

Lancashire County Council

Health Scrutiny Committee

**Minutes of the Meeting held on Tuesday, 25th November, 2014 at 10.30 am
in Cabinet Room 'C' - County Hall, Preston**

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle	M Iqbal
Mrs F Craig-Wilson	A James
G Dowding	Y Motala
C Henig	M Otter
N Hennessy	N Penney
K Iddon	

Co-opted members

Councillor Carolyn Evans, (West Lancashire Borough Council)

Councillor Helen Jackson, (Rossendale Borough Council)

Councillor Hasina Khan, (Chorley Borough Council)

Councillor Roy Leeming, (Preston City Council)

Councillor Asjad Mahmood, (Pendle Borough Council)

Councillor Julie Robinson, (Wyre Borough Council Representative)

Councillor M J Titherington, (South Ribble Borough Council Representative)

County Councillor Christine Henig attended in place of County Councillor Bev Murray for this meeting.

1. Apologies

Apologies for absence were presented on behalf of Councillors Brenda Ackers, Fylde Borough Council, Trish Ellis, Burnley Borough Council, Paul Gardner, Lancaster Borough Council, Bridget Hilton, Ribble Valley Borough Council, and Kerry Molineux, Hyndburn Borough Council.

New Member

The Chair welcomed Councillor Helen Jackson, representing Rossendale Borough Council, who was permanently replacing Councillor Liz McInnes following her election as MP for Heywood and Middleton last month.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed

3. Minutes of the Meeting Held on 7 October 2014

The Minutes of the Health Scrutiny Committee meeting held on the 7 October 2014 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 7 October 2014 be confirmed and signed by the Chair.

4. Healthy Environments

As part of the ongoing scrutiny of the 'Living Well' element of the Health & Wellbeing Strategy, the Committee was provided with a report which presented an overview of the opportunities to influence the development of healthy environments as a way of improving the health of the local population.

The report included:

- Planning system
- Sustainable development
- Affordable housing
- Licensing
- Current activities and opportunities

The Chair welcomed Clare Platt, Public Health Specialist from the Directorate for Adult Services, Health and Wellbeing.

The Committee received a PowerPoint presentation which reflected the information contained within the report. The Committee's attention was drawn to the social gradient chart which illustrated the link between socio-economic factors and environmental inequalities. It was emphasised that district councils had a significant role to play especially in terms of the development of their Local Plans.

It was considered important to carry out health impact assessments earlier in the planning process so that factors which affect health and wellbeing could be influenced.

Regarding housing, it was important to understand that there was a distinction between 'low cost' housing and 'affordable' housing.

It was explained that licencing, a District Council function, presented an opportunity to influence the availability of healthy spaces. The Director of Public Health at the County Council could comment on licencing applications and also contribute to the development of licencing policy.

Members raised a number of comments and questions, the main points of which are summarised below:

- It was believed that whilst developers would offer to build a percentage of affordable housing in order to secure planning permission, it was often the case that a later viability study would lead to a much smaller percentage of affordable housing actually being provided. It was suggested that there should be a programme of work with developers to ensure that what was agreed at the planning stage was viable and sustainable. It was acknowledged that there would always be a viability issue connected with the provision of affordable housing, but it was important to 'champion' health and wellbeing as an important part of affordable housing provision.
- The Committee was advised that there was often resistance to high levels of on-site affordable housing and developers would sometimes look at providing off site affordable housing as part of the agreement.
- It was recognised that the objective of developers was ultimately to make a profit and it was incumbent on all members to address the challenges.
- It was suggested that Housing Associations would not support social housing where properties were in a mixed complex with private housing owing to possible issues between the two. (Housing associations - also known as 'registered social landlords' - are social housing providers run on a not-for-profit basis.)
- The appointment of a planning officer to maximise the contribution that planning policy and planning decisions could make to health and wellbeing outcomes was welcomed, however clarification was sought about how the impact of such an appointment could be assessed over time. It was explained that the purpose of the role was to raise awareness and understanding of all involved in planning.
- The Committee was assured that Public Health had already engaged with district council planning teams; it was important for all to understand the barriers and how they could be mitigated and also what levers could be applied. It was noted that the time frames leading to Local Plans were very long – winning 'hearts and minds' could be achieved quickly, but influencing policy was a long term process. It was suggested that a further report on activity could be brought back to the Committee in 12 months.
- One member raised concerns about existing affordable housing and that which had already been approved; specifically, she was most concerned about housing located very near to a waste transfer station in Burnley that had generated many complaints, for example the presence of rats, waste spilling out onto the footway, and odour. There was also a school and a medical centre nearby. Assurance was sought that all relevant agencies be involved in the planning process. In response, the Committee was advised that the

planning process will have taken account of responses from all statutory consultees.

- It was suggested to the Committee that much could be achieved through negotiation and carrying out health impact assessments early in the process and to get 'buy in' through planning professionals. It was important to push boundaries but to also bear in mind the financial implications if a decision by the local authority to refuse an application was appealed.
- In response to a question about the capacity of existing sewage and clean water provision to cope with increased housing, it was acknowledged that United Utilities were finding it difficult to absorb the increased demand on many old, Victorian systems. Much work was being done to improve sewage disposal and treatment, for example there was a significant project ongoing in the Ribble estuary. The Committee was assured that the planning authorities and United Utilities were having ongoing discussions around this issue.
- The Committee was informed that whilst, over the last 30-40 years, understanding about the connection between planning and health had drifted, Government now recognised how planning could influence health and was taking much more interest. The Health and Wellbeing Board was taking an overarching, strategic approach, and there might be potential for the planning officer to work effectively with the HWBB especially given the range of partners involved with that body.
- It was noted that much housing stock in East Lancashire had been built over 100 years ago and the question was asked how Public Health could help to influence Government policy in terms of existing, old homes where many disadvantaged people live. It was felt that there was much pressure on local authorities to develop local economies to help fund current services, but it was important also to look at matters from a health perspective. The Committee was assured that the context in which councils were operating was well understood – Government policy talked about health and wellbeing in positive terms. However, everyone needed to be encouraged to take any opportunity to influence Government and raise the profile of needs in Lancashire; there was much compelling evidence, which was replicated around the county.
- It was suggested that there was much pressure on planning committees to deal with a high volume of planning applications, quickly, and that there should be a greater emphasis on the quality of decisions.
- It was suggested also that the new planning officer role could identify the main barriers to incorporating health and give confidence to planning committees.
- There was concern about the high number of properties that had been empty for more than two years, and it was felt that there should be more emphasis on bringing them back into use. It was agreed that there was a strong argument to bring empty houses back into use and important to take opportunities to encourage this. It had to be recognised however that there was ultimately a need for capital investment. It was reported that Rossendale BC had funded and managed a process to bring empty homes back into use with some success, and that learning from this could be shared
- It was suggested that the only way to deliver proper affordable and social housing was for local councils to themselves build housing and cut out developers.

The Chair thanked Clare Platt for her presentation.

He put a proposal to the Committee from one member to write to Planning Committees and Directors. It was:

Resolved: That the Chair of the Health Scrutiny Committee write to the Chairs of Planning Committees and Directors of Planning to make them aware of the concerns identified by members, and that a copy of these minutes be provided as a summary of the discussion.

5. Adult Social Care Complaints and Representations Annual Report 2013-2014

The report explained that the production of the Annual Complaints and Customer Feedback Report was a longstanding statutory requirement. It contained statistical information, analysis and learning for the organisation in relation to adult social care complaints, comments and compliments received from 1 April 2013 to 31 March 2014.

Angela Esslinger, Strategic Customer Quality Manager, Directorate for Adult Services, Health and Wellbeing, used a PowerPoint presentation to draw out the key points. It identified trends, summarised the headlines and key statistics for the year, and learning from complaints and customer feedback.

It was noted that the only service user group from whom the number of complaints had increased was that of physical disability. The Chair agreed to consider a suggestion that the Committee seek further information about Occupational Therapy services. It was confirmed that OT services were themselves already looking at their own processes and systems; there were long waiting lists in some parts of the county and some capacity issues.

It was acknowledged that advocacy service provision was complicated and for this reason a single point of contact had been introduced through which the caller would be 'triaged' and directed to the most appropriate service. This had been welcomed by the public.

It was noted that one of the recommendations of the Care Complaints Task Group had been that

"the Cabinet Member for Adult & Community Services consider having a 'single point of access' for people who wish to complain as a means of simplifying the procedure."

A further update from the Cabinet Member for Adult and Community Services was expected to be received by the Steering Group.

It was confirmed that the data presented was available by district, and pointed out that there was relatively little feedback from the more affluent areas in the county such as parts of the Ribble Valley where people tended to be self-funders. Feedback was more likely from areas where health and social care needs were higher.

Resolved: That,

- (i) the Adult Social Care Complaints and Customer Feedback Annual Report 2013/14 be received and the associated learning from customer feedback for the past year be acknowledged; and
- (ii) it be agreed that the Adult Social Care Complaints and Customer Feedback Annual Report for 2013/14 can be shared as a public document.

6. Report of the Disabled Facilities Grants Task Group

The report was introduced by the Chair of the Committee on behalf of County Councillor Richard Newman-Thompson, Chair of the Task Group, who was unable to attend this meeting.

The Chair emphasised the need to maximise opportunities to take advantage of funding streams coming forward which would lead to more Disabled facilities Grants going to more people.

The Overview and Scrutiny officer referred members to a model of delivery that had been adopted by Norfolk County Council, details of which had previously been circulated to members. More detail about the Norfolk model was to be included in the final task group report.

The Task Group recommended that officers be asked to consider a delivery model similar to that developed in Norfolk in order to achieve a seamless process for the person in receipt of a grant.

The Chair commended the recommendations of the Task Group to the Committee and recommended that they be taken forward in time for the new financial year.

Resolved: That,

- i. The recommendations of the Task Group be supported; and
- ii. The Cabinet Member for Adult and Community Services be asked to provide an interim response within two months and a full and final response within six months.

7. Report of the Health Scrutiny Committee Steering Group

On 5 September the Steering Group met with officers from NHS England, Lancashire Area Team. A summary of the meeting was presented at Appendix A.

On 26 September the Steering Group met with officers from the Care Quality Commission. A summary of the meeting was presented at Appendix B.

On 17 October the Steering Group met with officers from Lancashire Teaching Hospitals Trust and Fylde & Wyre Clinical Commissioning Group. A summary of the meeting was presented at Appendix C.

Resolved: That the report be received.

8. Recent and Forthcoming Decisions

The Committee's attention was drawn to forthcoming decisions and decisions recently made by the Cabinet and individual Cabinet Members in areas relevant to the remit of the committee, in order that this could inform possible future areas of work.

Recent and forthcoming decisions taken by Cabinet Members or the Cabinet can be accessed here:

<http://council.lancashire.gov.uk/mgDelegatedDecisions.aspx?bcr=1>

Resolved: That the report be received.

9. Urgent Business

No urgent business was reported.

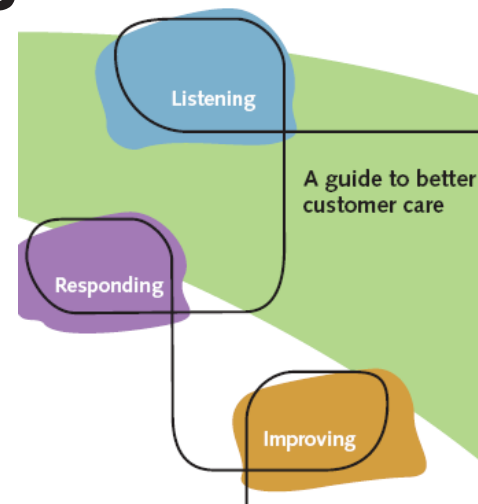
10. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 13 January 2015 at 10.30am at County Hall, Preston.

I Young
County Secretary and Solicitor

County Hall, Preston

Listening Responding Improving



Adult Social Care Customer Feedback 2013 /2014

Angela Esslinger

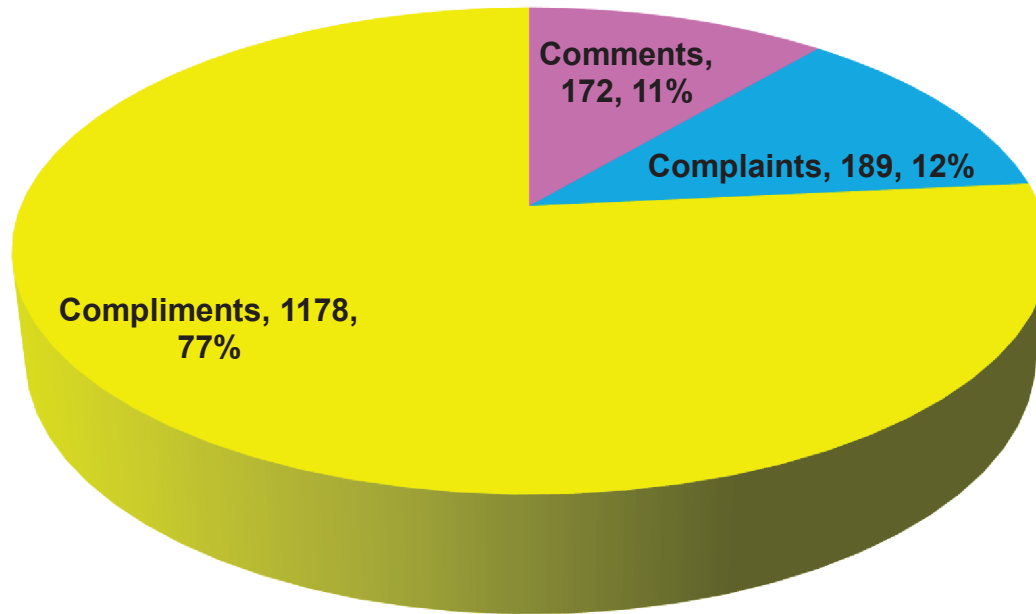
Strategic Customer Quality Manager

Minute Annex

Today's agenda

- Identifying the trends
- What are the headlines and statistics for this year?
- Learning from complaints and customer feedback

Feedback trends

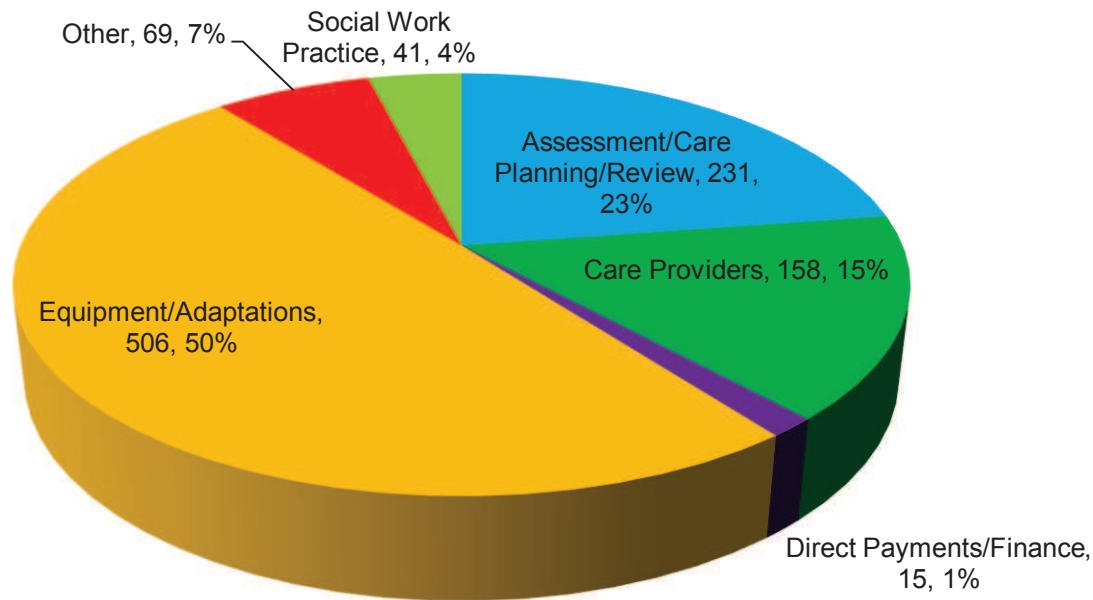


Headlines for 2013/14

- Less than 1% of active cases constitute complaints
- Decrease of complaints by 30%.
- Ratio of compliments to complaints has increased from 5:1 to 6:1.
- Increase of complaints going to the LGO

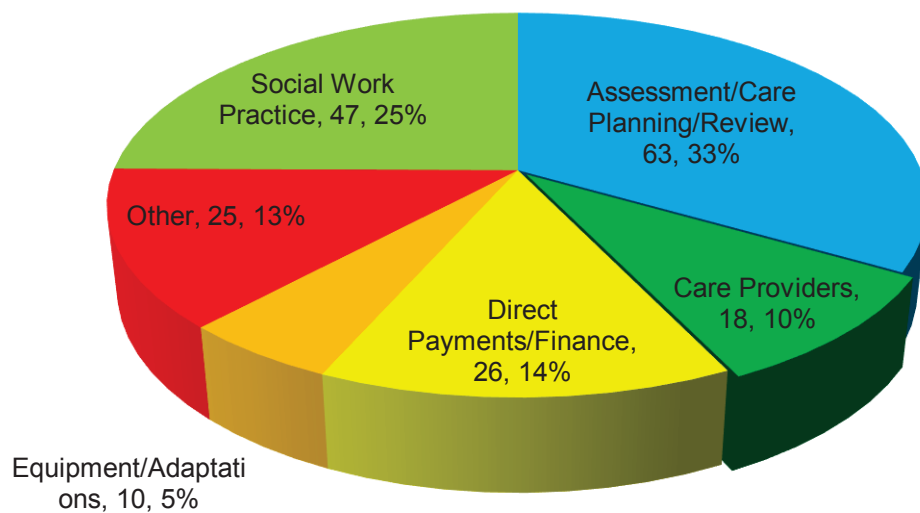
What do people compliment adult social care services about?

Number of compliments received between 01 April 2013 and 31 March 2014



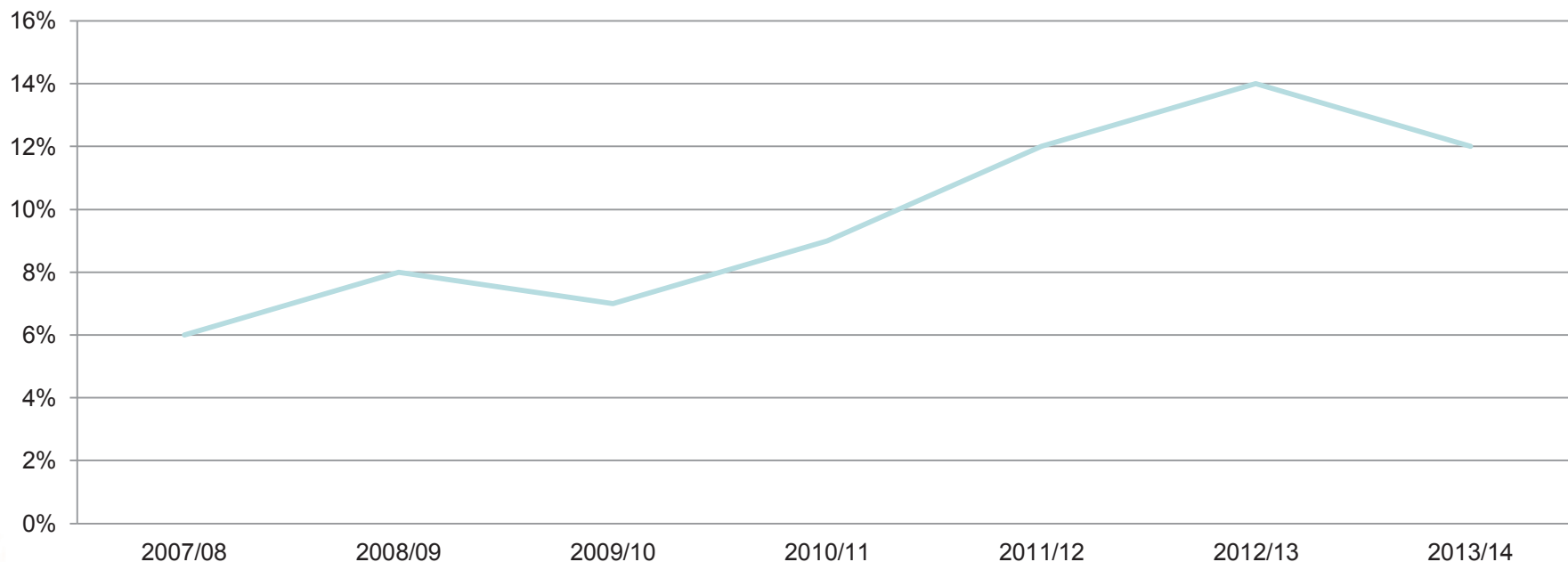
What do people complain about?

Number of complaints between 01 April 2013 and 31 March 2014



Complaints as a percentage of customer feedback over last 7 years

Chart 2: Percentage of customer feedback which were complaints between 2007/8 and 2013/14



How do we put things right?

Most common actions for complaints:

- Explanation of Authority's Actions/Policy Given
- Apology made
- Procedures/Practice To Be Reviewed/Amended
- Assessment/Reassessment Offered
- Situation Rectified

Improvements to systems and processes which include:

- Process Change
- Learning and development for staff
- Safeguarding
- Reablement
- Equipment and adaptations

Any Questions?

