Chief Officer Confirmation of Report Submission Cabinet Member Confirmation of Briefing Report for: Mayor			
Date of Meeting	10 th January 2018		
Title of Report	Response to Public Accounts Select Adult Social Care	ct Com	mittee on
Originator of Report	Dee Carlin		Ext. 47103
At the time of submission for the Agenda, I confirm that the report has: Category Yes No			
Financial Comments from Exec Director for Resources		,	110
Legal Comments from the Head of Law Crime & Disorder Implications Environmental Implications		√ √	
Equality Implications/Impact Assessment (as appropriate) Confirmed Adherence to Budget & Policy Framework Risk Assessment Comments (as appropriate) Regson for Urgency (as appropriate)			
Chur. Rect.			
Signed: _Executive	Member		
Date:			
Signed:	Director/Head of	Service)
Date 20 th Decem	ber 2017		
Control Record by Committee Support			
Action Listed on Schedule of Business/Forward Plan (if appropriate)			Date
Draft Report Cleared at Agenda Planning Meeting (not delegated decisions)			
Submitted Report from CO Received by Committee Support Scheduled Date for Call-in (if appropriate)			
To be Referred to Full Coun-			