

## **CABINET**

<b>DATE</b>	26 <sup>th</sup> September 2018
<b>REPORT OF</b>	Councillor Jane Hyldon-King  Portfolio Holder For Health, Wellbeing and Adult Social Care
<b>RESPONSIBLE OFFICER</b>	Bev Compton – Director of Adult Services and Statutory Director of Social Services (DASS)
<b>SUBJECT</b>	Adult social services and health statutory complaints report 2017/2018
<b>STATUS</b>	Open
<b>FORWARD PLAN REF NO.</b>	FP 09/18/09

### **CONTRIBUTION TO OUR AIMS**

Encouraging and responding to feedback strengthens the community's input into service design and helps to improve services for users, contributing to the councils aim to develop stronger communities.

### **EXECUTIVE SUMMARY**

The adult social services and health statutory complaints annual report provides an overview of the activity and analysis of complaints and representations for the period 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018. This report also includes activity from informal complaints, referred to as 'concerns', which progress as patient advice and liaison (PALS) enquiries and concerns raised by professionals through the CCG portal intelligence system.

### **RECOMMENDATIONS**

For cabinet to receive and note the contents of the report and the lessons learned from the adult social services and health statutory complaints annual report for 2017/2018.

### **REASONS FOR DECISION**

It is a requirement of the Local Authority Social Services and National Health Service Complaints (England) regulations 2009 to produce an annual report regarding all representations made about social care and health services. The purpose of the attached report is to inform the general public, CCG officers, elected members and

council officers about the effectiveness of the statutory complaints procedure and to ensure that feedback is incorporated into service improvement.

## **1. BACKGROUND AND ISSUES**

- 1.1 North East Lincolnshire Clinical Commissioning Group (CCG) was formed on the 1<sup>st</sup> April 2013 as part of the government changes to the National Health Service. The arrangements previously in place as part of the merger in 2007 between the primary care trust and parts of the council's directorate of community care, including adult social care services, remained. The CCG complaints policy therefore still forms a schedule to the partnership agreement between North East Lincolnshire Council and the CCG and is binding between both organisations.
- 1.2 Since the 1<sup>st</sup> September 2013, 'focus' independent adult social work became a freestanding social enterprise providing adult social care assessment and case management services. A service level agreement exists between focus and the CCG for the customer care team to provide the complaints service.
- 1.3 The statutory complaints procedure covering adult social services and health services is administered by the customer care team within the CCG. This report covers both adult social services and health related service complaints, reported separately, to reflect the new legislation introduced on 1<sup>st</sup> April 2009. The customer care team provides a complaints, concerns, compliments and an advice and liaison service which administers public enquiries in relation to the services we commission. This service is open to our population and those which access the services we commission.
- 1.4 In April 2013, as part of national changes, the care trust plus ceased existence and the clinical commissioning group was established. In line with these national changes the handling of primary care health complaints was transferred from local primary care trusts and care trust plus's to NHS England.
- 1.5 The patient advice and liaison service (PALS) function continues to be provided by the customer care team within the clinical commissioning group and deals with informal concerns and enquiries for both primary health and adult social care.
- 1.6 The information discerned from the customer care functions may be used to inform commissioning decisions, provide an early warning system where services may be failing and remedial action is required and recognises good practice which can be shared.
- 1.7 The attached report "adult social services and health statutory complaints annual report" provides a breakdown of the complaints activity for 2017/2018 and the

service improvements implemented as a result of any complaints and representations received.

### 1. Activity summary

Function	Total Number 2016/17	Total Number 2017/18	Direction of Travel
Patient advice and liaison service (PALS)	705	726	
Adult social care complaints	43	53	
Corporate/ccg/health complaint	56	58	
Complaints responded to within agreed timescale	100%	100%	
Ombudsman requests	9	9	
Compliments	95	147	
Portal (concerns)	863	1076	

### 2. What is a complaint?

A complaint may be generally defined as “an expression of dissatisfaction or disquiet about a service that is being delivered or failure to deliver a service”.

The complaints procedure gives those denied a service or dissatisfied with the proposed level or type of service an accepted means of formally challenging the decision made.

### 3. Who can make a complaint?

The statutory complaints procedure is available for service users/patients or their representatives who wish to make any sort of comment. Some service users/patients may wish to make their views known by raising a concern, but not have them dealt with as complaints. Anyone who expresses a view, verbally or in writing, which can reasonably be interpreted as a representation of their views will have those views acknowledged.

People can make a complaint or representation about the actions, decisions or apparent failings covering Adult Social Services and Health Services commissioned by the clinical commissioning group.

#### 4. Complaints procedure

The complaints procedure puts the patient/service user, and/or their representative, at the centre of efforts to resolve the issues they have raised. The clinical commissioning group recognises the importance of listening to the experiences and views from the public about our services – particularly if they are unhappy – and want to make it as easy as possible for them to let us know their views. The procedure ensures that representations are dealt with in a way that is:

- Open – information gathered about the issues raised and the way in which they have been handled is shared in full.
- Clear – the representation and the way in which it will be handled is agreed at the start with the complainant.
- Responsive – the needs of the complainant and/or patient/service user is taken into account in determining the method of addressing their concerns.
- Flexible – the complaint/representation handling is determined by the nature of the complaint and views of the complainant.
- Proportionate – the efforts to resolve and time taken in addressing the issues raised reflects the significance of those issues.
- Accessible – the procedure is easy to get access to and to use.
- Timely – complaint handling is conducted in a timely way – rather than subject to preset timescales.
- Focussed on resolution – at all points through the process we look to using our best efforts to achieve resolution.

Complaints will be dealt with in a way that is most suitable to the issues raised rather than according to a set procedure. The means of addressing the complaint takes into account:

- The complainant's views.
- The nature of the complaint.
- The potential implications for the complainant.
- The potential implications for the organisation.

We want everyone who is involved to feel confident in the process and will achieve this through a procedure that ensures:

- Concerns are taken seriously.
- Complaints are dealt with promptly and effectively.
- There is a full response and a clear outcome for complainants.
- Complaints are dealt with fairly and even-handedly.
- All those involved in the process are treated with dignity and respect.
- There is equality of access and standard of service for all complainants, with particular consideration for those people who may find it more difficult to use the process e.g. people with disabilities, those whose first language is not English.
- Using the outcomes from complaints and concerns to improve services.

#### 5. Response times

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, introduced in April 2009, removed previous timescales for responses to complaints and replaced this with timescales agreed with the complainant or their representative. In 2017-2018 100% of timescales agreed with the complainant, or their representative, were met. The average time for a complaint to be responded to from start to finish was 55 days.

#### 6. Involvement of the Ombudsman

A further option for complainants is either the local government ombudsman (LGO) if the complaint is about adult social services or the parliamentary health service ombudsman (PHSO) if the complaint is about health services. There is now an LGO / PHSO team who now handle joint complaints against health and social care. The ombudsman is empowered to investigate where it appears that an organisation's own investigations have not resolved the complaint. Complainants can refer the complaint to the ombudsman at any time, although the ombudsman normally refers the complaint back to the clinical commissioning group if it has not been considered under the local complaints procedure first. In 2017/2018 the ombudsman reviewed 9 complaints.

#### 7. Concerns

A concern is an expression of dissatisfaction where the service user, or their representative, does not wish to make a formal complaint but wishes the incident/failure in service to be logged.

The clinical commissioning group has an established process to feedback any concerns regarding contracted homecare and residential services to the clinical commissioning group contracts team. This process, covers concerns identified by

adult social care services professionals and incorporates all professionals from general practitioners (GPs) and district nurses (DNs) to social workers and case managers.

The customer care team has responsibility for monitoring and logging the concerns, recognising that they are available to take action on anything urgent during office hours. The customer care team refer to the contracts team to inform contract monitoring visits to ensure improvements have been made and implemented in response to concerns raised. They will also refer to adult safeguarding where needed and liaise directly with the patients and service users should they wish to take any concerns further. A quality lead from a clinical background has oversight of this process.

## 8. Compliments

A compliment is recorded when a member of the public expresses their gratitude for a member of staff performing well, often above the person's expectations. The majority of these compliments are received in writing but a few are relayed through a line manager or to the customer care team verbally. Adult social care compliments are also received via comments left when a service user completes a survey at the end of a call to single point of access.

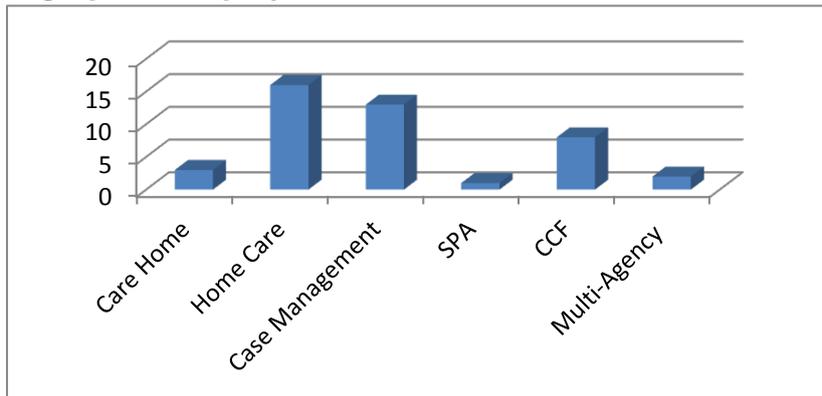
## 9. Activity in adult social care

### 9.1 Complaints

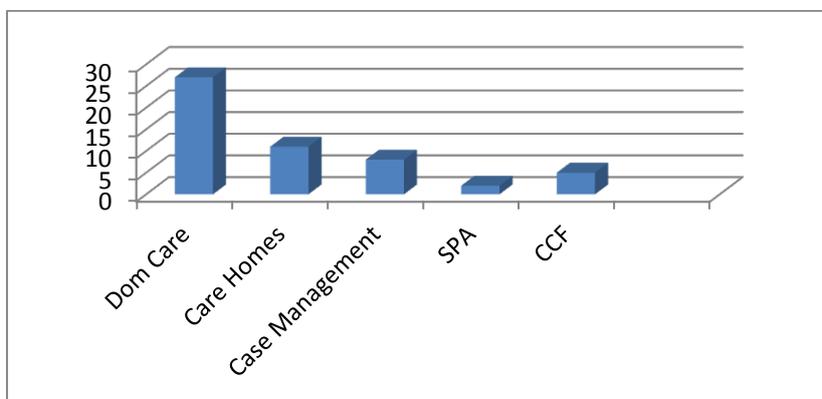
Between 1st April 2017 and 31st March 2018, the complaints service recorded 53 Adult Social Care complaints, compared with 43 last year. This indicates an increase of 23%.

A breakdown of the adult social care complaints activity is shown below for 2016/17 and 2017/18 as shown in the two graphs below. The highest number of complaints received, relate to domiciliary homecare services (27). The lessons learned as a result of these complaints are listed below and these relate to complaints that were either fully or partially upheld. Care homes accounted for 11 complaints. There also continues to be a number of complaints regarding focus case (15) which was split between case management and community care finance.

**A graph to display the breakdown of adult social care complaints 2016/17**



**A graph to display the breakdown of adult social care complaints 2017/18**



**Lessons learned from adult social care complaints**

Out of the total of 53 adult social care complaints, 19 were either fully or partially upheld complaints. It must be noted that some of the upheld complaints cover more than one area:-

**14 upheld / partially upheld complaints from home care providers (Hales, Willows, HICA and LQCS).**

As a result of these complaints many changes in practice were implemented and there were numerous lessons learned. These include:-

- In respect of medication all staff are now have specific training on medicines management. Specific importance has been put on ensuring that medication within blister packs is labelled with the patients details to avoid confusion.
- In order to ensure that home care provider staff all have basic knowledge and understanding one provider ensures that all staff attend a five day induction programme, have eight hours of shadowing, undergo regular observed practice and now receive supervision and appraisals
- All staff to complete the 'safe handling of medication training' and all staff to attend refresher medication updates annually.

- Review of the process for ensuring medications never run out and the introduction of a revised process to collect medication in a timely manner.
- Home care staff been provided with training on 'stroke awareness' and early recognition signs.
- In order to ensure that care links calls take place, if staff already have full diaries and are not able to attend, the out of hours staff now undertake these calls.
- One home care provided regularly undertakes 'spot checks' as a quality control measure. In some instances relatives were not informed of this and so were not present. As a lesson learned the provider will always contact the next of kin prior to undertaking a quality review visit.
- A home care worker attended a visit but was not aware of essential information about the service user. As a consequence of this from June 2017 all clients have a one page profile which is given to relevant staff once a service commences including personal details, relevant information and key safe numbers.
- To ensure all phone messages are actioned all staff are to e mail the office directly so the work cannot be forgotten or overlooked.
- All blood tests results to now be sent directly to the home care provider to monitor clotting times of blood tests.
- The introduction of a new telephone logging system to ensure that all calls are actioned in a timely manner.
- A home care provider has introduced a new system to staff rotation through a mobile app. This system updates changes to a carer's rota automatically and the old paper system has now gone.
- All home care service users now receive electronic schedules and a paper copy can be provided if the service user / family wishes.
- One provider has reviewed the procedures for the reporting of falls, incidents and accidents. A full review of the office procedures following a fall and all staff attended a mandatory falls training refresher.
- Staff are not to wear scents / perfumes whilst on duty as it has had an impact on a service user with breathing difficulties.

#### **4 Upheld / partially upheld in respect of adult social care (focus) and the lessons learned were:-**

- Finance and charging, reminders to check the accuracy of assessments and information are now a standing agenda item within social work practice meetings in Focus.
- SPA, after a core assessment took place a referral was made to the home improvement agency at NELC. There was a 6 month waiting list but the complainant was not made aware of this. Now it is routine practice that all clients are informed of the length of waits for adaptations.

- Hospital discharge team at focus have now moved to the operational centre at Diana Princess of Wales hospital (DPOW) in order that information can be shared in a more timely manner. All complex discharges are now directed through the hospital discharge team and the practice of DPOW block purchasing home care beds has now been discontinued.
- Customer care training and support is now offered to the front of house reception staff.

### 3 upheld complaints in respect of residential homes

- Guidance has been introduced into a number of care homes to ensure fluid balance is monitored on all residents
- Equipment (wheelchair) equipment checks have been increased from quarterly to monthly. A checklist has been introduced to improve the consistency of all visual checks carried out on all equipment and to complete a log. This equipment checklist is to be reviewed on a weekly basis by a team leader and monthly by a service manager.
- It was found that there was not a sufficient amount of equipment within a residential setting. As a result a number of pieces of specific moving and handling equipment have been purchased.

The lessons learned as a result of these complaints are fed into existing systems within the ccg aimed at reviewing potential risks and to provide quality assurance.

All the complaints were responded to in the timescales mutually agreed with the complainant (on average 55 days).

#### 9.2 Concerns

During 2017/18 the customer care team received 1076 concerns via the portal regarding contracted homecare and residential services.

	Domiciliary Care	Residential Care	Supported Living	Other
Quarter One	81	102	2	42
Quarter Two	94	83	5	59
Quarter Three	104	90	2	134
Quarter Four	72	114	1	91
Totals	351	389	10	326

The themes emerging are in relation to quality of care provision. Concerns regarding our commissioned services are alerted to clinical commissioning group contracts officers / quality lead and action is taken to address any themes or trends with the service provider.

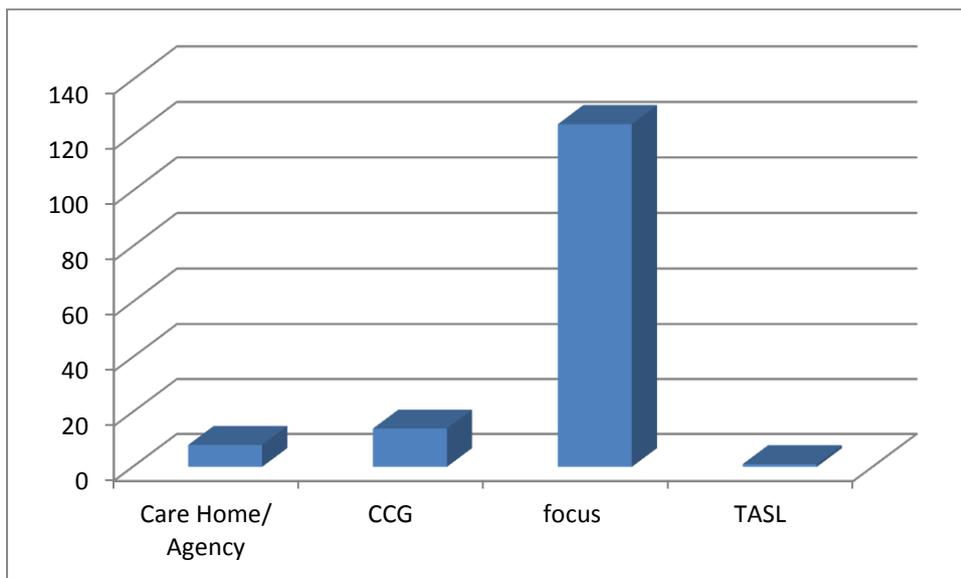
The number of concerns received has significantly increased since the previous year. During 2016/17 the customer care team received 863 concerns via the portal

regarding contracted homecare and residential services. This increase can be interpreted in different ways. The increase could be due to an improved safety culture amongst professionals or the increase could be interpreted as deterioration in the quality of services. Also the PALs team have done a great deal of publicity and have attended numerous public events to provide the information on the work of the clinical commissioning group and how to raise issues and concerns. Monitoring arrangements are in place to identify themes and trends to feed into the management of commissioned services.

### 9.3. Compliments

During the year 2017/18 147 compliments were recorded for adult social care, Health Services and the clinical commissioning group.

It is essential that all teams delivering services (including contracted services) formally capture and record compliments. This is one way of ensuring that the commissioned service are meeting the needs and also gives staff an added bonus to know that they are doing a good job. .



### 9.4 Ombudsman referrals

As far as the customer care team has been made aware, for adult social care / health complaints nine referrals were made to the local government ombudsman (LGO) / parliamentary health services ombudsman (PHSO) or now the joint team.

Of the nine referrals made, two were accepted for investigation and one was partially upheld. The ruling found that:-

- The complaint was upheld in that the quality of care provided was not adequate (within the care home).
- The complaint was not upheld that the CCG failed to properly investigate the concerns.

This complaint relates back to 2015 but was not investigated until 2017.

**As a result of the Ombudsmans decision:**

- The customer care team now compiles a weekly report on all of the intelligence that comes in through the PALs from the public and service users in respect of health and social care. This intelligence is shared with the contract lead and highlights any areas of concern or specific issues raised. This report is routinely discussed at the market intelligence and failing services (MIFS) meeting which take place on a fortnightly basis.
- The CCG "incident reporting application is a database for the reporting of patient safety incidents. This database permits the quality team to look at themes and trends alongside issues raised by other provider professionals. For those sent for investigation, the response is then initially reviewed by a clinician within the CCG quality team and if necessary passed onto the social care service leads for further investigation / intelligence or the safeguarding team and are similarly reported through to the fortnightly MIFS forum for a wider discussion. For those not sent for investigation, these are retained for intelligence purposes.
- The above sources of intelligence undergo a process of triangulation whereby a themes and trends analysis report is produced on a monthly basis to identify areas for compliments, comments and concerns and complaints. This is shared with the operational Leadership team on a monthly basis and would highlight issues with the commissioned / provider services.
- The MIFS meeting gathers organisation together on a fortnightly basis to share intelligence on home and residential care providers and to review the intelligence from the above portals. This forum is then able to review and formulate plan which would examine performance. It should be ensured that going forward that should a complaint/ query or ombudsman enquiry come through, that contracting and MIFS are alerted to this at the outset, so evidence can be provided to ensure the team can account for actions/ decisions.
- The above mechanisms are firmly embedded within the CCG in order to try to ensure that any issue identified within a home care provider or care home would be identified and escalated in a timely manner.

## 10. Health care and clinical commissioning group

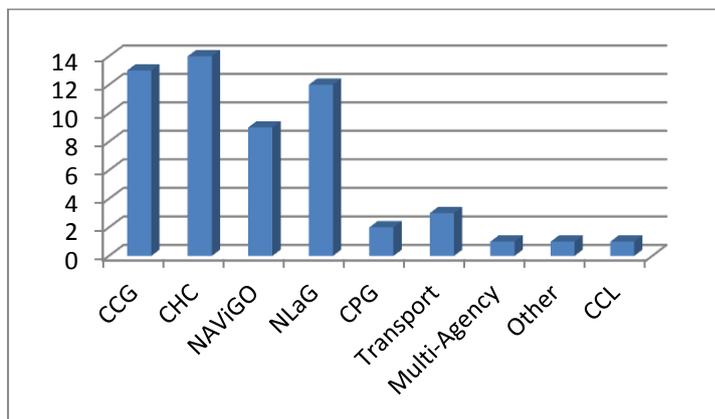
### 10.1 Complaints

As advised previously, in April 2013, the handling of primary care health complaints was transferred to NHS England.

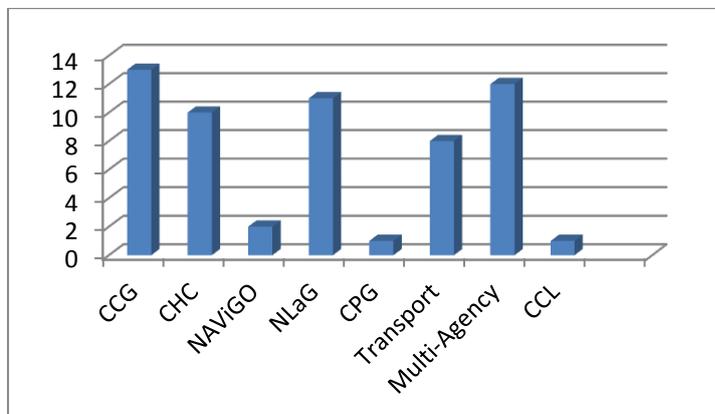
This report includes complaints in relation to the services that the clinical commissioning group CCG commissions or provides (continuing health care team). Complainants have the right to make their complaint to the provider or the commissioner of a service but not both.

58 health and corporate complaints have been received, when comparing the data against the previous years the main difference is the significant increase in patient transport complaints, please see the graphs below for comparison data.

***A graph to depict the breakdown of the corporate and provider health complaints in 2016/17***



***A graph to depict the breakdown of the corporate and provide health complaints in 2017/18.***



## Lessons learned from health and corporate complaints –

Of the total of 58 Health complaints, 17 were either fully and partially upheld and were in relation to health and corporate complaints and the breakdown was as follows:-

### **NHS trusts.**

- As a result of breakdown in communications and failed discharge planning a complaint has been used anonymously as a patient story to use for staff training purposes to highlight how communication and discharge planning improvements are needed.
- Also as a result of the above lesson learnt governance leads have been set a task to look at the communication messages given out.
- As a result of an in vitro fertilisation (IVF) funding request the consultant did not specifically ask if the patient had received IVF funding in the past. The prompt sheet has now been amended to reflect this and ask that specific question.
- To ensure that a clinical pathway is developed to ensure that all clinical staff agree a joined up approach in order to offer an assessment to children with suspected autistic spectrum disorder conditions.
- On the discharge lounge at DPoW hospital patients are to be routinely asked about pain levels and analgesia which will be given as required.
- NLaG to discuss the 'hello my name is' campaign to ensure that all staff introduce themselves.
- As a result of an increase reporting of pressures ulcers the Trust have revised the training programme and have reviewed the number of mattresses available to staff at short notice. A number of new mattresses/pressure relieving devices have been ordered.

### **Mental health provider (NAViGO)**

- It has been acknowledged that further development is needed to ensure a robust pathway is in place to develop wider support to individuals with Autistic spectrum disorders.
- A psychometric report is not routinely sent to service users but a feedback session is routinely offered. The feedback session is now followed up with a written document.

### **Continuing health care (CHC)**

- Following the CHC previously unassessed period of care (PUPoC) process the CHC has now reconsidered the checklist and has populated a care needs portrayal for the client.
- CHC are to review process to ensure letters are delivered in a safe and timely manner and the process for logging post has been reviewed. It is now sent

through a secure mailing system (the wrong house number was put on an envelope).

### **Patient transport service (Thames Ambulance Service Ltd)**

- As a result of complaints the current stocks of vehicles are being reviewed to ensure there is appropriate headroom on the wheelchair ambulance vehicles.
- Cleaning regime including deep cleans have been reviewed.
- All ambulance service users are being advised to bring any medication with them to outpatient appointments as if delays in transfer occur then service users will have any regular prescribed medications with them.
- The provider has reviewed and amended the booking system to ensure that eligibility is always checked.
- To create a database of regular service users to ensure that questions are not duplicated.
- To carry patient information leaflets in all vehicles.

### **North East Lincolnshire clinical commissioning group (CCG)**

- To review the policy to ensure that all correspondence to the MPs is checked and hence request that all formal MP requests are put in writing and formally signed off by a very senior manager at the CCG
- It has been acknowledged that further development is needed to ensure a robust pathway is in place to develop wider support to individuals with Autistic spectrum disorders

### **GP out of hours (core care links)**

- A swollen elbow aspirate was not routinely sent to the laboratory for analysis, and the learning is that in future all aspirated fluids should be sent for laboratory assessment to rule out any infections.

### **District nursing services (Yarborough clec care ltd)**

- After failing to change a catheter and provide personal care in a timely manner all staff have attended a 'significant events audit' which reviewed the complaint. Staff were asked to reflect on their practice and to write a reflective account. The audit will be presented to the wider nursing teams in order to share the learning.

The lessons learned as a result of these complaints are fed into existing systems within the ccg aimed at reviewing potential risks and to provide quality assurance.

## 11. Patient advice and liaison service (PALS)

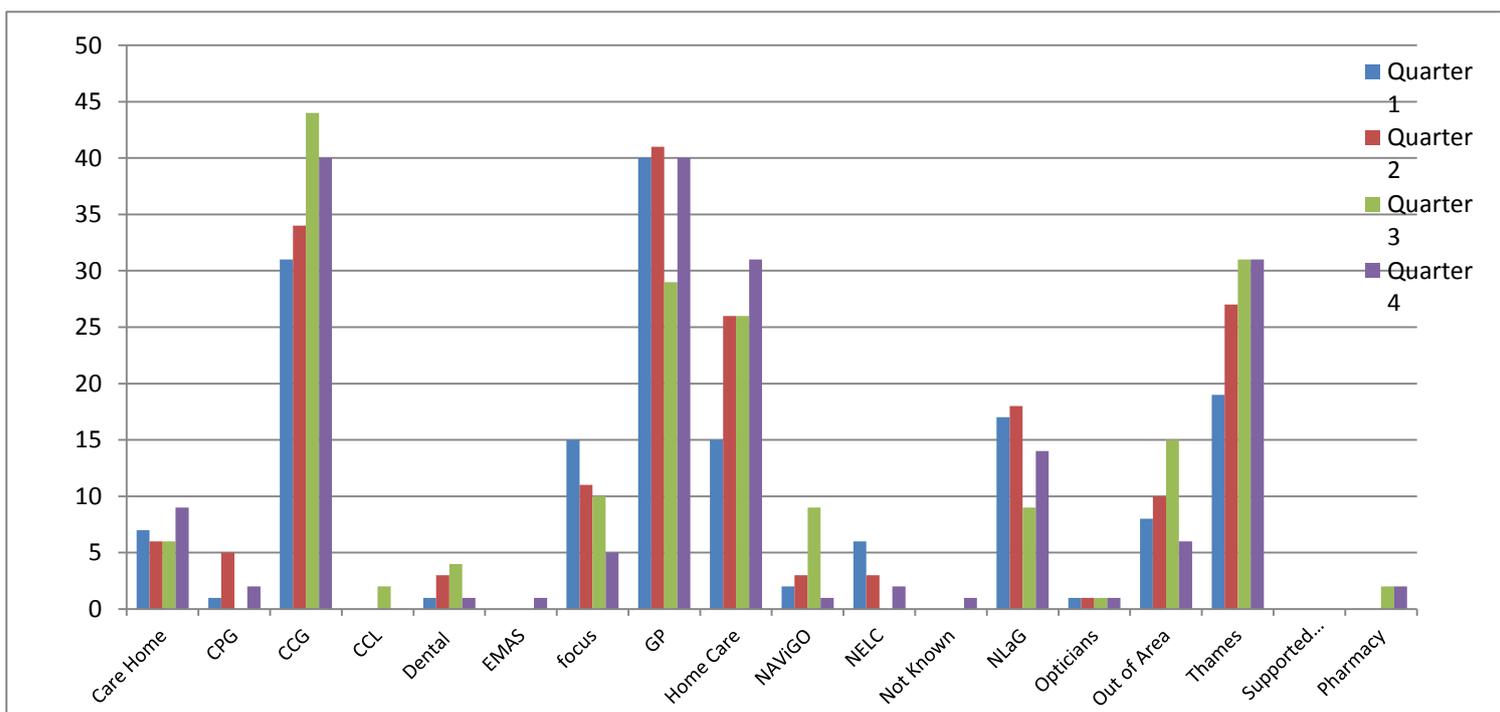
The PALS is a public enquiry service which provides an informal and impartial service that helps service users/patients, carers, relatives or staff who use the services provided, or commissioned, by the clinical commissioning group. Due to the local arrangements between the CCG and the council the PALS service within the CCG covers both primary care and adult social care enquiries.

As a core service, PALS provides a focal point to enable the organisation to learn from service users' and patients' experiences of using services. PALS also provide feedback to commissioners on common themes and concerns which service users and patients, their carer's and families bring to our attention.

Where trends are identified PALS, with service users, patients and other staff, where appropriate, explore solutions and make recommendations for improvements to service delivery. This can include the receipt of timely and suitable information to enable the patient to be an active partner in their care and treatment.

During 2017/2018 the clinical commissioning group received 726 PALS enquiries compared with 705 during 2016/2017. The more complex enquiries requiring investigation and feedback are detailed overleaf in the first data table. The service has seen a small increase in PALS activity this year. This may be due to the increase in the customer care team activity by visiting various community events and working more closely with Accord community members.

***A graph to display the breakdown of PALS enquiries regarding a provider in 2017/18***



The customer care team continues to demonstrate that they are providing an open and accessible service to the patients and provide a service embodied with professionalism.

The customer care team has and will continue to work within the local community to raise awareness of the services available, to ensure that people are aware they can raise concerns and complaints within the clinical commissioning group for commissioned services. Joint visits take place on a routine basis with Accord members.

The team has also undertaken a number of site visits with the quality assurance lead.

Promotion activity continues, paying particular attention to groups that don't generally contact the service such as younger people and those of an ethnic background. The team are continuing with their awareness visits, providing information and advice on the services and support they can offer. Visits have taken place at supermarkets and libraries, GP surgeries and community events.

The priorities for 2018/19 remain as above. The customer care team will be specifically focusing on increasing awareness of the team's functions to the public and to staff within the clinical commissioning group including improving both the internet and intranet.

## **2. RISK AND OPPORTUNITIES**

2.1 The adult social services and health statutory complaints procedure aims to treat all members of the community equally.

2.2 The procedure for the handling of complaints is an important contributor to customer perceptions and informs service improvement. This, in turn, ensures that an individual's diversity and human rights are promoted through an efficient and effective complaints process.

2.3 The arrangements for dealing with adult social services and health services complaints are critical in ensuring that customer views on services are recognised and that feedback is acted upon.

2.4 Adult social services and health statutory complaints comply with the corporate policy framework which includes confidentiality for complainants and keeping the complaints fully informed about the progress of their complaint.

## **3. REPUTATION AND COMMUNICATIONS CONSIDERATIONS**

3.1 The report is providing information on complaints, concerns, enquiries and compliments regarding commissioned services. It is essential to monitor and review the intelligence received to determine whether there are positive or negative exceptions in the data to assess the health and social care market in our locality. The NELCCG customer care team, quality team and social care team have mechanisms in place to monitor quality in our commissioned providers and the intelligence received via customer care is integral to this.

#### **4. FINANCIAL CONSIDERATIONS**

4.1 The matters raised in the report do not require additional revenue or capital or the use of earmarked reserves over and above those expended through normal day to day operations.

#### **5. CONSULTATION WITH SCRUTINY**

5.1 Cabinet may wish to refer this report to scrutiny for consideration.

#### **6. FINANCIAL IMPLICATIONS**

6.1 The report is providing information on complaints, concerns and compliments received in the financial year 2017-18. As such there are no direct additional financial implications arising from the report itself.

6.2 It is important that learning takes place from any complaint received wherever possible to mitigate the chances of further cost and resource pressures arising in the future, and equally that where compliments are received such learning is spread across the sector.

#### **7. LEGAL IMPLICATIONS**

7.1 The report being one of updating Cabinet by way of the Adult Social Services and Health Statutory Complaints Annual Report for 2017/2018 raises no direct legal implications.

#### **8. HUMAN RESOURCES IMPLICATIONS**

8.1 There are no direct HR implications arising from the contents of this report.

#### **9. WARD IMPLICATIONS**

9.1 Affects all wards.

#### **10. BACKGROUND PAPERS**

10.1 The Local Authority Social Services and National Health Service Complaints (England) regulations 2009.

10.2 North East Lincolnshire making experiences count – complaints and representations policy for health and adults’ social care services.

## **11. CONTACT OFFICER(S)**

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**Councillor Jane Hyldon-King**  
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