a copy of the presentation given to the above meetings was loaded on to our consultation web-page for those providers who could not attend.
31. In summary, we believed our key principles should be ones that:
 - Are fair, transparent, equitable and affordable within the funding available to support adult social care.
 - Make effective use of the funding in light of other pressures on adult social care.
 - Have a direct benefit to staff within the Oxfordshire market.

CA10

- Help to support providers to remain in the market with an improved ability to offer staff better terms and conditions of employment and to retain their existing workforce.
 - Take account of the local or sector challenges that providers face when delivering care.
 - Allow the council flexibility to respond to other pressures that may emerge in this financial year.
 - Are administratively efficient to implement within the council's current resources.
 - Maintain consistency with the council's minimum price models for care homes and home support.
32. We wanted to emphasise that our over-riding intention is that, in line with our responsibilities under the Care Act, the funding is used to support direct pay costs and ensure that provider staff are better paid.
33. The options we put forward as part of the consultation were developed following discussion with our small working group of providers and are listed below.

Option 1	<ul style="list-style-type: none"> • Implement a flat rate increase on payment rates paid to providers. • Maintain an allocation for in-year pressure.
Option 2	<ul style="list-style-type: none"> • Implement a flat rate increase to rates paid to providers based on the share of their payment rate which is attributable for staffing costs. • Maintain an allocation for in-year pressure.
Option 3	<ul style="list-style-type: none"> • Implement a flat rate increase to rates paid to providers, but vary this rate by locality and/or sector to reflect local factors/pressures. • Maintain an allocation for in-year pressure.
Option 4	<ul style="list-style-type: none"> • Implement an increase where it is evidenced that a provider has increased its pay scales to meet NLW requirements in 2016/17. This increase can be either directly to ensure care staff are paid the National Living Wage or indirectly through increases required to rates already over and above the National Living Wage, but required to retain care staff in the local market. • Maintain an allocation for in-year pressures.
Option 5	<ul style="list-style-type: none"> • Use the Skills for Care rates identified for Oxfordshire. • Apply the resulting rates to the council's cost models to determine where to provide additional funding to lift the 'minimum floor' rates above the levels already agreed for 2016/17. • Maintain an allocation for in-year pressure.

Summary of Feedback from the Consultation

34. Feedback was received from both the Oxfordshire Association of Care Providers and the Oxfordshire Care Homes Association, together with a further 25 submissions from individual providers. The responses to the key questions posed are summarised below:
- 92% agreed that the principles we had put forward are the uses that we should adopt when deciding to allocate financial support.
 - 96% agreed that the options we had put forward were the right options to be considered when we allocate funding.
35. Views about which was the preferred option were less conclusive, with the responses reflecting a split view on which option was the most appropriate:
- 38% favoured Option 3 - Implement a flat rate increase to rates paid to providers, but vary this rate by locality/sector to reflect local factors.
 - 33% favoured Option 1 - Implement a flat rate increase on payment rates paid to providers.
 - 21% favoured Option 4 - Implement an increase where it is evidenced that a provider has increased its pay scales to meet National Living Wage requirements.
 - Options 2 and 5 each registered 4% interest.
36. A number of providers asked the council to consider supporting those providers that may not have had a price increase as part of previous annual reviews. This would be because their prices would remain above the level of the resulting minimum cost model used following an annual revision of that calculation.
37. A full set of the responses from the feedback has been placed in the Members' Library.

Service and Financial Considerations

38. The Department for Communities and Local Government require that the funding generated by the Adult Social Care Precept has to be used entirely to support additional expenditure on the delivery of adult social care duties and responsibilities. In subsequent years councils will be required to confirm that the additional funding continues to be allocated to adult social care.
39. Some of the 2016/17 funding has already been agreed to be used to reflect the direct impact of the National Living Wage and other agreed cost pressures on providers, namely:
- a) £0.416m was used to help support the costs of change to our Care Homes Target Banding Rates. The Association of Directors of Adult Social Services (ADASS) model underpinning that assumes a £7.58 hourly rate

- for care staff, which is above the existing Skills for Care rate of £7.28 per hour. The model assumes domestic staff are paid £7.20 per hour.
- b) £0.151m to fund the Home Support Annual Price Review. This assumes an hourly rate of £7.20 for home support staff.
 - c) £0.290m has been used to support the implementation of new 'Help to Live at Home' contracts which went live in May 2016. These also assume an hourly rate of £7.20 for care staff employed through those contracts.
40. As a result of the decisions set out above, £0.857m of the £5.883m available through the precept in 2016/17 has already been committed and is being used to support providers. The remaining £5.026m is available to support adult social care. This could either be used to support existing pressures or to support increases in the rates we pay. In that case the funding would be used to support an increase in actual expenditure over and above the position reported through the last Financial Monitoring Report to Cabinet in July 2016. In addition, a further £0.600m was agreed as part of the budget agreed by Council in February 2016 specifically to support the cost of the National Living Wage in respect of sleep-in care for Learning Disability providers.
41. While we acknowledge that each provider will have a differing business model, each of the calculation models that the council has used to underpin these decisions assumes that there is adequate funding to support providers to pay at least the National Living Wage to all of their staff.
42. As well as taking account of feedback from providers, the proposed use of the funding needs to be considered in the context of both the council's responsibilities under the Care Act and the wider financial position for the council in 2016/17 and over the medium term. The Provisional Outturn Report to Cabinet in June 2016 noted that while the impact was offset by underspends elsewhere, social care placements were overspent by +£4.5m in 2015/16 as a result of increases in both prices and the number of weekly placements to care homes. The average number of weekly placements increased to 12.1 per week in 2015/16 from a budget that was set on the basis of 10 per week.
43. The Financial Monitoring Report to Cabinet on 19 July 2016 explains that within the council's element of the Older People's Pooled Budget the forecast overspend on care home placements is +£3.6m in 2016/17. A review of placement data indicates that the average number of new placements is 12.6 per week in 2016/17.
44. The options included in the consultation are described earlier in this report and comments about our considerations are set out below. A key principle we have set out is that care workers should benefit from the additional funding that may be passed to providers. If the funding does not find its way into the wages of care workers, then it follows that the funding will be allocated to non-staff costs, or potentially to provider profit margins, which is not what we intended.

45. Option 1 is to implement a flat rate increase across all providers. A sum would be retained to provide flexibility to respond to direct pressures arising later in the year and for higher cost areas or local issues. It is estimated that each 1.0% increase in the rates we pay, backdated to 1 April 2016, would cost £1.5m based on current forecast expenditure for 2016/17.
46. This option is favoured by 33% (8) of those who responded to the consultation and would reward all providers regardless of their business standing, care sector, service user group or location. However, in doing so it allows no differentiation between providers or local market factors across the county. Based on the evidence received through the consultation, we have discounted this option as we do not have sufficient evidence that the increase would directly benefit care workers in enough cases.
47. Option 2 (favoured in 4% of responses) considered that a higher percentage flat rate increase could be applied to the element of the current rates that relates to pay only, but as with the flat rate option, we cannot currently accurately identify the relevant share for each individual provider. To do so would involve a complex data collection process involving all providers. This is something that we have received representation about, with providers expressing concern about the complexity and time this would take. Because of that, this option has also been discounted.
48. Option 3, the preferred option for 38% (9) of the responses, was to implement a flat rate increase to rates paid to providers, but vary this by locality and/or sector to reflect local factors and to maintain an allocation for in-year pressures. This would again reward all providers and we would need to be clear that funding was used for care worker wages. Our view is that we would need to have additional information from providers to take this option forward, together with clear criteria for allocating funds to reflect local factors. This may again prove challenging to administer. Moreover, delivering a fair and equitable solution could also prove to be a complex process, and for this reason we have again discounted it.
49. Option 4 (favoured in 21% of responses) is to implement an increase only where it is evidenced that a specific provider has increased its pay scales to meet National Living Wage requirements in 2016/17, either directly to ensure care staff are paid the National Living Wage or indirectly through increases required to rates already over and above the National Living Wage, but required to retain care staff in the local market. This option would target the allocation to those who have needed to change their pay scales to meet minimum requirements of the National Living Wage. Evidence would need to be presented by providers based on an open-book accounting principle and on an individual provider basis, in an agreed format, and we would need to make a decision about what we could fund once in receipt of information from all providers. While there is some support for this approach from providers, others reflect our view that this would be a resource intensive process, gathering such information would generate a time delay, and an element of the funding would need to be used to support additional resource to administer this.

50. Option 5, which was favoured in 4% of responses, is to use the Skills for Care rates identified for Oxfordshire and apply the resulting rates to the council's cost models to determine where to provide additional funding to lift the 'minimum floor' rates above the levels already agreed for 2016/17.
51. Targeting an additional increase through the models already in use would focus increases on providers that we currently pay the lowest amounts. This would include home support providers who agreed rates with us some time ago but have not received an increase since then as they remain above the current floor. If we applied an uplift to the home support model to increase the rate from £7.20 per hour to £8.59 per hour from 1 April 2016 (the current Skills for Care rate for Home Support), the estimated additional cost would be £1.062m in 2016/17. In principle, we believe that this approach would provide an equitable way of focussing additional funding to home support providers currently paid the lowest hourly rates and is consistent with some of the comments received from providers. We also feel it is consistent with our stated aim of allowing service users to receive their care and support at home, together with our wish to support providers in the local market.
52. The ADASS care home fee model that we have used to set the banding rates for residential and nursing home care for 2016/17 uses a rate of £7.58 per hour for care workers and £7.20 for domestic staff. The care worker rate reflects a sample of payment rates earlier in 2016 and is above the existing Skills for Care rate for Oxfordshire of £7.28 per hour. The additional estimated cost of increasing the pay rate for domestic staff within the model to £7.58 per hour to match care workers is estimated to be £0.317m. That would increase the residential banding rate from £493 to £496 per week. If the same £0.038 hourly increase is applied to care workers (to increase the hourly rate to £7.96) to retain parity between the rates, the overall cost is estimated at £1.431m if the increase was applied across all existing expenditure. The residential banding rate would increase to £506 per week as a result.
53. However, we know that the average spot purchase rates for care homes for 2016/17 are already significantly higher than the target banding rates. This implies that care home providers are potentially already likely to be factoring an element for the additional costs being incurred into the rates that they are agreeing. While it would be possible to increase the banding rates to match the average being paid, there is a risk that this would push the rates relatively higher still.
54. We also asked providers about the impact of wage compression, whereby increases to pay rates for lower paid staff would feed through to increases to the whole pay structure. The evidence received does not appear to indicate this is a significant issue in 2016/17. However, a number of providers have expressed concerns about this and it is expected that the impact is likely to increase over time; the potential for a gradual erosion of pay differentials in provider pay scales means that we will need to review and consider the impact of this in future years. It may also be the case that increases in other

sectors leading to an indirect pressure on care worker pay rates have not yet worked through the system, but there is no evidence nationally or locally that we are aware of to support that.

55. We are aware of the impact on providers' ability to recruit and retain, but it will continue to be difficult to separate that from local market conditions and care worker availability. Some of the feedback noted concerns about the impact of leaving the European Union on the availability of care staff and the impact of other sectors on the availability of care staff so we need to continue be alert to that.
56. We have noted that the Skills for Care rate for staff in care homes is lower than for home support. That means the current assumptions in the models are inconsistent with the Skills for Care rates for Oxfordshire, as the care home model already assumes a higher rate for care staff (£7.58 per hour) than the home support model (£7.20 per hour). In addition, within the home support market providers are tied in to long term contracts. This is different to the position with care homes where providers are negotiating spot prices, and as such likely to have built in the National Living Wage pressures into placements agreed since April 2016.

Equalities Implications

57. It is felt that there will be a positive outcome from the recommendations as the additional funding for home support should help to enable providers currently paid the lowest rate to increase, or sustain increases to the hourly rates paid to their care workers.
58. Average spot purchase rates for care homes for 2016/17 are already significantly higher than the target banding rates. This implies that care home providers are potentially already likely to be factoring an element for the additional costs being incurred into the rates that they are agreeing.
59. £0.964m is recommended to be set aside for any exceptional issues raised by providers that might be expected to impact on care workers so this should mitigate any equalities implications arising.

Recommendations

60. Considering the evidence received in conjunction with the pressures already apparent in 2016/17, Cabinet are **RECOMMENDED** to:
 - (a) agree that the assumed hourly rate for home support workers funded through the council's home support model should be increased from £7.20 per hour to the Skills for Care rate for Oxfordshire of £8.59 per hour. £1.062m of the Adult Social Care Precept should be added the council's contribution to the Older People's Pooled Budget to fund the cost of additional payments to home support providers resulting from the increase to the hourly rate.

- (b) agree that £0.964m of the Adult Social Care Precept should be held as a contingency to support specific in-year pressures raised by providers between October and March 2017. The expectation is that this will be relevant in a limited number of cases where a provider has a longstanding contract and have not otherwise received an increase in their payment rates for a number of years. Any allocation will need to be evidenced through open-book accounting and agreed on an exceptional basis. Any balance remaining at year end will be used to support further pressures in adult social care evident by 31 March 2017.
- (c) agree that £3.000m of the Adult Social Care Precept should be used to increase the council's contribution to the Older People's Pooled Budget on a permanent basis to support on-going demand and expenditure pressures evident in 2016/17.
- (d) note that the £0.600m budget available to support the cost of sleep-in support for service users will be ring fenced for such purposes, in line with the original budget approval to be used mainly in the area of Learning Disability providers. Funding will be allocated subject to evidence of actual changes to wages and the outcome will be reported through the Financial Monitoring Report.

KATE TERRONI

Deputy Director - Joint Commissioning

Annex: Response from Consultation

Contact Officers:

Andrew Colling - Lead for Quality & Contracts (Joint Commissioning), 07768 028116

Kathy Wilcox - Finance Business Partner, Adult Social Care, Fire and Rescue Service and Community Safety and Public Health, 07788 302163

September 2016