CX/07/48
Community Services
Overview/Scrutiny Committee
30 May 2007

Domiciliary Care Task Group: Final Report

1.0 Recommendations

1.1 The overall purpose of the investigation was to evaluate the provision of domiciliary care across the County and make recommendations aimed at improving the quality of these services, to be considered by the Committee, and then the Executive.

1.2 The recommendations have been drawn up, using evidence obtained from witnesses, site visits and background evidence brought to the Task Group's attention.

1.3 The Task Group would like to place on record its gratitude to everyone who contributed to the review process by providing information and/or being interviewed. The Task Group welcomed the responses from the public and believes that its findings are supported by the evidence and information provided, and that in turn the findings justify the recommendations in the report.

1.4 The Task Group recommends:

Recommendation 1

That there is a more comprehensive assessment of independent sector care providers prior to the awarding of block contracts.

Rationale
The Council has to ensure that independent sector providers are subject to a far more robust assessment process than is currently in place to ensure that they have both the capacity and the expertise required to be able to deliver on the block contract. There needs to be proper consideration of the size of the block contract in relation to the proposed care provider's scale of operations and ability to cope with the hours on the contract. Evidence indicated that there had been failings in the evaluation process when the block contracts were awarded in 2005 and lessons needed to be learnt from this.

Recommendation 2

That the quality of block contracts is properly monitored.

Rationale
The Council has to ensure that independent sector providers are subject to a far more robust monitoring process to ensure that they are delivering in terms of their service to clients. It is vital that care providers properly manage their block contract and meet the terms of their contract with the Council for the quality of service delivery.

It was reported that at present only about 65% of contract reviews are being carried out, and it did not appear to Members that there was any kind of systematic approach to the way in which contracts across the County are being monitored. The Task Group understood that although there are difficulties in being able to effectively monitor the quality of domiciliary care it is essential contracts with independent sector providers stipulate in greater detail what standards are required of them. There need to be systems in place to ensure that these standards are maintained and resources need to be found to allow more comprehensive checks to be undertaken to ensure that care providers are complying with their contracts.

Recommendation 3

That domiciliary care contracts with independent sector providers are re-tendered after 3 years.

Rationale
Domiciliary care contracts with independent sector providers need to be re-tendered after 3 years, not after 6 years, to ensure that quality standards are not in any way compromised. It was reported to the Task Group that the evaluation of tenders for services is now weighted at 60% for quality and 40% against cost. It is essential that quality is given greater weight than cost.

Recommendation 4

That there is better record keeping and updating of systems to ensure that care plans are up to date and accurate. That there is an updated checklist for the care required by each service user.

Rationale
It is vital that if the Council is going to help older people stay in their own homes, comprehensive and accurate records must be kept detailing clients' needs and required provision of service. If this is going to be achieved there is a need for improved communication between carers and care providers to help ensure records are constantly updated; while care plans must incorporate all details relating to clients' needs i.e. whether they have a visual impairment or a disability. It would be advantageous that in addition to a care plan there is a checklist for each service user in terms of what the carer is required to do during a visit; while a change in carer might not be ideal for the client, a checklist would at least help to ensure there is minimal interruption in the client's provision of service.

Recommendation 5

That the Council work with independent sector providers to support a comprehensive training package for carers.

Rationale
The Task Group determined that independent sector providers need further support from the Council in terms of staff training.

Recommendation 6

That the need for domiciliary care staff to wear their photographic ID is flagged up as part of a carers training package, and is also flagged up to all existing domiciliary care staff in both the independent sector and the in-house service.

Rationale
The Task Group is concerned that those receiving domiciliary care could be at risk from potential fraudsters if photographic ID is not always worn by care staff.

Recommendation 7

That the Council assists carers, providers and service users in identifying and agreeing the required quality standards for domiciliary care.

Rationale
The identification and agreement among carers, providers and service users of the required standards for domiciliary care would give the Council a stronger position to be able to say to care agencies exactly what is needed in terms of care provision, and subsequently improve service users satisfaction. It is apparent that some service users see the quality of their care as being intrinsically linked to having the same carer, at the same time every day. This is not a realistic expectation but clients' expectations could be more carefully managed. There needs to be a clear agreement between the care agency and service user that there is an acceptable time banding approach to their care provision. It is also important that every effort is made to reduce the number of carers a service user deals with. Clients should always be informed when they are having a different carer.

Quality standards could be checked and monitored with random surveys etc, although there are issues to consider if care staff fill in surveys on behalf of clients.

Recommendation 8

That the implementation of telecare equipment in service users' homes is progressed.

Rationale
Evidence indicated that the use of telecare technology would have numerous benefits. Telecare involves clients having a range of innovative monitors fitted to their homes, such as fall sensors and panic buttons, which are connected to a round-the-clock emergency call and response service. Telecare technology could be augmented as part of the existing information exchange with the service user, carer and care manager to ensure that the required care is being provided as agreed in the contract with the Council.

Recommendation 9

That in recognising the quality of the Council's in-house domiciliary care service there should be a cost comparison with independent sector providers to determine if it would be more effective to provide in-house services; that this cost comparison considers the overall cost to the Council of block contracts.

Rationale
The Task Group's findings revealed that the Council's in-house domiciliary care provision appears to offer an excellent service to clients. The Exeter Senior Voice questionnaire emphasised the quality of the Council's in-house domiciliary care service. Members felt in light of this, consideration needs to be given to maintaining an in-house domiciliary care service as opposed to commissioning all domiciliary care from the independent sector.

Recommendation 10

That Adult and Community Services (ACS) meet all independent sector providers to clarify issues relating to service users' medication.

Rationale
The Task Group is concerned that medication is something of a grey area. It is vital that carers work to clear guidelines in terms of issues relating to service users medication. Further work is required to ensure that all agencies are complying with the Council's medication policy.

Recommendation 11

That the direct payment process is simplified for service users. That an Equality Impact and Needs Assessment (EINA) is undertaken for domiciliary care direct payments.

Rationale
The Council's direct payment scheme is too bureaucratic and needs to be improved. A simplified model should be adopted which would benefit older people. An EINA involves anticipating the consequences of the direct payment option for domiciliary care users to make sure that as far as possible any negative consequences are minimised and opportunities for promoting equalities are maximised. It is currently very difficult for some people to fill the direct payment forms in and there is not sufficient infrastructure in place to support direct payment clients.

2.0 Background

2.1 The Community Services Overview / Scrutiny Committee established on **24 October 2006** a Task Group to review/monitor the implementation and progress of the personal care block and spot contracts. It was agreed that this Task Group comprise Date (Chairman), Channon, Haywood and Lee.

2.2 The following terms of reference for the Task Group were compiled:

(i) To evaluate the number of people receiving domiciliary care in Devon arranged by the Council.

(ii) To examine the cost of domiciliary care to the Council and to consider who is providing that care.

(iii) To assess the use of block contracting.

(iv) To review the implementation of spot contracts.

(v) To make detailed recommendations to the Overview and Scrutiny Committee on the findings of the Task Group.

3.0 Links to Strategic Plan

3.1 The study into domiciliary care in the County directly links to the priorities of the Strategic Plan.

3.2 From the Strategic Plan 2006–2011, the priority states that 'our aim is to build strong communities in which everyone can play an active role and take control of their lives. We want to promote independence and choice and provide support and protection to the most vulnerable'. One of the objectives under this remit is to enable older people and vulnerable adults to stay healthy and safe in their own homes.

4.0 Task Group Activities

4.1 This section of the report gives some background on the activities of the Task Group, which was established in October 2006 (but did not meet until January 2007). A composite witness list is appended to the report.

4.2 The first meeting took place on **10 January 2007**. The aim of this initial meeting was to plan a schedule of further meetings and consider the next steps for the investigation, including possible witnesses.

4.3 A further meeting of the Task Group took place on **23 January 2007** with the Director of Adult and Community Services, who provided a report in response to the key questions for the review as outlined in the Task Group's scoping document. At this meeting Members gauged viewpoints and sought to further determine the focus for the investigation.

4.4 On **26 February 2007** Members undertook a site visit to Barnstaple. The Task Group initially met with locality managers at North Devon & Torridge Family Support Services, before visiting the block provider Marwood, and Sanctuary one of the spot providers in the area.

4.5 On **20 March 2007** the Task Group visited South Hams, West Devon and Teignbridge Adult & Community Services in Kingsbridge. Members held interviews with officers and with representatives from NewCare Devon and Allied Healthcare.

4.6 On **28 March 2007** the Task Group interviewed a number of service users and officers at County Hall.

4.7 The last meeting of the Task Group took place on **30 April 2007**. Members met a representative from Age Concern and Exeter Senior Voice who had just published the results from a survey they had undertaken on domiciliary care. The Group also held further interviews with the Executive Member for Adult and Community Services and the Director of Adult and Community Services.

4.8 In addition to the series of interviews that were held, evidence was also received from representations made to the Scrutiny Officer on the telephone and also through a number of letters and emails (see appendix). All of this information is held on file in the Scrutiny Unit.

5.0 Findings

5.1 The number of people receiving domiciliary care in Devon

As of 22 January 2007 the total number of domiciliary care clients across Devon was 4039.

5.2 The cost to the Council of providing domiciliary care in Devon County Council

The cost for domiciliary care in Devon for 2005/2006 was £21.0 million, £14.5 million in the independent sector and £6.5 million for the Council's in house service.

5.3 Block Contracts

During 2004/2005 the Adult Services Management Board took the decision to offer services purchased in the independent sector to competitive tender. This offered 16,500 hours of service each week contained within 28 locality areas across Devon. As a result of the tender exercise 16 contracts were let to eight providers (see table below):

Contract Area	Provider
East Devon 1	Care South Homecare Service
East Devon 2	Care South Homecare Service
East Devon 3	Care South Homecare Service
East Devon 4	Sanctuary Homecare
East Devon 5	Sanctuary Homecare
Exeter 1	Care South Homecare
Exeter 2	Care Plus Agency
Exeter 3	Care South Homecare Service
Exeter 4	Sanctuary Homecare
Exeter 5	Sanctuary Homecare
Mid Devon All areas	Agincare
North Devon All areas	Marwood Care Ltd
SHWD 1	Devon & Cornwall Care Services
SHWD 2	Sanctuary Homecare
SHWD 4	Allied Healthcare
SHWD 3 and Teignbridge All areas	New Care (Devon) Ltd

The provider who was awarded the contract for the East Devon 4 and 5 locality and Exeter 4 and 5 has since that time pulled out of their block contract and domiciliary care in these areas was now commissioned solely under spot arrangements. Consequently the Council has 12 'live' block contracts for personal care.

The Council currently has 80% of its domiciliary care in block contracts, with the remaining 20% provided in-house. This in-house care tended to be focussed towards those with more complex needs such as those coming out of hospital with an intensive care requirement. The in-house care service was however currently in the tendering process as part of the ACS Directorates Modernisation Programme and the strategic direction to become a primarily commissioning organisation.

The Task Group were advised by officers that block contracts guaranteed that there would be staff available to provide care for the required hours. This created a stability of care provision, at a better price to the Council, with an annual saving in the region of £750,000. The block contract also benefited domiciliary care providers commercially in terms of their forward planning.

5.4 Spot Contracts

Spot contract providers are complementary to block contractors. There is still a recognised need to have spot contractors when there are problems with a block contractor, or there are more care needs to be met by the Council over and above that stipulated in the block contract. The Council has a list of spot contractors meeting quality and price standards. Spot contractors, along with the block contractors, are kept under constant review by the Council.

5.5 In-house Domiciliary Care

The Exeter Senior Voice Questionnaire revealed a lot of praise for the Council's in-house domiciliary care service, which the Task Group agreed that ACS should be congratulated for. The Director of Adult and Community Services did however report that the cost of in-house care had been £2/£3 an hour more expensive than that of the independent sector providers, and with the Job Evaluation process this cost had risen to about £3/£4 an hour more.

5.6 Contract Monitoring

The Council still had a responsibility to review care plans and care needs even if domiciliary care was increasingly being outsourced. The Task Group were advised that contract reviews were undertaken and that meetings were held with care providers to look at quality assurance, which did on occasion result in an amendment to the terms of the contract. Service user issues would also be flagged up and possibly a joint visit with Council and care provider might be organised for a client with complex needs. Feedback forms and spot checks were also used as monitoring tools.

However evidence indicated that there was a lack of a systematic approach across the County to the monitoring of the independent sector provider contracts. It was reported that only about 65% of care reviews were being carried out and Members were not convinced as to whether adequate systems were in place to ensure those reviews that were being carried out were being done so to a sufficiently thorough standard.

ACS was considering the introduction of telecare technology which could aide the contract monitoring process. Swipe card technology or a telephone dial in/dial out system could be augmented as part of the existing information exchange with the service user, carer and care manager to ensure that the required care was being provided as agreed in the contract with the Council. This would allow for the accurate recording of information as to when a carer arrives and leaves a client, as well as also potentially providing carers with access to the most accurate and up to date list of a clients care needs from the telecare computer in the clients home that was linked to the central office. An internal development process was being undertaken by ACS, which had taken longer than expected. This was in part due to efforts to tie telecare in with the care management system.

5.7 Block Contract Hours

There were often difficulties for care providers in keeping to the hours stipulated in their block contract. If the block contract was not reached because the provider could not meet demand, then there was no payment from the Council, although as a result services were not being delivered. One of the key factors in this was reported difficulties in recruiting and retaining care staff. This was particularly apparent in the most rural parts of the county; in the South Hams and North Devon, where there was a lack of affordable housing, combined with the low pay and the working hours involved.

5.8 North Devon

Before block contracts, care in North Devon had previously been bought in on a day-by-day basis, which was expensive and not an effective way of working. There had been considerable difficulty in getting domiciliary care provision in some places, particularly in rural areas. Care providers often did not have sufficient staffing resources to be able to meet service user need or if they could meet the need then they were increasingly charging high prices. A lot of staff time in ACS had been spent trying to find this care provision and often without a wholly satisfactory outcome to either the user or the Council as the provider.

North Devon had been split into 7 sub areas, with tenders invited in June 2005 for a block domiciliary care contract on each one. 14 bids were received in total across the board. The Contracts and Procurement Manager reported that the other bids did not match Marwood's in terms of both quality and price. The intention had not however been to have just one provider, but it ended up with Marwood being awarded a contract for the whole of North Devon. Officers reported that this was not an ideal situation but there had been little other option at that time.

The block contract with Marwood was initially agreed at 4050 hours per week, by far the biggest in Devon. Marwood had historically been a major provider in Barnstaple, but not across the whole of North Devon. In order to fulfil the block contract Marwood effectively had to treble in size to take on the contract. It was not until October 2006 that Marwood was fully up to block.

Throughout the review process the Task Group received evidence indicating that there were problems with the domiciliary care service provided by Marwood. In November 2006 Marwood were criticised by the Commission for Social Care Inspection (CSCI) on a number of performance issues relating to vulnerable adults. An action plan for Marwood was drawn up by DCC with CSCIs involvement.

At a meeting of the Task Group in April 2007 the Executive Member for Adult and Community Services reported that the hours Marwood were contracted to provide on the block contract had been reduced from 4050 to 3000, as part of a 3 month trial to determine whether Marwood could improve their performance to satisfactory standards.

5.9 Re-tendering of contracts

Domiciliary care block contracts were for 3 years subject to quality and performance. The Contracts and Procurement Manager reported that so long as there were no issues with performance, Audit had agreed that re-tendering would occur on a 6 yearly basis when it would be necessary to retest the market; good providers would have their contracts automatically renewed. The Task Group was not persuaded by the evidence it received that the re-tendering of contracts on a 6 yearly basis was adequate.

5.10 Direct Payments

Clients, when there was the move to block contracts, are entitled to direct payments effectively to buy in their own domiciliary care. Direct payments were offered to service users to allow them to stay with their existing care provider if they so wished.

It had been feared that with the one block contractor the domiciliary care market in North Devon might have been destroyed, but it had been partly restored by the direct payment plan, which had had unanticipated levels of take up. 35% to 40% of independent sector was direct payments. Evidence indicated however that this choice had tended to be because the client did not want to be transferred to the block provider. In fact service users had found the transfer process very unsettling. There was also evidence to indicate that in North Devon there had been a persuasive element from the outgoing care providers to stay with them via the direct payment process.

The Task Group received reports to suggest that a significant number of older people could not manage the direct payment process and that there was not sufficient infrastructure to support direct payment clients. Many service users did not like the complexity of the forms and the level of personal details that were required to be divulged, while others did not want the hassle of organising their own care. Evidence indicated that direct payments were in fact the last thing that many people who had been in hospital wanted.

It was also a challenge to ensure that care was actually being purchased with direct payments, although there was a full assessment and review process for anyone taking up the direct payment option it was undeniably difficult to monitor. Direct payments were stopped if they were not being used to buy care; checks of bank details for instance had to be made to ensure that funds were not being misappropriated.

5.11 ‘Managing your own care’ model

The ‘managing your own care’ approach is a different model from the direct payment one, and was something that the Director of Adult and Community Services reported that the Council was developing and hoping to implement in the near future. The Council would assess a service users needs and agree those. The Council could then arrange that care package, or the individual user could contact a care provider and arrange their own care package. This helps to give people

receiving care control over the services that they required. The Council then sorts out the financial side of the arrangement with the care provider.

5.12 Care Plans

Evidence indicated that there was scope for ACS to work more closely with care providers on service users' care plans. There appeared to be a lack of a systematic approach in terms of liaison between social workers and care providers. The need for social workers to update care plans upon clients leaving hospital was flagged up by care providers. It was particularly vital care plans were kept up to date with carers often changing. It also had to be made clear in each care package exactly what services each person was to be provided with as carers were reported to not always know what they were supposed to be doing.

5.13 Service User Expectations

There were issues about managing people's expectations about the care they or their family members received. There was at times a mismatch in terms of the expectations of service users against what was actually deliverable. Complaints tended to be about either a change to timings, a change of carer, a lack of training to a carer or occasional personality clashes between the carer/client. Continuity was a key factor for service users, who were sometimes extremely devoted to their carer; evidence suggested that some clients would rather cancel than have another carer attend to them.

Complaints could be made directly to the care provider or via the Council's complaints and representations policy. Officers advised that about 90% of complaints tended to be resolved relatively easily. One service user however felt that there was certainly a need for senior staff to take complaints more seriously and properly rectify mistakes, with changes to services being made where necessary.

5.14 Timings

Most clients wanted their carer to attend them at 8.00am - 8.30am, which was not always possible to achieve. Only if there was a specific need i.e. medical reason; day centre attendance; joint provision with district nurse etc. were clients on the block contract visited by care staff at a fixed time of the day. Officers reported that a banded time approach was now used as CSCI advised, although service users could have preferred times on their care plan. Domiciliary care providers such as Allied and Sanctuary reported that they would not take on a client who was unhappy with the timings. The Task Group did however receive a number of complaints from service users about the timings of their care.

5.15 Medical Needs

An increasing number of service users had a high level of dependency in terms of their care needs, which necessitated larger packages of care. More clients had medical needs, many of whom were reported to have a catheter or be diabetic. Concerns were expressed from domiciliary care providers as to changes proposed to medical administration and whether carers would increasingly be filling the void of a lack of nursing staff.

Although it was reported that there were currently stringent guidelines as to what care staff could administer to a client themselves the issue of medication appeared to be something of a grey area in terms of domiciliary care.

5.16 Care Assistants

The Task Group received many representations detailing the excellent job that the vast majority of care staff did. There were however ongoing problems particularly in some rural areas in terms of the recruitment and retention of care staff. It was evident that a great deal was expected from carers, who were in turn not paid very much. The hours of work for carers were not ideal for some with split-shifts, often with clients located across rural areas.

Carers were also now required to do more lifting than previously as the needs of service users tended to become increasingly more complex. Carers also had the responsibility at times of prompting a client to have medication and had to be able to recognise changes in the condition of a service user that might need flagging up to health care.

5.17 Training Standards

It was apparent from evidence received during the review process that training standards of domiciliary care staff appeared to vary across the County. Concerns were raised about whether care assistants were being provided with adequate levels of training.

The Council had a responsibility to work with external providers to support their staff training. The Director of Adult and Community Services advised that there was a definite need for the Council to make more resources available to support those domiciliary care agencies with training and support to ensure that common standards of care could be met.

5.18 Photo ID

It was detailed in the Exeter Senior Voice survey that only 68% of care staff always carried photographic ID. The Task Group expressed concern that with regular changes to their carers older people could be at potential risk from thieves impersonating a carer if the wearing of photo ID was not more strictly enforced.

5.19 Funding

The Executive Support Member Social Affairs and Health felt that it was regrettable money was such a key factor in the provision of a quality domiciliary care service. The Council could not always be looking to make savings; if it wanted quality services then it would have to pay more to get them. Domiciliary care providers always had problems finding and retaining quality staff – such quality staff needed to be paid more so that they could be retained within the service. A radical shift in thinking was needed; if society demanded that the elderly should be looked after well, then this service would have to be heavily invested in.

5.20 Day Care Provision

Although the issue of daycare provision did not fall within the remit of the Task Group, Members want to flag up an apparent lack of daycare provision for older people.

5.21 Exeter Senior Voice

Exeter Senior Voice is a network of older people set up by Age Concern, who agreed to focus their winter 2006/2007 questionnaire on domiciliary care. Exeter Carers Focus circulated the questionnaire to some of its members in addition to the 300 members of Exeter Senior Voice, which meant that in the region of 550 questionnaires were distributed.

The Task Group were particularly interested in the following results:

- 87% of respondents advised that carers did do things when the clients wanted them in terms of bedtimes, mealtimes etc, which was a very high result;
- 76% of respondents reported that their carers arrived and left at the times they were supposed to;
- 37% of respondents reported that they were not always informed beforehand if they would be having a change of carer;
- Only 68% of respondents reported that their carers always carried photo ID;
- 89% of respondents advised that care staff usually did what they were supposed to do in terms of providing services;

- 76% of respondents felt information was usually getting passed on from the care agency office to the carer in terms of care plans and identifiable needs;

- A number of clients were asked to sign that their carer had arrived earlier than they had in fact done so. A number of representations were received indicating that the service user was unaware for what they were signing for;

- Care providers were desperate for care staff, and people were taken on by these companies without references coming back. These new carers were then sent out to service users without all the necessary training;

- The questionnaire revealed a lot of praise for the Council's in-house domiciliary care service;

- Over a third of older people had made a complaint about their home care, which Members felt was a significant number, as older people would not always be comfortable complaining about what were intimate services. It was important that older people were encouraged and supported to talk about the quality of the service that they were provided with.

6.0 Conclusions

6.1 The Task Group agrees that well run block contracts appear to bring stability to the independent sector market, which combined with a list of approved spot providers helps to give flexibility to this provision. Evidence indicates that across the County the block and spot contracting arrangements are by and large working very well. However it is apparent in North Devon that there had been problems with the block contract and lessons have been learnt from this experience.

6.2 If the Council's policy is to be based around keeping people in their homes for as long as possible, then the quality of domiciliary care has to be of the best possible standard. It is also important that an individuals needs are respected. While there would undoubtedly be an increasing number of older people needing access to domiciliary care services in the future it is vital that all service users continued to be given access to a suitable choice about where and how they are going to receive care.

Councillor Geoff Date (Chairman)
Councillor Christine Channon
Councillor Chris Haywood
Councillor Michael Lee

Local Government Act 1972 List of Background Papers		
Report originated by:	Dan Looker	
Room:	G.36	
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Background Papers	**Date**	**File Reference**
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Appendix 1

Witnesses to the Review (in the order that they appeared before the Task Group)

Witness	Position	Organisation
David Johnstone	Director of Adult and Community Services	Devon County Council
Paul Collinge	Deputy Assistant Director North & Mid Devon	Devon County Council
Tim Sanders	Locality Finance Manager Older People North & Mid Devon	Devon County Council
Paul Munt	Practice Manager North & Mid Devon	Devon County Council
Jacquie Franks	Operations Manager	Marwood Care
Shane Stevens	Managing Director	Marwood Care
Bev Ferne	Registered Manager	Marwood Care
Clare Dyer	Pay and Invoicing Manager	Marwood Care
Dianne McGahran	Operations Manager	Sanctuary Home Care
Julia Stevens	Branch Manager	Sanctuary Home Care
Wendy Price	Assistant Director (Older People and Physical Disability) South Hams West Devon and Teignbridge	Devon County Council
Mike Eckersley	Operations Manager Teignbridge	Devon County Council
Richard Newcombe	Director NewCare Devon	NewCare Devon
Ann Todd	NewCare Devon	NewCare Devon
Liz Lewis	UK Commissioning Manager	Allied Healthcare
Farrah Azimi	Homecare Co-ordinator	Allied Healthcare
Harold Goldman	Service user	
Denise Brabin	Procurement and Contracts Manager	Devon County Council
Councillor Sally Morgan	Executive Support Member Social Affairs and Health	Devon County Council
Jo Hooper	Corporate Equality Officer	Devon County Council
Cathy Pelikan	Coordinator, Exeter Senior Voice	Age Concern
Councillor John Rawlinson	Executive Member Adult and Community Services	Devon County Council

Written / Telephone Representations to the Review (in the order that they were received)

Witness	Position
Liz Gilbert	Wife of service user
Carole Evans	Daughter of service user

Mrs Holden	Service user
Sheila Kelly	Daughter of service user
Clare Shepherd	Granddaughter of former service user
Sue Robertson	Tissue Viability Nurse
Anthony Steen MP	MP for Totnes
Mr Heard	Service user
Ms Baker	Service user
Mr Spiller	Service user
Mr Thomas	Service user
Mrs Le Fever	Service user
Mrs Jones	Service user