



Adult Social Care New Operating Model Front Door

Final Report



Issue Date: 02 May 2018

Working in Partnership to Deliver Audit Excellence

Executive Summary

This section provides an overview for senior management to understand the main conclusions of this audit review, including the opinion, significant findings and a summary of the corporate risk exposure.

Findings and Outcomes

This section contains the more detailed findings identified during this review for consideration by service managers. It details individual findings together with the potential risk exposure and an action plan for addressing the risk.

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Summary

Overview

As part of the 2017-18 audit plan a review has been undertaken to assess the adequacy of the controls and procedures in place for the Adult Social Care new operating model front door processes at Somerset County Council.

Adult Social Care has implemented a new operating model to support, promote and enhance strong communities in order that people can live their lives as successfully, safely and independently as possible. As part of this, the approach at the front door (Somerset Direct) has changed significantly. The aim now is to resolve as many calls as possible at the first point of contact by offering a range of solutions that vary from linking people into the local community via the use of community agents, signposting to activities in the local community, booking into independent living centres to find equipment/technology solutions to aid independence, or booking into a community connect hubs.¹

There have been major changes to the roles of Adult Social Care advisors and a programme of training as been undertaken. Conversations are now longer with an emphasis on outcomes as described above, and where appropriate referrals to Adult Social Care services. The Council's Community Connect internal web-based system; the Council's Easy Site web pages; and Somerset Choices website are sources of information. Good communication and mutual understanding of roles between Somerset Direct and the locality teams are also key.

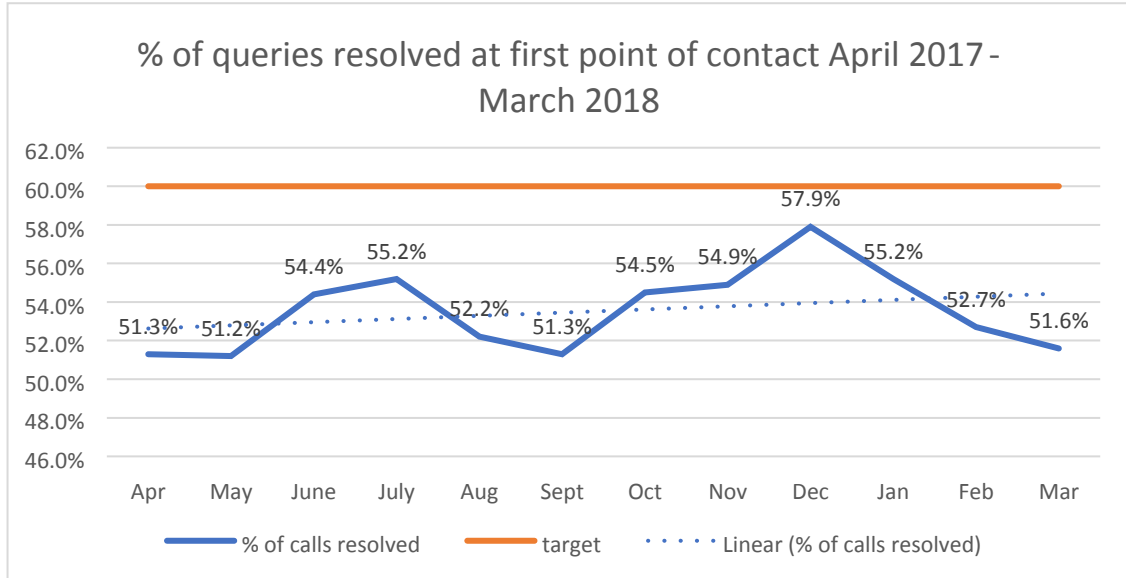
The main measurement of the effectiveness of the new front door approach is the % of queries resolved at the first point of contact. The current target effective from 2017-18 is 60%. Results for the current and previous year are tabulated below. Please note that the methodology for calculating this performance indicator was revised by management in February to make the result more accurate and these results (including 2016-17 data) were provided by the Performance Lead officer, using the new methodology.

<div style="display: flex; justify-content: space-between; align-items: center;"> % of queries resolved at first point of contact </div>												
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2016-17	52.2	48.4	45.3	48.0	45.9	44.0	37.2	35.9	35.8	38.3	38.4	40.3
2017-18	51.3	51.2	54.4	55.2	52.2	51.3	54.5	54.9	57.9	55.2	52.7	51.6*

* March 1-21, this will be updated to include the whole of March in the final report.

The average performance in 2016-17 was 42.5%, and in 2017-18 was 53.5%. In 2017-18, results peaked in December (57.9%) but fell after this. Overall, there was an upward trend for the year which is demonstrated in the following graph.

¹ Information from Annual Report of the Cabinet Member for Adult Social Care 18 February 2018
<http://democracy.somerset.gov.uk/documents/s6004/Annual%20Report%20of%20the%20Cabinet%20Member%20for%20Adult%20Social%20Care%20-%202018.pdf> accessed 21March 2018



Objective

The objective of Adult Social Care in relation to the new operating model front door: To be the most effective Adult Social Care first point of contact nationally.

Significant Findings

Finding:	Risk:
<ul style="list-style-type: none"> Somerset Direct staff resilience issues associated with the new way of working have not been resolved. The feedback loop system is not embedded and a standard approach is required which should include a system to identify query types that could be dealt with by Somerset Direct in the future, and initiatives to improve mutual understanding of roles. 	<p>The required improvement in the % of queries resolved at first point of contact will not be achieved.</p>

Audit Opinion:

Partial

In relation to the areas reviewed and the controls found to be in place, some key risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.

It is acknowledged that new operating model is a different way of working, and there has been considerable effort by all staff on this initiative which is still at an early stage. Implementation has required a major change in approach and work methodologies for adult social care, this includes Somerset Direct which was a main focus of the audit and is an area which has already undergone significant change. All managers we spoke with were very positive about the new approach, and the output from the recent staff survey of Adult Social Care Somerset Direct advisors also reflected this.

Success of the model is monitored closely with the main measurement of the effectiveness of the new front door approach being the % of queries resolved at the first point of contact. The current target is 60%, with future targets to be agreed. The average result for 2016-17 was 42.5% and 2017-18 has seen a general upward movement from 51.3% in April 2017, with the average result at 53.5%. However, results fell in January – March 2018, and although the target of 60% has been achieved on individual days, the maximum monthly average for the period is 57.9%, and results are variable.

The recent monthly lower result is partly attributable to resourcing issues within Somerset Direct, this has been identified as a significant factor in meeting the target, and a key recommendation from this audit is to review and improve this. We also found that there is no consistent method for feedback between the different locality teams and between the locality teams and Somerset Direct – this is also important to ensure that new and improved ways of increasing the resolution rate are identified.

There are a further seven priority-three recommendations to help strengthen controls and improve processes.

The auditor’s assessment of the risk to the Council identified at the start of the audit is medium. This assessment is based on the audit findings and is in line with the manager’s assessment agreed at the start of the audit.

It is acknowledged that much has already been achieved in a relatively short time and the close working between Adult Social Care and Somerset Direct have been a significant contributory factor. The actions agreed in this report further demonstrate an ongoing joint commitment to address the areas remaining that will enable the new operating model to reach its potential.

Corporate Risk Assessment			
Risks	Inherent Risk Assessment	Manager’s Initial Assessment	Auditor’s Assessment

The number of queries resolved at the first point of contact does not reach the required level, leading to:

- Fewer resources available for customers who do require further support
- More protracted process for customers whose query could be resolved at the first point of contact but isn't
- Impact on staff morale if targets not achieved
- Dissatisfied customers
- Failure to achieve planned MTFP savings

High

Medium

Medium

Findings and Outcomes

Method and Scope

This audit has examined the front door processes of the new operating model. At the start of the audit four audit objectives were determined which form the audit scope. These are:

- To assess the system for the public contacting Adult Social care to ensure that the number of queries resolved at first point of call is maximised. As part of this, examine how it is ensured that the queries are fully resolved and are not temporary solutions meaning the customers will need to make contact again in the near future.
- To ensure that data produced to monitor performance, including customer satisfaction, is complete, accurate and interpreted and reported correctly, and systems are sufficient to ensure that any actions required are acted on.
- To ensure that feedback on the process from Locality teams, and also Somerset Direct and customers, is used for learning, and any actions required are identified and acted on.
- To examine whether the new model leads to a risk that safeguarding issues and complaints will increase.

Priority has been given to the first three audit objectives and areas under the fourth objective have only received a brief examination.

This audit has been undertaken using an agreed risk-based approach. This means that:

- the objectives and risks are discussed and agreed with management at the outset of the audit;
- the controls established to manage risks are discussed with key staff and relevant documentation reviewed;
- these controls are evaluated to assess whether they are proportionate to the risks and evidence sought to confirm controls are operating effectively;
- at the end of the audit, findings are discussed at a close-out meeting with the main contact and suggestions for improvement are agreed.

Risk:	The number of queries resolved at the first point of contact does not reach the required level	Medium
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1	Audit Objective 1 – Assessment of Somerset Direct processes
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1.1 Somerset Direct Staff Training

We found that there is very good training for new staff, and records are well-completed.

The system for identifying when refresher training is due, and the recording of refresher training requires improvement to ensure this training is undertaken as required.

There is no training policy which details the training requirements. This could be used to update the refresher training system and formalise the requirements for training of new staff to ensure the current high standard is maintained.

1.1a Proposed Outcome: Priority 3

We recommend that the Service Manager - Customer Access ensures that a training policy is written and implemented. This should include information on the refresher training system and used to update the system for this.

Action Plan:

Person Responsible:	Sharon Passmore	Target Date:	30/06/18
Management Response:	We are pleased it was recognised that we have very good training for our staff and that records of this are good. We recognise that our training requirements will be better structured under an over-arching training policy and will produce this document. It will be version controlled and be part of our Contact Centre document library.		
Update 11/7/18	Action Complete		

2 Audit Objective 2 – Performance data and management

2.1 Calculation methodology for % queries resolved at first point of contact

We identified that the calculation in use was incorrectly including not applicable and overflow calls in the denominator. During the audit, but independently from it, the methodology for calculating the indicator was changed so that calls about more than one individual and therefore having more than one wrap-up reason were measured more accurately. As part of this, not applicable and overflow wrap-up reasons were excluded from the calculation. Results were re-calculated from April 2017. This new calculation is as follows:

$$\frac{\text{number of wrap up reasons signposted by SD}}{\text{total wrap up reasons excluding not applicable, overflow and progress chasing}} \times 100$$

Although the calculation measures wrap-up reasons, we assess it as an accurate measurement of % of queries resolved at the first point of contact.

This change was determined by management. However, there should be a formal process in place when performance indicator methodologies are changed to ensure these are appropriate and accurate. Changes to the data spreadsheet should be version-controlled to preserve the previous data and reduce the risk of the wrong data sets being used.

2.1a Proposed Outcome: Priority 3

We recommend that the Service Manager - Customer Service introduces a system to authorise and fully record the details and rationale for any changes to performance indicators calculated by Somerset Direct.

Action Plan:

Person Responsible:	Sharon Passmore	Target Date:	31/05/18
Management Response:	<p>We operate under a test and learn methodology and this is reflected in how we have produced our data and undertaken monitoring during this period. As part of this approach we have identified that we needed a change control process. We will implement this by 31/05/18</p> <p>The Service Manager – Customer Service will work with the internal Business optimisation team to document all performance indicators and put in place a change control process for these.</p>		
Update 10/7/18	Action Complete		

2.2 Accuracy of data input

Data from the telephony system is input into a large spreadsheet which is used to calculate and hold the performance results. The main outputs are calls resolved at first point of contact; call numbers; abandonment rates; and customer satisfaction.

All data apart from customer satisfaction is input into the spreadsheet manually. Telephony system reports were obtained and used to check the accuracy of the data input. A low number of errors were identified which have now been corrected. There is no validation of the data input and there is a risk that unidentified significant input errors could distort the performance results.

2.2a Proposed Outcome: Priority 3

We recommend that the Service Manager - Customer Service ensures that a system to validate input onto the data spreadsheet is introduced.

Action Plan:

Person Responsible:	Sharon Passmore	Target Date:	31/05/18
Management Response:	<p>Obvious errors are currently identified however we accept that some minor errors are potentially not identified at the moment. We will put in place validation and checks for the data as part of the process for producing the data spreadsheet. Where possible there will be automation from the systems to avoid manual input.</p>		
Update 10/7/18:	Action Complete		

2.3 Customer Satisfaction Surveys

It is recognised by management that it is important to monitor customer satisfaction levels. Customers are surveyed at the call centre in two ways, by being invited to participate in a short survey after the call; and by being called back at a later date.

Survey immediately after the call: In 2017, 506 of these surveys were completed, this equates to 1.3% of all calls answered. The Somerset Direct guidance to staff is that all callers should be invited to partake in the survey unless this is inappropriate because of the nature of the call. It is acknowledged that a higher proportion of Adult Social Care calls may not be suitable for a survey invitation and the longer average length of calls may also be a factor. The offering of the survey is examined during the call quality monitoring process and is also included at the annual advisor appraisal. These are good practices.

Call backs at a later date: Between June and December 2017, 25 call back surveys were attempted, with 17 being completed. It is recognised that these surveys provide useful feedback, but the exercise is time-consuming.

We reviewed the number of surveys from a statistical perspective. For surveys immediately after the call, the 2017 number of surveys (506) is adequate to achieve a 5% margin of error and 95% confidence level in the results, which is a common standard². For call backs at a later date, the 2017 number is too low. If a lower accuracy tolerance of 10% margin of error and 90% confidence level was acceptable, 60-70 surveys would be required. This may be a more realistic target for these more time-consuming surveys.

Management should determine the required number of each type of survey. It is important that the monitoring of the offering of the survey continues in order to minimise bias and ensure all types of calls are included.

2.3a	Proposed Outcome:	Priority 3
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We recommend that Strategic Manager Commissioning, Adult Social Care, with the Service Manager - Customer Service determines the number of surveys required and ensures this is achieved. As part of this, the number of surveys at a later date needs to increase and monitoring of the offering of the survey should continue.

Action Plan:			
Person Responsible:	Pip Cannons	Target Date:	30/09/18

² <https://www.nao.org.uk/wp-content/uploads/2001/06/SamplingGuide.pdf>

<p>Management Response:</p>	<p>The Strategic Manager Commissioning ASC and the Service Manager – Customer Service regularly discuss the number of surveys and call backs and review this data as part of our monthly management meetings.</p> <p>Our policy for customer surveys is for all advisors to offer the survey to all customers where appropriate. The requirement for this is covered as part of our induction, on-going training programme and quality monitoring and we will ensure there is continued appropriate emphasis on this. We have agreed between us that we are not going to put a specific target on this and understand the risk this poses. We will continue to monitor and review this.</p> <p>Call backs were implemented as part of the test and learn methodology. We regularly review the number of calls and outcomes as part of our monthly meetings. This call back process is still embedding and being evaluated to ensure that the call backs are value adding and to ensure that we don't, in our approach with this, create a dependency culture.</p> <p>Action – at our formal September review we will consider role and purpose of the call back process, review how successful they have been and consider whether a target is appropriate at that time.</p>
<p>Update 10/7/18</p>	<p>The survey results and calls backs are being monitored at monthly meetings. The action is on track to be completed in September 2018</p>

2.4 Reporting of Performance to Management

Performance is reported to senior management in the Corporate Performance Monitoring report and the Adult Social Care scorecard for CEO. Both are updated and issued monthly, and both include the indicator % queries resolved at the first point of contact. The Adult Social Care scorecard for CEO includes information on number of calls and contacts referred to the locality teams. The information is set out clearly.

At PIMS (Performance Improvement Meetings for Adult Social Care which started in September) a regular presentation is made, supported by a PowerPoint document which includes the % queries resolved at the first point of contact plus other results, for example abandonment rates.

At Somerset Direct, a data spreadsheet containing results for a wider range of measures is circulated to managers monthly. There is a monthly telephone meeting for Adult Social Care and Somerset Direct to discuss the results. The spreadsheet results are not summarised and so the individual daily and weekly results are examined. Interpretation of the results would be improved by the inclusion of summary information and trends.

We also found that the monthly result for % queries resolved at the first point of contact used in all reporting is calculated as an average of the individual daily results. This means that days with a high number of calls where performance could be lower, or vice versa are given the same weighting, which is incorrect.³

To fully assess effectiveness of the first point of contact, performance in other related areas such as call abandonment rates and customer satisfaction should also be considered. The % of contacts resolved at triage; call-number data and information on staffing levels would help in the interpretation of results and identify genuine changes in performance.

2.4a	Proposed Outcome:	Priority 3
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³ Example: day 1 – 200 calls received, % queries resolved 54.0%; day 2 – 150 calls received, % queries resolved 58.0%. Result using the current calculation method is 56.0%, the true result is 55.7%

We recommend that the Service Manager - Customer Service ensures that a summary of results is included when the data spreadsheet is circulated. Results for call abandonment rates and customer satisfaction, plus any other results as required, should be included.

Action Plan:

Person Responsible:	Sharon Passmore	Target Date:	01/06/18
Management Response:	This is completed informally but we will formalise this by creating a template that will provide a summary of the raw data plus commentary and comment that can be captured at our regular meetings.		
Update 10/07/18	Action Complete. Template in place.		

2.4b	Proposed Outcome:	Priority 3
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We recommend that the Service Manager - Customer Service ensures that the calculation method for all monthly performance results is changed so these are an average of all individual results.

Action Plan: Calculations to be updated

Person Responsible:	Sharon Passmore	Target Date:	01/06/18
Management Response:	This will be discussed internally with the Business Optimisation Team and the calculations adjusted accordingly.		
Update 10/7/18	Action complete		

2.5	Performance Targets
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One aspiration for Adult Social Care is to be the most effective Adult Social Care first point of contact nationally. This is not currently being measured. In practice this would be difficult to do – ‘most effective’ would need to be clearly defined; and any meaningful comparisons would require other Councils to measure effectiveness in the same way and publish a quantitative output. Managers advised us that it is intended to review this aspiration.

In relation to Adult Social Care front door processes there is only one performance target in place, this is for the main indicator % of queries resolved at the first point of contact and is currently 60%. Results for the current and previous year are included in the overview section earlier in this report. 2017-18 has seen a general upward movement from 51.3% in April 2017, with the average result at 53.5%. However, results fell in January – March 2018, and although the target of 60% has been achieved on individual days, the maximum monthly average for the period is 57.9%, and results are variable.

As stated in paragraph 2.4, to fully assess effectiveness of the first point of contact, performance in other related areas such as call abandonment rates and customer satisfaction should be considered. Setting targets for these two measurements would assist in the evaluation of performance.

2.5a	Proposed Outcome:	Priority 3
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We recommend that the Strategic Manager Commissioning, Adult Social Care with the Service Manager - Customer Service ensures that targets are set for customer satisfaction and abandonment rates, and these are monitored monthly. The aspiration for the level of queries resolved at first point of contact, and how aspirations can be best measured, should be included as part of this. A review to better understand the results of the last year should form part of this and the issue of Somerset Direct resilience should be taken into account – see paragraph 2.6.

Action Plan:

Person Responsible:	Pip Cannons	Target Date:	30/09/18
Management Response:	<p>We agreed not to set specific targets for these during the test and learn phase however we still monitor customer satisfaction and abandonment rate at our monthly meetings. This decision was made to enable Somerset Direct staff to focus on the quality conversation and not abandonment rate; encouraging innovation</p> <p>At our 6-monthly review in September we will consider whether it is appropriate to put in a formal target on this</p>		
Update 10/07/18	On target to complete in September 2018.		

2.6 Somerset Direct staff resilience

The 60% target for % queries resolved at first point of contact has yet to be reached. In the period April 2017 to January 2018, the average result was 53.8%. Results peaked in December (57.9%) but fell in the period January- March.

It is recognised that the lower result is partly linked to higher call volumes and lower staffing levels at the call centre due to annual leave, staff turnover and sickness.

No audit testing has been performed on this. However, from discussions with Somerset Direct managers it was clear that there are concerns about staff resilience in relation to the new Adult Social Care role. The new role had also impacted on other areas of Somerset Direct, for example safe-guarding overflow calls have increased (results were 68% and 72% for January and February respectively).

There is a generic operating level agreement between Adult Social Care and Somerset Direct, but a different style operating level agreement which includes staffing levels and targets may be required to reflect the new way of working.

Resourcing issues at Somerset Direct will continue to be a major risk in the ability to be able to meet the target set, and therefore achieve the planned savings.

General staff resourcing issues at Somerset Direct and at the locality teams may also result in initiatives to improve mutual understanding of roles not being fully effective (see paragraph 3.1). Therefore, this issue has been included in the audit report for completeness and a general recommendation is made below that the Somerset Direct resourcing issues are examined.

2.6a Proposed Outcome:

Priority 4

We recommend that the Service Manager - Customer Service, with the Strategic Manager Commissioning, Adult Social Care, completes a full examination of Somerset Direct Adult Social Care staff resources and agrees a way forward. The aspiration for the level of queries resolved at first point of contact should be included in this, see paragraph 2.5. The operating level agreement should be updated to reflect the outcome.

Action Plan:

Person Responsible:	Sharon Passmore	Target Date:	30/09/18
Management Response:	<p>Resilience is recognised as an issue and is discussed at the monthly meetings. We had already agreed following performance results in January and February that we wanted to conduct a resource review. We have made some small changes to improve resilience:</p> <ul style="list-style-type: none"> • Implemented an online referral form and targeted messaging to providers/ professionals to manage this demand more efficiently, • We have redefined a role to support with managing email demand. <p>Resilience will also be addressed at the 6-monthly review.</p> <p>A collaborative partnership has evolved and developed between Adult Social Care Commissioning and Somerset Direct Operations. It was a deliberate decision not to update the OLA during the test and learn phase. This is being reviewed at the 6-month check point in September when an updated agreement will be developed.</p>		
Update 10/07/18	On target for September 2018.		

3 Audit Objective 3 – Feedback Loop

3.1 Feedback System

Management recognise the importance of a robust feedback system which ensures all opportunities for improvement are identified, evaluated and implemented as appropriate.

We examined the systems for feedback at three locality team offices and at Somerset Direct. The overall process is at an early stage, but some work has been undertaken - initiatives include Somerset Direct managers attending locality team meetings; and named Somerset Direct contacts for each locality team.

Overall, we found that there are no standard processes for the feedback system, and although there are some common practices, there is variation between the locality teams. Also, the system is focussed on feedback from the locality teams to Somerset Direct, with less feedback from Somerset Direct to the locality teams.

The process would benefit from an exercise to establish a standard process for how the feedback system should be operated. This should ensure the objective of identifying, evaluating and implementing all opportunities for improvement is met. It is noted that the action *Feedback loops / shadow triage* is in the Somerset Direct Development Plan for March and April, and the proposed exercise could be included in this.

Currently the system does not include a formal process to identify cases where Somerset Direct were not able to deal with the call at the first point of contact, but with training / system changes / additional information would be able to do so. This means that opportunities to improve front door performance are missed.

From discussions with managers it was clear that all felt that it was essential to establish good working relationships between the locality team staff and Somerset Direct staff in order to maximise front door performance. Progress has been made, for example new Somerset Direct staff visit a locality team office, and vice versa. As stated above, the current feedback system requires review, and the achievement of better mutual understanding of roles could be included as part of this.

Initiatives such as long-standing staff visiting other offices or attending drop-in sessions have not been fully rolled out because of staff resource issues at Somerset Direct. This is reported in paragraph 2.6.

3.1a	Proposed Outcome:	Priority 4
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We recommend that the Strategic Manager Commissioning, Adult Social Care ensures that an exercise to establish a standard process for how the feedback system should be operated is performed. This should include a system to identify call types that could be dealt with by Somerset Direct in the future, and initiatives to improve mutual understanding of roles.

Action Plan:

Person Responsible:	Pip Cannons	Target Date:	30/09/18
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Management Response:	<p>We had in place a system of feedback with link workers and Somerset Direct which has needed to evolve and change during this test and learn period. We recognise that this was not working effectively at the time of the audit and had already put in place actions to address this.</p> <p>As of the beginning of April we have re-established link workers at both</p>
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	<p>ends (Localities and SD) and established a consistent process of feedback between the teams. Key themes will be fed into Management Meetings from May in order to effect consistent improvement.</p> <p>From May we have included the Strategic Manager for Localities in the monthly meetings which will monitor and track performance as well as the effectiveness of operational processes e.g. for feedback.</p> <p>We will formally review this at our 6-monthly review meeting in September.</p>
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Update 10/07/18	On target for September 2018

Audit Framework and Definitions

Assurance Definitions

None	The areas reviewed were found to be inadequately controlled. Risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
Partial	In relation to the areas reviewed and the controls found to be in place, some key risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
Reasonable	Most of the areas reviewed were found to be adequately controlled. Generally risks are well managed but some systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
Substantial	The areas reviewed were found to be adequately controlled. Internal controls are in place and operating effectively and risks against the achievement of objectives are well managed.

Definition of Corporate Risks

Risk	Reporting Implications
High	Issues that we consider need to be brought to the attention of both senior management and the Audit Committee.
Medium	Issues which should be addressed by management in their areas of responsibility.

Categorisation of Recommendations

When making recommendations to Management it is important that they know how important the recommendation is to their service. There should be a clear distinction between how we evaluate the risks identified for the service but scored at a corporate level and the priority assigned to the recommendation. No timeframes have been applied to each Priority as implementation will depend on several factors, however, the definitions imply the importance.

Priority 5	Findings that are fundamental to the integrity of the unit's business processes and require the immediate attention of management.
Priority 4	Important findings that need to be resolved by management.
Priority 3	The accuracy of records is at risk and requires attention.

Priority 2 and 1 Actions will normally be reported verbally to the Service Manager.

Low	Issues of a minor nature or best practice where some improvement can be made.
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Support and Distribution

Report Authors

This report was produced and issued by:

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Support

We would like to record our thanks to the following individuals who supported and helped us in the delivery of this audit review:

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Distribution List

This report has been distributed to the following individuals:

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Working in Partnership with

Cheltenham Borough Council	Powys County Council
Cotswold District Council	
Devon & Cornwall Police & OPCC	Sedgemoor District Council
Dorset County Council	Somerset County Council
Dorset Police & OPCC	South Somerset District Council
East Devon District Council	Taunton Deane Borough Council
Forest of Dean District Council	West Dorset District Council
Herefordshire Council	West Oxfordshire District Council
Mendip District Council	West Somerset Council
North Dorset District Council	Weymouth and Portland Borough

Council
Wiltshire Council

Wiltshire Police & OPCC

Statement of Responsibility

Conformance with Professional Standards

SWAP work is completed to comply with the International Professional Practices Framework of the Institute of Internal Auditors, further guided by interpretation provided by the Public Sector Internal Auditing Standards.

SWAP Responsibility

Please note that this report has been prepared and distributed in accordance with the agreed Audit Charter and procedures. The report has been prepared for the sole use of the Partnership. No responsibility is assumed by us to any other person or organisation.