Gateshead Council

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HEALTH AND WELLBEING BOARD AGENDA

Friday, 21 October 2016 at 10.00 am in the Room 3, Board Room, Education Centre, QE Hospital

From the Acting Chief Executive, Mike Barker

Item	Business
1	**Apologies for Absence**
2	**Minutes** (Pages 3 - 8) The minutes of the meeting held on 9 September 2016 are attached for approval by the Board.
2a	**Action List (Pages 9 - 10)**
3	**Declarations of Interest** Members of the Board to declare an interest in any particular agenda item.
4	**Updates from Board Members**
	Items for Discussion
5	**Sustainability and Transformation Plan Submission** Presentation by Newcastle Gateshead CCG
6	**Community Health Services - Mobilisation and Transformation** Presentation by Michael Laing
7	**Gateshead Sexual Health Strategy** (Pages 11 - 32) Report attached to be presented by Gerald Tompkins
8	**Update on Smoking Still Kills - Smoke Free Vision 2025** (Pages 33 - 44) Report attached to be presented by Iain Miller
	Items for Information
9	**CCG Update on Arrangements for Commissioning of Primary Care Medical Services** Presented for Information by Newcastle Gateshead CCG

10	**Connected People, Connected Communities Update** (Pages 45 - 48) Report attached for Information.
11	**Great North Care Record** (Pages 49 - 54) Report attached for Information.
12	**Local Safeguarding Adults Board Annual Report 2015/16** (Pages 55 - 82) Report attached for information
13	**Any Other Business**
14	**Date and Time of Next Meeting** Friday 2 December 2016 at 10am, Whickham Room, Civic Centre

Contact: Sonia Stewart; email; soniastewart@gateshead.gov.uk, Tel: 0191 433 3045,
Date: Thursday, 13 October 2016

GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 9 September 2016

PRESENT:

Councillor L Caffrey (Chair)	Gateshead Council
Councillor(s): J Green, M Foy, M Gannon, M Graham, M McNestry,	Gateshead Council
S Lock	Gateshead Council
M Dornan	Newcastle Gateshead CCG
J Duncan	Northumberland Tyne and Wear NHS Foundation Trust
I Renwick	Gateshead Health NHS Foundation Trust
A Wiseman B Westwood,	Gateshead Council
S Young	Gateshead Voluntary Sector Representative
P Kerr	HealthWatch Gateshead

IN ATTENDANCE:

E Saunders	Gateshead Council
J Costello	Gateshead Council
I Miller	Gateshead Council
C Scott	Gateshead Council
M Liddle	Gateshead Council
H Conway	Gateshead Council
G Fletcher	NE Regional Refugee Forum
A Tate	Your Voice Counts
G Devlin	Involvement Now Team
L Gill	Gateshead Council
A Jones	Darlington HWB

HW63 APOLOGIES FOR ABSENCE

Apologies for absence were received from Lesley Hutchinson and Chris Piercy.

HW64 MINUTES

RESOLVED - That the minutes of the meeting held on 15 July 2016 were agreed as a correct record.

Matters Arising
The Board wished to place upon record its congratulations to NTW for achieving an 'outstanding' rating by CQC following its recent inspection.

HW65 DECLARATIONS OF INTEREST

There were no declarations of interest.

HW66 GATESHEAD JNSA 2016 UPDATE/REFRESH AND NEEDS ASSESSMENT OF PARTICULAR GROUPS - IAIN MILLER & OTHER REPRESENTATIVES

The Board received an update report on progress made in the development of the Gateshead Joint Strategic Needs Assessment (JSNA) based on progress on the 10 priorities set in May 2015 in the paper "Joint Strategic Needs Assessment 2015: Prioritisation of Need in Gateshead"

One of the key issues discussed in the report to the HWB in May 2015 concerned how to maximise the effectiveness of intelligence gathered for the JSNA, and part of developing the Intelligence offer has been work on a number of Health Needs Assessments (HNA), including:

- Homeless HNA, looking at those with multiple and complex needs through the lens of homelessness.
- HNA of Black and Minority Ethnic Communities

The JSNA web pages have been totally redesigned to improve access to the intelligence (data, information and analytical narrative) used to assess health and wellbeing needs in Gateshead.

The web pages present the assembled intelligence by topic area. This includes contextual information about population and deprivation, together with detailed information about illness, life expectancy, causes of death and lifestyle behaviours. There is also a strong focus on the wider determinants of health, including the economy, transport, housing, environment, crime and poverty, as well as designated communities of interest.

The JSNA web pages are fully searchable using keywords to enable information to be retrieved easily from across different sections. Headline data is presented for all topic areas and links have been embedded to online data maintained in Public Health England's 'fingertips' tool. This enables benchmarking against other areas and analysis of trends.

Ten strategic priorities were identified in JSNA 2015 taking into account:

- the severity and scale of the issue
- how it impacts on Gateshead Council
- an understanding of what can be changed through local action and how that action is related to other issues (impact) and
- having a strong evidence base for action

These were agreed by the HWB and are grouped by life courses as follows:

Best start in life
Education and skills
Emotional health and wellbeing
Starting and staying healthy and safe

Living well for longer
Economic factors
Mental health and wellbeing
Tobacco control and smoking
Alcohol misuse
Healthy weight and physical activity

Older people
Frailty
Long term conditions
Mental health and wellbeing

These priorities have been reviewed for the updated JSNA and remain relevant to the work of the HWB.

The Board also received an update on the JSNA website usage statistics and the work underway with Third Sector involvement; which includes partnership working with the Gateshead Learning Disability Community, Gateshead Older People's Assembly and Gateshead Carers Creative Writing initiative.

The Board received presentations on intelligence offers and needs assessments relating to Homeless Health, Black and Minority Ethnic Groups, Refugees and Asylum Seekers and people with learning disabilities.

The Board were advised that the JSNA Steering Group will:

- Review and update the 'expert authors list'. The Steering Group will contact partners as necessary to ensure that the list is up to date and complete, and to secure the outstanding updates required
- Build on the qualitative work undertaken by a range of voluntary sector providers, in order to bring additional richness to the JSNA;
- Consider how to integrate intelligence on Gateshead's assets into the JSNA in line with "Achieving More Together"; and
- Keep the topic areas covered by the JSNA under review.

It was noted that:

- The JSNA is an important intelligence base to inform the development of our Sustainability & Transformation Plan, work to progress the Five Year Forward View across our local health economy.
- Softer intelligence that can be provided by 'Friends and Families' of groups with particular needs is also important and perhaps there is scope to make this more explicit within the JSNA going forward.
- There is a need to connect with the particular needs of people on benefits, many of whom are vulnerable.
- To facilitate and encourage greater usage of the JSNA, perhaps a JSNA icon could be inserted on the Desktop of employee computers.

RESOLVED -
i) The Board noted the progress made on continuing to develop the JSNA;
ii) The Board noted and supported the planned next steps in developing the JSNA;
iii) The Board agreed to retain the existing strategic priorities for September 2016 onwards, and
iv) Agreed to receive an update report in September 2017.

HW67 HWB FORWARD PLAN & MEETINGS SCHEDULE 2016/17 - JOHN COSTELLO

The Board received the updated Forward Plan and meetings schedule in order to steer the work of the Board for the remainder of 2016/17.

The Health and Wellbeing Board considered at its last meeting on 15 July 2016 an initial draft Forward Plan and associated meetings schedule to shape the work of the Board. It reflected issues which have been identified by the Board to-date and related to 5 key areas of focus:

- strategy, policy development and commissioning intentions
- transformation agenda, integration and ways of working
- health and care service developments and reviews
- performance management
- assurance issues

Further work has been undertaken over the summer recess to develop the Forward Plan further with input from Partners which has now been incorporated. It was noted that there will also be scope to include additional items within the Forward Plan as may be required, such as progress in implementing the Mental Health Five Year Forward View and developments relating to Informatics and their implications for health care.

RESOLVED -
i) The Board considered and endorsed the updated Forward Plan and associated meetings schedule for the remainder of 2016/17
ii) Partners agreed to contact John Costello with any additional items they may want to be included as soon as practicable.

HW68 NATIONAL JOINT REVIEW OF PARTNERSHIPS AND INVESTMENT IN VCS IN HEALTH & CARE SECTOR - SALLY YOUNG

Sally Young presented the national report into the joint review of partnerships and investment in voluntary and community and social enterprise organisations in the health and social care sector and the implications for Gateshead.

Details were provided on the changing role of the voluntary and community sector, with organisations often undertaking multiple roles.

It was noted that the report makes recommendations for government, health and care system partners, funders, regulatory bodies and the voluntary and community sector itself. It emphasizes putting wellbeing at the centre of health and care services, and making voluntary organisations an integral part of a collaborative system.

The Board acknowledhed the need to explore in further detail how the role of the voluntary and community sector in Gateshead can be maximised and enhanced and that the report can usefully feed into this.

Sally Young agreed to provide a further report to the Board in three to six months time.

RESOLVED
i) The Board considered the report and noted its contents.
ii) That the report can feed into work to consider the role of the voluntary and community sector in Gateshead.
iii) That a further report be brought back to the Board in three to six months time.

HW69 BETTER CARE FUND: QUARTER 1 RETURN FOR 2016/17 TO NHS ENGLAND - JOHN COSTELLO/ALL

The Board received the NHS England Better Care Fund (BCF) return for the 1st Quarter of 2016/17, which sets out progress in relation to budget arrangements, meeting the national conditions, performance against BCF metrics etc.

Further deadlines for completion of future quarterly returns for 2016/17 have been agreed as follows, and these will be brought to the Board for endorsement:

Q2 2016/17 – 25 November 2016

Q3 2016/17 – 24 February 2017

Q4 2016/17 – 24 May 2017

RESOLVED – that the Quarter 1 return for 2016/17 to NHS England be endorsed.

HW70 LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2015/16 - LOUISE GILL

The Board received the Gateshead Local Safeguarding Children Board (LSC) Annual Report 2015-2016 and the 2016-2017 Action Plan for the 2014-2017 Business Plan.

The LSCB Annual Report 2015-2016 sets out the arrangements to safeguard and promote the welfare of children in Gateshead and assessment of those arrangements and of how the LSCB discharges its functions.

The Gateshead LSCB Business Plan 2014-2017 sets the strategic direction for the LSCB and reinforces the specific role of the LSBC to lead, challenge and support learning. The business plan is based on two strategic outcomes (protecting vulnerable children and preventing harm and promoting welfare) and three strategic principles (leadership, challenge and learning).

The 2016-2017 action plan sets out how the Board will work towards its priorities of leadership, challenge and learning and the strategic outcomes of protecting vulnerable children and preventing harm.

The Board were advised that 85.8 children per 10,000 were currently being ‘looked after’ by Gateshead Council (similar to the previous year) which is significantly higher than the national rate. It was suggested that consideration be given to holding a seminar to investigate this issue further and how the needs of LAC can best be met in the round. The Board agreed that this was a good idea.

The importance of links between the Local Safeguarding Children’s Board (LSCB) and Health & Wellbeing Board were noted and it was agreed that the newly appointed independent chair of the LSCB be invited to the meeting of the HWB that is due to consider Commissioning Intentions for 2017/18.

RESOLVED -

i) The Board noted the content of the Gateshead LSCB Annual Report 2015-2016 and updated action plan for the Business Plan 2014-2017 for the following reasons:

a) To enable the LSCB to deliver the Business Plan

b) To enable the Health and Wellbeing Board to be aware of key issues in relation to safeguarding children in Gateshead
c) To strengthen links between the LSCB and Health and Wellbeing Board
d) To ensure that safeguarding of vulnerable children and young people remains a high priority for the Health and Wellbeing Board and its members.

ii) The chair of the LSCB be invited to the HWB meeting that it is due to consider Commissioning Intentions for 2017/18.

HW71 **HW71 UPDATES FROM BOARD MEMBERS**

Mark Dornan advised the Board that the NHS Planning Round has been brought forward, compared to previous years and now incorporates a 2 year planning cycle. Early dialogue with partners would therefore be helpful. Partners noted this and responded that the more opportunities there are for partnership working the better this will be for the local health and care economy.

Mark Dornan also enquired whether updates from Board Members could be moved further up the agenda. It was noted that partner updates form part of the 'items for information' section of the agenda and that any substantive issues which Partners wish to bring to the Board's attention can be included within other sections of the agenda as required.

RESOLVED - that the information be noted.

HW72 **GSP REVIEW VERBAL UPDATE - JOHN COSTELLO**

John Costello reported that the Gateshead Strategic Partnership Steering Group had agreed at its meeting this week that a review of the GSP will take place in order to ensure it continues to be fit for purpose and adds value for all partners. Consideration will also be given to opportunities to remove duplication and to facilitate the GSP to develop a clear focus for the future.

Engagement is now underway with partners and will take place over the next few months with the new arrangements to be in place from April 2017.

RESOLVED - that the information be noted.

HW73 **A.O.B**

There were no items of Any Other Business reported.

Chair………………………..

GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from 9th September 2016 meeting of the HWB			
Gateshead JSNA 2016 Update	An update report to be brought to the Board in September 2017.	Alice Wiseman/Iain Miller	To feed into the Board's Forward Plan
HWB Forward Plan	Partners to contact John Costello with any additional items to be included within the Forward Plan	All	On-going
National Joint Review of Partnerships and Investment in VCS in Health & Care Sector	A further report to be brought back to the Board in three to six months time	Sally Young	To feed into the Board's Forward Plan
LSCB Annual Report 2015/16	The chair of the LSCB be invited to the HWB meeting that it is due to consider Commissioning Intentions for 2017/18.	Sonia Stewart	Meeting to be confirmed.
Matters Arising from 15th July 2016 meeting of the HWB			
Gateshead Substance Misuse Strategy	That the Draft Strategy be presented to the Community Safety Board and relevant portfolio holders for comments.	Alice Wiseman/ Adam Lindridge	Completed
Primary Care Co-commissioning – Next Steps	That further updates be brought to the Board as required.	Joe Corrigan	On the agenda of October Board meeting.
Healthwatch	That Healthwatch	Douglas Ball	Included within

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Gateshead Annual Report 2015/16 and Priorities for 2016/17	Gateshead bring back to the Board a more detailed forward/business plan for 2016/17.		the Board's Forward Plan
Matters Arising from 10th June 2016 meeting of the HWB			
Smoking Still Kills	A 10 Year Tobacco Control Delivery Plan to be brought to the Board.	Iain Miller	Included within the Board's Forward Plan
Drug Related Deaths in Gateshead	A report to go to the Adults Safeguarding Board An update report to be brought to the December Board meeting.	Alice Wiseman	Actioned Included within the Board's Forward Plan

Gateshead Council

HEALTH AND WELLBEING BOARD
21 October 2016

TITLE OF REPORT: Gateshead Sexual Health Strategy

Purpose of the Report

1 To seek the approval of the Health and Wellbeing Board (HWB) to the proposed Sexual Health Strategy for Gateshead.

Background

2 Sexual health is an important element of our overall health. It contributes to our quality of life, our self-esteem and our relationships, it has direct and indirect consequences for our physical and mental health, and it can impact on our life chances through our ability to pursue education and employment.

3 Sexual health services are one of the mandated public health services that Local Authorities commission, but certain services are commissioned by Clinical Commissioning Groups and NHS England. A clear set of priorities for sexual health will help us in determining how best to allocate resources to services across the partners and to focus and co-ordinate our efforts to improve sexual health in Gateshead.

4 Sexual health services encompass both sexual and reproductive health – i.e. the prevention and treatment of sexually transmitted infections, contraceptive services, and education and awareness with regard to both these broad areas.

5 The strategy has been developed through the Gateshead Sexual Health Partnership which brings together commissioners and providers of sexual health services in Gateshead.

Summary of Strategy

6 The strategy sets out our aims for sexual health, which are to:
   a. Deliver a range of sexual health service provision, to achieve better health outcomes, and ensuring patient care is seamless by working across providers and commissioners;
   b. Improve sexual health & wellbeing for Gateshead's residents across the life-course;
   c. Continue to tackle stigma, discrimination and prejudice associated with sexual health matters;

d. Reduce inequalities and improve sexual health outcomes;
e. Build an honest and open culture where everyone is able to make informed and responsible choices about relationships and sex;
f. Recognise that sexual ill health can affect all parts of society; and
g. Reduce poor sexual health outcomes from infection and unwanted conceptions.

7 The strategy provides an overview of the commissioning and provision of sexual health services, the local need for services (covering both reproductive health and sexually transmitted infections), and the challenges we face.

8 The strategy will be underpinned by broad work on
- Better prevention;
- Better services;
- Better commissioning.

We will also focus on sexual health across the life-course approach, for:
- Children and young people;
- Adults up to age 50;
- Vulnerable/priority groups (men who have sex with men, people from black and minority ethnic communities, people living with HIV, the homeless, and people with learning disabilities); and
- Older adults.

9 The full strategy is attached at Appendix 1.

Next steps

10 Once agreed, the Sexual Health Partnership will develop an action plan and performance framework to support the strategy's implementation.

Recommendation

11 It is recommended that the HWB Board:
- Approves the proposed strategy
- Supports the development of the action plan and
- Receives an update report on progress in a year's time

Contact: Gerald Tompkins. Telephone (0191) 433 2914
geraldtompkins@gateshead.gov.uk

1. Introduction

Sexual health is an important element of our overall health. It contributes to our quality of life, our self-esteem and our relationships, it has direct and indirect consequences for our physical and mental health, and it can impact on our life chances through our ability to pursue education and employment.

Sexual Health Services are one of the mandated public health services that Local Authorities must commission. The Local Authority has a duty to ensure the provision of "open access sexual health services in its area … [including] advice on, and reasonable access to, a broad range of contraceptive substances and appliances … advice on preventing unintended pregnancy; … preventing the spread of sexually transmitted infections; … treating, testing and caring for people with such infections; and … notifying sexual contacts of people with such infections"[1]. Elements of sexual health services are also commissioned by CCGs and NHS England (see below).

In Gateshead, the Local Authority allocates approximately £2m from its Public Health Grant to sexual health services, but this Grant is being withdrawn by 2018, and Local Authority funding overall is being reduced, so the overall budget for sexual health services is very likely to fall. A clear set of priorities for sexual health will help us in determining how best to allocate those resources to services.

2. National drivers on sexual health

Sexual health is an important and wide-ranging area of public health. Having the correct sexual health interventions and services can have a positive effect on population health and wellbeing as well as individuals at risk.

The Government set out its ambitions for improving sexual health over an individual's life course in its publication - A Framework for Sexual Health Improvement in England (2013) ('the Framework'). The Framework identifies the differing needs of men and women and of different groups in society. It highlights that nationally there are many challenges still to be addressed:

- Up to 50% of pregnancies are unplanned
- Rates of infectious syphilis are at their highest since the 1950s
- Gonorrhoea is becoming more difficult to treat
- Almost half of adults newly diagnosed with HIV were diagnosed after the point at which they should have started treatment
- In 2010, England was in the bottom third of 43 countries in the World Health Organisation's European Region and North America for condom use among sexually active young people

The Public Health Outcomes Framework (2012) contains three specific indicators for sexual health:

- Under 18 conceptions
- Chlamydia diagnoses in the 15-24 age group

[1] The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 – see paragraph 6

- Late diagnosis of HIV

In December 2015 Public Health England (PHE) published a strategic action plan for health promotion for sexual and reproductive health and HIV. This plan identified the following as health promotion activities:

- Reduce onward HIV transmission, acquisition and avoidable deaths
- Reduce rates of sexually transmitted infections
- Reduce unplanned pregnancies
- Reduce rate of under 16 and under 18 conceptions

The priorities in the Framework for Sexual Health Improvement underpin PHE's strategic action plan for sexual and reproductive health and HIV.

3. Definition

The World Health Organisation (WHO) defines sexual health as "a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence."

This definition will be adopted in Gateshead.

4. Aim:

The Gateshead Sexual Health Strategy has been prepared to help the Gateshead Sexual Health Partnership articulate its aims for sexual health in Gateshead, and to set out how these aims can be achieved. Our ambition is to improve the sexual health and wellbeing of everyone in Gateshead.

We will aim to:

- Deliver a range of sexual health service provision, to achieve better health outcomes, and ensuring patient care is seamless by working across providers and commissioners;
- Improve sexual health & wellbeing for Gateshead's residents across the life-course;
- Continue to tackle stigma, discrimination and prejudice associated with sexual health matters;
- Reduce inequalities and improve sexual health outcomes;
- Build an honest and open culture where everyone is able to make informed and responsible choices about relationships and sex;
- Recognise that sexual ill health can affect all parts of society; and
- Reduce poor sexual health outcomes from infection and unwanted conceptions.

5. Current services and commissioning arrangements

Provision

- GPs provide contraception services (potentially including insertion and removal of long-acting and reversible contraception – LARCs), some treatment of STIs, testing/screening for infections and cervical cancer, referrals to secondary care, general advice.
- Pharmacies provide emergency hormonal contraception ('morning after' pill) and should offer access to free condoms (via C-card) and dual screening kits, co-ordinated by the Integrated Sexual Health Service (ISHS).
- Integrated Sexual Health Service: provided by South Tyneside NHS Foundation Trust (STFT), this delivers a one stop approach – addressing sexual and reproductive health needs, so includes both genito-urinary medicine (GUM) and contraceptive services. The staffing model is multi-disciplinary including a Consultant and an Associate Specialist, registered nurses/health advisors, healthcare assistants, outreach workers and administrative staff. The ISHS has a main base (its hub) at Trinity Health Centre in central Gateshead, providing levels 1,2 & 3 services (see Appendix A) plus "spoke" services (providing level 1 & 2 services) at clinics in Blaydon, Dunston, Wrekenton and Low Fell. Dedicated services for young people are available at some sites. The service also provides outreach services to priority groups who may be vulnerable and reluctant to visit clinics. The contract runs to the end of March 18, with the option to extend for a further year.

Figure 1: Integrated Sexual Health Model

- Additionally, residents may choose to access services outside of the area. Local authorities are mandated to ensure comprehensive, open access, confidential sexual health services are available to all people who are present regardless of area of residence. The greatest flow of Gateshead residents out of area is to the New Croft Centre in Newcastle. There are also

specialist services in Newcastle for people with HIV (NHS England does not commission HIV specialist services within Gateshead).

Commissioning responsibilities

- Gateshead Council commissions the ISHS, as well as contraceptive and sexual health services from GPs and emergency hormonal contraception from pharmacies.
- Newcastle Gateshead CCG commissions terminations of pregnancy and contraception for gynaecological reasons (Mirena Coil for Menorrhagia).
- NHS England commissions routine primary care services that may include the testing and treatment of STIs, and referral to relevant specialist services, as well as specialist services including HIV treatment.

(See Appendix B for further detail)

6. Sexual Health Needs in Gateshead

Overview

Sexual health needs vary according to factors such as age, gender, sexuality and ethnicity, and some groups are particularly at risk of poor sexual health. It is crucial that individuals are able to live their lives free from prejudice and discrimination. However, while individuals' needs may vary, there are certain core needs that are common to everyone. There is ample evidence that sexual health outcomes can be improved by:

- accurate, high-quality and timely information that helps people to make informed decisions about relationships, sex and sexual health;
- preventative interventions that build personal resilience and self-esteem, and promote healthy choices;
- rapid access to confidential, open-access, integrated sexual health services in a range of settings, accessible at convenient times;
- early, accurate and effective diagnosis and treatment of sexually transmitted infection (STIs), including HIV, combined with the notification of contacts who may be at risk; and
- joined-up provision that enables seamless patient journeys across a range of sexual health and other services – this will include community gynaecology, antenatal and HIV treatment and care services in primary, secondary and community settings;
- providing services to vulnerable groups who are particularly at risk of poor sexual health including children in care and Care Leavers.

Reducing the burden of HIV and STIs requires a sustained public health response based around early detection, successful treatment and partner notification, alongside promotion of safer sexual and health-care seeking behaviour.

Every effort should be made to eliminate local barriers to pregnancy diagnosis and where requested abortion referral, STI testing and contraception provision (which should be made available free and confidentially at easily accessible services). Alongside the effective clinical

response, promoting safer sexual behaviour among individuals – including use of the most effective contraceptives, condom use and regular testing – remains crucial.

Sexually transmitted infections in Gateshead

In 2014 (the most recent year for which full data is available) 1534 new STIs were diagnosed in residents of Gateshead, a rate of 767.0 per 100,000 residents (compared to 797.2 per 100,000 in England). More than half (56%) of these new STIs were in young people aged 15-24 years (compared to 46% in England).

The following data relate to 2015 and to Gateshead unless otherwise stated.

The most commonly diagnosed STI is chlamydia, with 227 cases per 100,000 people. Chlamydia is most prevalent amongst young people, with two thirds of cases across the north east occurring amongst those aged 16-24. Although there has been a fall in the number of cases in the most recent figures, the rate of diagnosis had previously changed little since 2007. There is broadly an even gender balance in chlamydia cases, but men who have sex with men (MSM) account for almost 10% of the male cases. The diagnosis rate amongst 16-24 year olds in Gateshead is 1761 per 100,000, compared to a national target rate of 2,300 (a key Public Health Outcomes Framework – PHOF – indicator), and a national rate of 1861 (both per 100,000). This rate is a measure of control activity rather than the level of the disease in the community.

The diagnosis rate of gonorrhoea is worse than the regional but better than the England average, with 69.7 diagnoses per 100,000, compared to 57.8 across the North East and 72.5 nationally. Almost two thirds of gonorrhoea cases were amongst men, although the proportion of cases amongst women has risen, indicating a rise in heterosexual transmission. Infections with gonorrhoea are more likely than chlamydia to result in symptoms and it is used as a marker for rates of unsafe sexual activity: the number of cases may be a measure of access to STI treatment, and has increased significantly – by more than 125% – since 2010 in Gateshead.

There were 10.5 cases of syphilis per 100,000 people in Gateshead, most of which are amongst men. This compares with a North East rate of 5.9 and a national rate of 9.5 per 100,000. The local rate has not changed significantly since 2010.

The diagnosis rate of genital warts in Gateshead is also worse than the North East average, with 137 first cases per 100,000, but the rate has not changed significantly since 2012. Genital warts are the second most commonly diagnosed STI in the UK and are caused by infection with specific subtypes of human papillomavirus (HPV); recurrent infections are common, with patients returning for treatment. Between 2014 and 2015 across the North East there was a drop in infection rates amongst women aged under 20, which is likely to be linked to the introduction of the HPV immunisation programme in 2008. Note that the HPV vaccination uptake coverage in Gateshead is 93.5%, compared to the England average of 86.7% and regional average of 91.3%.

There were 65 cases of herpes per 100,000 people in Gateshead. This has risen since 2012, but not significantly. More than 50% of cases recur, and the herpes simplex virus cannot be cured: treatment can however reduce the frequency and severity of symptoms.

There were fewer than 10 new HIV diagnoses in Gateshead in 2015, and each year across the North East there are approximately 5 new cases per 100,000 people (this is approximately half the national rate). In Gateshead it is estimated there are approximately 190 people living with HIV. Diagnosis late in the course of disease has a substantial impact on long-term outcomes, and in Gateshead between 2012 and 2014, an estimated 27% of HIV diagnoses were made at a late stage, compared to 42% in England. The demographics of people newly diagnosed with HIV have changed considerably in the North East in recent years: the proportion of cases diagnosed in MSM has increased, following a long period where heterosexual transmission was more common; in addition, an increasing proportion – now over 50% – of patients newly diagnosed with HIV identify as 'white British'.

Overall, in 2014 a lower percentage of all tests carried out (excluding chlamydia in under 25yr olds) were actually diagnosed as positive: this is a lower positivity rate than the England average.

In 2014, 7% of North East residents diagnosed with a new STI in a GUM clinic were MSM, but they accounted for 67% of syphilis infections, and 23% of gonorrhoea. For Gateshead men, where sexual orientation was known 19.4% of new STIs (GUM clinics only) were among MSM. In Gateshead in 2015, 91% of male syphilis cases and 49% of male cases of gonorrhea were MSM.

Across the north east, black ethnic groups are disproportionately affected by STIs: in 2014, those who identified as 'black Caribbean' have an incidence of STIs that is 230% higher than those who identify as 'white'.

In the five year period from 2010 to 2014, an estimated 8.7% of women and 8.3% of men presenting with a new STI at a Gateshead GUM clinic were re-infected with a new STI within twelve months.

Where data are available (for chlamydia, gonorrhoea and syphilis), they show that across the North East as a whole STI incidence rates are highest in the most deprived areas.

Reproductive health in Gateshead

In 2014 there were 2753 conceptions to women in Gateshead, a rate of 72.0 per 1,000 women aged 15-44. This is higher than the North East rate (70.5) but lower than the England rate (78.0).

Amongst under-18's, the conception rate was 34.7 per 1,000 women aged 15-17, compared to 30.2 per 1,000 across the North East and 22.8 per 1,000 in England as a whole. Approximately 41.2% of all teenage conceptions led to abortion, compared to 40.1% across the North East and more than half (51.1%) in England overall. The local under-18 birth rate was 11.4 per 1,000, compared to 10.4 per 1,000 across the North East and 6.7 in England. Teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers

are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

In 2015, the total abortion rate in Gateshead was 15.1 per 1,000 women aged 15-44, which is higher than the regional rate of 14.1 but lower than the national rate of 16.7. Amongst women aged under 25, the abortion rate is lower, at 12.4 per 1,000, but 24.3% of women in this age group having an abortion have had one before – this is similar to the proportion across the North East as a whole (24.0%) but lower than England overall (26.5%). High levels of previous abortions are an indicator of lack of access to good quality contraception services and advice as well as problems with individual use of contraceptive method.

In 2014 the total rate of long acting reversible contraception (LARC) prescribed, excluding injections, per 1,000 women aged 15-44 was 51.5 for Gateshead, 49.1 for North East and 50.2 in England. In primary care the rate was 27.4 for Gateshead, 26.7 for North East and 32.3 in England. The rate of LARCs prescribed in sexual and reproductive health (SRH) services per 1,000 women years was 24.1 for Gateshead, 22.4 for North East and 17.8 for England. Amongst women using the specialist sexual health services, 59.2% chose user-dependent methods, such as condoms or the pill, that rely on daily compliance. LARC methods, such as contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD), are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill. However, it should be noted that although injections are easily given and do not require the resources and training that other LARC methods require, they have a higher failure rate than the other LARC methods.

7. Challenges

Based on the needs, activity, and feedback from stakeholders the main challenges we need to address are:

- *Low awareness of sexual health matters:*
  There is a perception amongst professionals working in the field that service users have a low level of awareness of sexual health matters, although we have limited local data on this[2]. This includes understanding what and how sexual health issues affect individuals; how to maintain good sexual health; what services are available and, importantly, when and how to access them. There is no population-based activity to promote and educate on sexual wellbeing. PHSE is no longer a part of the schools' curriculum, although some work is being done across the NE region to review provision of sex and relationships education.

[2] In the Gateshead Health Related Behaviour Survey (2012), 43% of Yr 12-15 pupils said they either had 'never heard of' chlamydia or 'knew nothing about it' and 17% of pupils said that they knew that there was a special contraception and advice centre available locally for young people.

- *Poor sexual health and risk-taking*
  "Poor sexual health is not evenly distributed across society. It is linked closely to deprivation and is associated with particular disadvantaged groups within the population"[3]. A national survey has found that people tend to have more sexual partners than 25 years ago, and that pregnancy is a conscious choice in only approximately 55% of pregnancies[4]. Unplanned pregnancy is associated with poorer outcomes for both mother and child. Although the needs section above shows on many measures Gateshead is performing close to the national or regional averages, there are nevertheless high rates of U18 conceptions, approximately 1 in 5 conceptions ends in abortion and STIs are common (particularly amongst young people aged under 25, MSM and in more deprived areas).

- *Lack of early identification and intervention in STIs, and high rates of transmission*
  Locally around 8.5% of people diagnosed with a new STI at a GUM clinic during the five year period from 2010 to 2014 were re-infected with a further new STI within twelve months. In Gateshead, between 2012 and 2014, 26.7% (95% CI 12.3-45.9) of HIV diagnoses were made at a late stage of infection.

- *Limited collaboration between commissioners and amongst providers*
  The multiplicity of commissioners and providers of sexual health services make collaboration more complex, but essential – for example to ensure seamlessness between services. There are however legal frameworks governing interactions, for example to protect patient confidentiality.

- *Need to develop workforce*
  There is a need to ensure all staff have an appropriate level of knowledge and skill in respect of sexual health for their role. This applies to clinical and non-clinical staff working in general practices and pharmacies, the integrated sexual health service and in other services where staff may touch on sexual health matters (for example in A&E, midwifery and local authority children's and adults social care teams) – every contact counts. Training needs to be tailored for different roles.

- *Access to services*
  This includes issues of location, appointments systems, choice, the website and travel into neighbouring areas. Some concerns have been expressed about access and waiting times, given the balance between appointments and drop-in sessions, timing of some sessions, etc. The website provides a good base to promote access.

8. Objectives

- To develop individuals' awareness, across the life course, of what sexual and reproductive health issues affect them and of how to maintain good sexual health;
- To ensure Gateshead has a full range of sexual and reproductive health services, accessible to all, in line with national policy and guidance that meets the need of the local population;

[3] Lancet Editorial: Sex, health, and society: ensuring an integrated response. Lancet 2013; 382: 1787
[4] Wellings K et al. The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). Lancet 2013; 382: 1807–16

- To reduce levels of unplanned conceptions and ensure services support and facilitate women's reproductive choices;
- To ensure that people with sexually transmitted infections are identified early and receive appropriate treatment and support, leading to reduced transmission, and reduced risk to individuals and communities;
- To develop a skilled workforce across primary care and specialist services; and
- To ensure there is a joined-up approach to commissioning and provision of sexual health services for the residents of Gateshead.

7. The Strategy

Our strategy will be underpinned by broad work on

- Better prevention
- Better services
- Better commissioning.

We will also focus on sexual health across the life-course approach, for

- Children and young people
- Adults up to age 50
- Vulnerable/priority groups (MSM, BME, HIV, homeless, people with learning disabilities) and
- Older adults.

A. Better prevention

Why is this important?

- People of all ages need to be able to make informed decisions about their sexual relationships, understand the sexual health risks they face and know how to protect themselves from unwanted conceptions and STIs, including awareness of how to access services;
- The level of conceptions, abortions, previous abortions and incidence of STIs has been outlined above;
- Early identification and treatment of STIs is likely to reduce the risk of onward transmission, leading to reduced incidence.

What are we already doing?

- The ISHS has lead responsibility locally for communications and campaigns;
- Working with other organisations regionally to maximise local impact of national campaigns;
- A regional group co-ordinates local campaigns and communication activities;
- The ISHS maintains a website that provides information on services and wider sexual health matters;
- Dual-screening young people (aged 15-24) for chlamydia and gonorrhoea, both in clinics and via self-testing kits;
- Providing free condoms via the C-card scheme. A regional group helps co-ordinate schemes across the North East;

- Uptake of HPV immunisation locally is high.

Areas for action

- Increase proportion of women using LARC rather than user-dependent methods of contraception, particularly via GP practices;
- Raise uptake of dual-screening tests for young people;
- Review C-card programme to increase availability and uptake, including considering use of further outlets;
- Develop programme of campaigns and increase on-line and social media presence to raise awareness of sexual health, including risks and the signs and symptoms of infection, in the local population;
- Raise awareness of sexual health, including risks and the signs and symptoms of infection, amongst staff across agencies to promote early intervention for treatment.

B. Better Services

Why is this important?

- A comprehensive sexual health service is essential to meet the needs of the local population. This should include "Level 1" services such as risk assessment, contraceptive information, pregnancy testing, screening and immunisation; "Level 2" services including testing for and treating sexually transmitted infections and provision of LARC; and "Level 3" services including outreach and specialised treatment. Not all services can be provided locally within Gateshead;
- A comprehensive service has to be accessible: this includes location and timing of services, publicity and how people are treated when they attend;
- For many women the GP is their first port of call for sexual health matters, and 80% of school age children have visited their GP in the previous 12 months. Provision of sexual health services enables GPs to retain useful skills, eg in counselling;
- Services can only do so much. If we want people to maintain their own good sexual health then we need to provide them with the tools to achieve this.

What are we already doing?

- The ISHS in Gateshead (see above) provides GUM and reproductive services on an open access basis, through the hub and spoke model;
- The ISHS's website http://www.gatesheadsexualhealth.co.uk/ includes information on all services available, including C-card, dual screening, clinic times, etc;
- There is expertise in the ISHS which can support service delivery and training of others;
- Working with colleagues in the region to establish a regional framework for LARC training;
- GPs provide contraceptive advice and other services as part of their routine primary care, and a number of them are additionally commissioned to provide LARC;
- A number of pharmacies provide emergency hormonal contraception;
- The ISHS delivers training open to all staff with an interest in sexual health, including GPs and practice nurses, youth workers, and safeguarding teams;

- A regional research group shares good practice and innovation in sexual health services.

Areas to consider for action

- The configuration of local services needs to be kept under constant review to reflect identified need, patterns of access, levels of use, emerging challenges, the resources available, etc. This includes the geographic delivery through the hub and spoke model, clinic availability and appointments systems. This will require collating and monitoring service data and improving the quality of data;
- Development of the relationship between the ISHS, GP practices and pharmacies as a network of services supported by the ISHS;
- Establish contraceptive pathways with abortion providers to ensure timely access to contraception pre- or post-abortion;
- The ISHS website needs to be reviewed and developed further – for example to allow on-line booking of appointments and on-line services etc.;
- Need to develop a formal training programme on an on-going basis, to ensure staff within the ISHS, others directly delivering sexual health services such as GPs, practice nurses and Pharmacists, as well as others with a key role in improving sexual health, including youth workers, teachers, social care staff, midwives and health visitors, have access to relevant training;
- Using innovative practice and outreach to engage with vulnerable and hard to reach groups.

C. Better commissioning

Why is this important?

- The Local Authority has a duty to "*provide, or … secure the provision of, open access sexual health services in its area*". This should be based on an understanding of the sexual health needs of the local population;
- This means that everyone in a local authority area must be able to access services, irrespective of age, gender or sexual orientation, and without referral through a professional such as a GP;
- There are multiple providers and multiple commissioners of sexual health services, so we need to ensure there are no gaps between providers, and to minimise any duplication whilst preserving choice;
- Patients move between different providers at different times for different interventions, or along a single pathway.

What are we already doing?

- A sexual health needs assessment was carried out in 2014 and is summarised and updated above;
- Gateshead Council commissions the ISHS (see section 3) as well as commissioning some sexual health services via GPs and Pharmacies (see above);
- Gateshead has initiated commissioning of HIV home sampling service as part of a national campaign to improve access and increase testing;

- Gateshead residents can also access services in other areas, for example where they work. There is a high level of use of services in Newcastle;
- The performance of the local service is monitored to help us to judge whether we are achieving our goals, target activity on emerging problems, etc.;
- Gateshead Council is reviewing how we pay for the integrated service: at present the contraceptive service is under a block contract, whilst the GUM elements are paid via a tariff;
- There is a regional project underway to explore the potential for greater collaboration between commissioners across the North East;
- Gateshead Council convenes a sexual health partnership which aims to promote good sexual health and wellbeing.

Areas for action

- The Council will change the way it procures services from GPs and Pharmacies to make this less bureaucratic and increase coverage;
- The Council will work with STFT to ensure the service provided represents the best value for money, taking account of the outcome from the development work on the integrated tariff and the resources available to the Council;
- The Council will ensure the KPI's used in the contract with the provider reflect the most important issues for sexual health services and the delivery of this strategy;
- The Council will consider whether to extend the contract with STFT into the 4th year. It will review current provision and explore future commissioning options and delivery models; and
- Review remit and membership of SHP.

D. Young people

Why is this important

- It is at this stage in life that most people start to form relationships and become sexually active, yet many young people do not receive sex and relationships education until after they or some of their peers have begun sexual activity;
- Young people remain one of the populations most at risk of poor sexual health. Young people therefore need to understand how and where to access services, and what services can do;
- Young people aged under 25 experience the highest STI rates, including chlamydia and gonorrhoea;
- Although the rate of teenage conceptions in Gateshead has fallen by almost 40% since 1998, it is the 11th highest in England, at 34.7 per 1,000. This is a key PHOF indicator: teenage pregnancy is associated with poorer outcomes for both young parents and their children;
- Young people, including children in need, can be at risk of exploitation;
- It is important to support young people who are looked after as part of the Council's Corporate Parenting responsibilities.

What are we already doing?

- SRE provision is a statutory requirement for pupils in secondary education in maintained schools, but not for independent schools, free schools or academies. However, content, status and quality of SRE is only subject to policy guidance. In Gateshead there are ten high schools (including Emmanuel College) but only two are maintained;
- A regional review of SRE is underway, led by Public Health England;
- The ISHS provides 3 sessions exclusively for young people, on Tuesday at Dunston, Thursday at Wrekenton, and Friday at Low Fell, although young people can also access any of the general clinic sessions;
- The ISHS is the responsible lead for the C card scheme that enable young people to obtain free condoms via a number of outlets across Gateshead;
- Supporting the development of the regional C Card App to increase awareness of C Card outlets;
- Dual screening young people for Chlamydia and Gonorrhoea is available via any of the ISHS clinics;
- The ISHS website has a specific section for young people;
- The Council now has responsibility for the commissioning the healthy child programme for children and young people aged 0-19.

Areas to consider for action

- Increase knowledge and awareness among all groups in the local population of sexual health and local sexual health services including:
  - all methods of contraception and where to access them;
  - the different STIs, associated potential consequences and what to do if you have symptoms;
  - how to reduce the risk of transmission;
  - building emotional resilience to increase the ability to make informed decisions about sexual relationships.

  Develop programme of campaigns targeted at young people, increase on-line and social media presence to raise awareness of sexual health;
- Establish links with schools and colleges as a means to increase knowledge and awareness amongst young people, as well as exploring potential for on-site delivery;
- Establish links with services supporting children in need to ensure sexual health services are accessible to them;
- Increase uptake of LARC through awareness campaigns and specialist training programmes;
- SHP to consider recommendations from regional SRE work, with Children's Services and local schools;
- Need to consider how to ensure the best fit between the healthy child programme and the ISHS, including early intervention and prevention through the 0-19 pathway;
- Consider how can we support parents to help them access information and guidance on how to talk to their children about relationships and sex;
- The ISHS is the responsible lead for the C card scheme that should enable young people to obtain condoms via a number of outlets across Gateshead;
- Raise uptake of dual-screening tests for Chlamydia and Gonorrhoea for young people, by increasing outlets and availability, including provision of home sampling kits;

- Consider use of “You’re welcome” branding.

E. Adults up to age 50

Why is this important

- Sexual activity is an important part of intimate relationships for most people;
- People need access to a choice of contraceptive methods to help them manage their fertility, and support and advice to help them in making those choices;
- A substantial proportion of STIs occur amongst this age group.

What are we already doing?

- The ISHS provides ready access to advice, contraception and testing and treatment for STIs;
- Many people in this age group use their GPs for access to contraception.

Areas to consider for action

- Increase knowledge and awareness among all groups in the local population of sexual health and local sexual health services including:
  - all methods of contraception and where to access them
  - the different STIs, associated potential consequences and what to do if you have symptoms
  - how to reduce the risk of transmission
  - building emotional resilience to increase the ability to make informed decisions about sexual relationships
- Increase uptake of LARC through awareness campaigns and specialist training programmes.

F. Priority and vulnerable groups

Why is this important

- There are groups within the population who are known to be at risk of exclusion from routine sexual health services. These include teenagers, Looked After Young People and Care Leavers, young people on the edge of care, the homeless and rootless, asylum seekers and refugees, those with mental health problems, women involved in the criminal justice system and victims of sexual violence, and those suffering from domestic abuse or from alcohol and drug problems;
- Universal approaches to sexual health improvement may not be relevant to these groups and others who are at high risk of STIs, for example MSM and those from black African and Caribbean backgrounds);
- Services have a statutory duty to make reasonable adjustments to accommodate the needs of groups with protected characteristics, such as people with learning disabilities;

- Local evidence[5] suggests most sex workers engage in so called 'survival' sex work; they present with multiple, complex problems including addiction, homelessness, mental ill health and offending. They are generally known to a wide range of services, though 'bounce around' statutory provision without engaging, representing a high cost with limited positive outcomes.

What are we already doing?

- The ISHS provides ready access to advice, contraception and testing and treatment for STIs, and seeks to target MSM through its website, etc;
- The ISHS is expected to prepare an annual equality impact assessment of its provision;
- All ISHS and practice staff are trained in and should work in accordance with safeguarding processes;
- Providing HIV home sampling tests (remotely requested via web) which are intended for vulnerable / high risk groups e.g MSM and those of African origins;
- STFT is undertaking an Equality Impact Assessment of the integrated service.

Areas to consider for action

- Increase knowledge and awareness among all groups in the local population of
  - all methods of contraception and where to access them
  - the different STIs and associated potential consequences
  - how to reduce the risk of transmission
  - building emotional resilience to increase the ability to make informed decisions about sexual relationships;
- There is a lack of information on the health needs of these groups and a lack of tailored sexual health promotion programmes or outreach services to engage with them. Measures could include developing links with other statutory services, such as Looked After Services, community and voluntary organisations (such as Evolve), and working with these to identify opportunities for outreach delivery or providing domiciliary appointments for certain groups;
- To consider and respond to the findings from the equality impact assessment of the service;
- Increase uptake of LARC for those at risk of exclusion, through awareness campaigns and specialist training programmes;
- To develop an understanding of the specific needs and barriers to service engagement for individuals vulnerable to sexual exploitation, with particular focus on those moving through the 'age of transition' and are most at risk of disengaging from services;
- To develop a plan to identify and support individuals with additional needs and high risk taking behaviour:
  - this should be informed by an equality impact assessment carried out by the ISHS
  - to understand the risks of STIs and how to protect themselves
  - to understand how alcohol and drug use impacts on decisions about sex, including negotiating safer sex

[5] PEER: Exploring the lives of sex workers in Tyne and Wear http://www.nr-foundation.org.uk/downloads/PEER_finalreport_full_v1_2.pdf

  - to make "reasonable adjustments" in order to meet the individual needs of people with protected characteristics, e.g. those with learning disabilities;
- To ensure sexual health services are knowledgeable and appropriately trained in child sexual exploitation, trafficked and modern slavery of young people and young adults in the community;
- We will need to consider the local implications of any national decision on funding for HIV pre-exposure prophylaxis.

G. Older adults

Why is this important

- Although the need for sexual health services may reduce as people get older, their needs should not be overlooked;
- Older adults may be newly single following bereavement or relationship break-up, the need for sexual health services may be new to them, and they may have lower levels of awareness of those services and of risks;
- National data shows an increase in STI's amongst the over 50's population, although in the North East the absolute numbers of older people who receive diagnoses of STIs are small.

What are we already doing?

- The ISHS provides ready access to advice, contraception and testing and treatment for STIs;
- Many people in this age group use their GPs for access to contraception.

Areas to consider for action

- Increase knowledge and awareness among all groups in the local population of
  - all methods of contraception and where to access them;
  - the different STIs and associated potential consequences;
  - how to reduce the risk of transmission;
  - where to get access to prompt, confidential STI testing, treatment, information and support;
- Potential delivery of HIV treatment and care co-commissioned with NHSE.

8. Next Steps

Once this strategy is agreed, an action plan will be developed, setting out key milestones and lead responsibilities. The implementation will be monitored by the Sexual Health Partnership, supported by a revised performance framework focussed on the key public health outcomes, which will be part of the Council's overall performance reporting.

August 2016

Resources

- Better prevention, better services, better commissioning: the national strategy for sexual health and HIV. (Department of Health, July 2001)
- A Framework for Sexual Health Improvement in England (Department of Health, 15 March 2013)
- Commissioning Sexual Health Services and Interventions: Best Practice For Local Authorities (Department of Health, 21 March 2013)
- Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV (Public Health England, revised March 2015) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf
- NICE guideline PH3: Sexually transmitted infections and under-18 conceptions: prevention (National Institute for Clinical Excellence, February 2007)
- NICE guideline CG30: Long-acting reversible contraception (National Institute for Health and Care Excellence, October 2005 updated September 2014)
- NICE guideline PH51: Contraceptive services for under 25s (National Institute for Health and Care Excellence, March 2014)
- NICE Local Government Briefing LGB17: Contraceptive services (National Institute for Health and Care Excellence, March 2014)
- Improving outcomes and supporting transparency. Part 1A: A public health outcomes framework for England, 2013-2016 (Public Health England, November 2013)
- Gateshead Local Authority HIV, sexual and reproductive health epidemiology report (LASER): 2014 (Public Health England)
- Public Health England Fingertips Profile http://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/8000058/pat/6/par/E12000001/ati/101/are/E08000037
- North East Annual Sexually Transmitted Infections Report. Surveillance report. Data for 2015 (Public Health England Centre North East, Field Epidemiology Services. August 2016)
- The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 . (HM Government. Queen's Printer of Acts of Parliament, 2013).
- Standards for the management of sexually transmitted infections (STIs). (British Association for Sexual Health and HIV, 2010) http://www.bashh.org/documents/2513.pdf .
- An overview of Local Authority commissioned services for the prevention of sexually transmitted infection in the North East (draft report) (Simon Howard, Public Health England, 2016)
- Local sexual health strategies from: University Hospitals Birmingham (Umbrella), Hertfordshire County Council, London Borough of Ealing, London Borough of Wandsworth, Leicestershire County Council, Knowsley Council, St Helens Council, Durham County Council
- The Sex Education Forum: http://www.sexeducationforum.org.uk/home.aspx
- PEER: Exploring the lives of sex workers in Tyne and Wear http://www.nr-foundation.org.uk/downloads/PEER_finalreport_full_v1_2.pdf

Appendix A

Levels of sexual health services

Level 1:

- Sexual history and risk assessment
- STI testing for women
- HIV testing and counselling
- Pregnancy testing and referral
- Contraceptive information and advice
- Assessment and referral of men with STI symptoms
- Cervical cytology screening and referral
- Hepatitis B immunisation

Level 2:

- Intrauterine device insertion (IUD)
- Testing and treating sexually transmitted infections
- vasectomy
- Contraceptive implant insertion
- Partner notification
- invasive sexually transmitted infection testing for men

Level 3:

Level 3 clinical teams will take responsibility for sexual health services needs assessment, for supporting provider quality, for clinical governance requirements at all levels, and for providing specialist services which could include:

- outreach for sexually transmitted infection prevention
- outreach contraception services
- specialised infections management, including co-ordination of partner notification
- highly specialised contraception
- specialised HIV treatment and care

Source: Better prevention, better services, better commissioning: the national strategy for sexual health and HIV. (Department of Health, July 2001)

Commissioning responsibilities

Sexual Health Commissioning Responsibilities from April 2013

Local Authorities will	Clinical Commissioning	NHS Commissioning
comprehensive sexual health services, including: • Contraception,including LESs (implants) and NESs (intrauterine contraception) including all prescribing costs – but excluding contraception provided as an additional service under the GP contract • STI testing and treatment, chlamydia testing as part of the National Chlamydia Screening Programme and HIV testing • sexual health aspects of psychosexual counselling • Any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies	most abortion services (but there will be a further consultation about the best commissioning arrangements in the longer term) sterilisation vasectomy non-sexual health elements of psychosexual health services gynaecology, including any use of contraception for non-contraceptive purposes.	contraception provided as an additional service under the GP contract HIV treatment and care, including post-exposure prophylaxis after sexual exposure promotion of opportunistic testing and treatment for STIs, and patient requested testing by GPs sexual health elements of prison health services Sexual Assault Referral Centres cervical screening specialist fetal medicine

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Gateshead Council

HEALTH AND WELLBEING BOARD
21 October 2016

TITLE OF REPORT: Update on Smoking Still Kills; Smoke Free Vision 2025

Purpose of the Report

1 To provide the Health & Wellbeing Board with an update on the findings of the CLeaR assessment of the Gateshead Smokefree Tobacco Alliance and on progress towards the development of a 10 year Tobacco Control delivery plan for Gateshead.

Background

2 In June 2016 the H&WB Board restated their commitment to working towards a Vision of a smoke free future for our children, that our next generation will be born and raised in a place free from tobacco, where smoking is unusual. The Gateshead Health and Wellbeing Boards ambitious target, shared by the Regional Tobacco control office Fresh, is to have a 5% smoking prevalence in adults by 2025. Currently the smoking prevalence in Gateshead is 18.3%.

3 The H& WB Board discussed current engagement in tackling tobacco in Gateshead and agreed it could be improved. Engagement in the Tobacco agenda over the past 18 months has been patchy with attendance at the local Tobacco Alliance and Tobacco workshops to develop a 10 year plan below the level experienced in the past.

4 In response to this the H&WB Board endorsed the recommendation to review the work of Gateshead SmokeFree tobacco alliance using a national standard developed by Action on Smoking and Health (ASH). A CLeaR review was initiated in July 2016 with Alliance members working in partnership with H&WB Board members.

5 The CLeaR model is based on the 3 domains of:

- **C**hallenge for existing tobacco control services, based on the evidence of the most effective components of comprehensive tobacco control, as outlined in NICE Guidance and Healthy Lives, Healthy People: a tobacco control plan for England.
- **Lea**dership for comprehensive action to tackle tobacco.
- **R**esults demonstrated by outcomes delivered against national and local priorities

6 The findings and recommendations of this review are shared in this paper and will enable the H&WB Board to assess the strengths and areas for improvement for the alliance.

7 Numbers attending the CLeaR assessment workshop were low, again reinforcing the need to establish a way forward for the Alliance, although those engaged on the day had a wealth of knowledge on Tobacco Control work in Gateshead and so the session was very productive.

8 The CLeaR self-assessment can be completed either a stand-alone exercise to give Alliances an indication of areas of strengths and areas for improvement or Alliances can decide to have a Peer Review undertaken by external assessors which is facilitated by Public Health England (PHE) It was felt that there was little additional gain from following the extended process and so a decision was taken to work with the findings of the self-assessment.

Findings of self-assessment

9 Of the 14 indicators related to the three domains of CLeaR that the review covered the level of self-assessed performance was mixed. Overall the self-assessment resulted in a score of 61% average across all indicators indicating room for improvement.

10 A summary of the progress against the three domains of CLeaR shows the following areas for improvement:

- 'Challenge' your services had two of the three indictors which showed room for improvement or future development including leadership, planning and Commissioning. Partnership, X agency and supra local scored well predominantly because of the Councils support of the Regional Tobacco Control Office, FRESH.

- 'Leadership' had two of the five indicators which showed room for improvement or future development including prevention, innovation and learning. The other three, Compliance, Cessation and Communication and denormalisation scored well.

- 'Results' had one of the three indicators showing room for improvement and future development. This was in relation to priority indicators. The other two, Prevalence and Quit data scored well. This is down to the progress made in reducing smoking prevalence to below Regional level; and in line with National averages and also the good performance of the Stop Smoking Service which saw a slight rise in footfall and quitters which went against a national downturn.

11 There were encouraging findings in relation to local work on Compliance, Cessation/Quit data, Prevalence and Partnership working (***see Appendix 1***).

10.1 **Compliance**. There is a strong focus on compliance with representation from Gateshead Council/Alliance on a National and Regional group to plan initiatives to address illicit tobacco interventions.

The Alliance can demonstrate intelligence gathering and handling through regional intelligence officer arrangements and a Local Intelligence Liaison Officer within Trading Standards. Illegal tobacco intelligence is now gathered through the Keep It Out website/hotline, or by online reporting direct to the Trading Standards Team.
http://www.gateshead.gov.uk/Business/TradingStandards/IllicitTobacco.aspx .
Other networks feed intelligence directly to the team.

10.2 **Cessation/quit data**. Figures from Q1 2016 / 2017 Stop Smoking Service returns show that the Stop Smoking Services in Gateshead are among other Regional services that are bucking the national downturn in access to and the

number of people quitting through the services. Where national access has dropped there has been a 0.6% increase in Gateshead although the successful quitters dropped slightly but remain strong in comparison to the same reporting period last year. It is projected that 7.2% of the adult smoking population will access Stop Smoking Services in 2016/17.

The strong performance of the service is partly down to the implementation of the new service model in 2012 which turned around a service that was underperforming. An innovative model saw the traditional Stop Smoking Service model replaced by an Active Intervention delivery model with support provided through a central hub.

There has been a slight decrease (three people) in the number of pregnant women setting a quit date but encouragingly, an increase in women quitting from 15% to 38.9%.

The percentage that have quit has been validated by Carbon Monoxide measure with 89.7% validated positively against an 85% national target.

10.3 **Prevalence**. Smoking prevalence in Gateshead stands at 18.3% compared to a Regional prevalence of 18.7% and similar to England figure of 16.9%. Although the Gateshead data is good in comparison, it does not demonstrate the inequalities that we have across the Borough with Smoking prevalence in routine and manual occupation socio-economic groups at 25.6%.

This cycle of inequality is reinforced by lower rates of quitting among disadvantaged smokers. Poorer smokers are usually more heavily addicted and, whilst on average all smokers make a similar number of attempts to quit each year, well-off smokers are more likely to succeed. To reduce inequalities and the impact of smoking-related disease, support for quitting must be tailored to the needs of smokers in the lower socioeconomic groups. This requires mass media campaigns targeted at poorer communities, designed to motivate quitting and discourage uptake. Such campaigns are effective and cost-effective and underpin strategy to reduce smoking prevalence.

Smoking at Time of Delivery (SATOD) was 13.2% for 2015/16 - the lowest level in the Region. Figures for Quarter 1 2016/17 showed a slight increase although we need to be mindful that this will not be reflective for the whole year.

10.4 **Partnership working** was also assessed as good and this is in part because of the support Gateshead Council commission from the Regional Tobacco Control Office, FRESH. Work at a Regional level through this network enables the area to support national and regional developments on tobacco control e.g. Communication strategies and representation on the media sub group at Regional level.

12 Areas for improvement identified through the assessment were in relation to planning and commissioning, innovation and learning and vision and leadership (***see Appendix 1***).

11.1 **Planning and Commissioning**. There is no current Tobacco Control action plan in place at present and this is part of the work being developed and presented to the HWB in January 2017. The old plan was based around the eight strands of Tobacco Control which would be seen as a comprehensive approach.

However, that expired on 31st March 2015 and a replacement has yet to be re-written. Delays in the publication of a National strategy have also impacted upon this work.

Tobacco control is featured in the JSNA http://www.gateshead.gov.uk/Health-and-Social-Care/JSNA/Needs-Assessment-by-Life-Course/Living-well-for-longer/Tobacco-control-and-smoking/home.aspx although the Health and Wellbeing strategy makes little reference to smoking or tobacco control. Other than support for the Regional Tobacco control office FRESH, the commissioning of Stop Smoking Services, , is the key strand of Tobacco Control supported by the Public Health Budget.

The Council supported a Public Health Midwife up to 31 March 2016 but following decommissioning of this post Public Health continue to focus on Baby Clear, 0-9 and the potential for early intervention and prevention through the 0-19 pathway.. Secondary Care Stop Smoking Services were in place in recent years but there has been little to no activity in the last four years other than interest from individual Consultants in particular topic areas.

There was substantial work in the wider community on a range of tobacco control measures to protect people from Secondhand smoke, such as Smoke Free Homes, Smoke Free play areas, Smoke Free Cars and Take 7 steps out, prior to Public Health moving into the Local Authority. This work was absorbed into the Public Health team, the Live Well Gateshead service and the Capacity Building Service when Public Health moved.

11.2 **Innovation and learning.** There have been two notable innovative programmes initiated by the service in recent times; the introduction of the Active Intervention service model and the support in helping our local Mental Health NHS Trust, NTW, to introduce Smoke free rules across their grounds from March 2016.

No review of Tobacco Control activity has been undertaken recently although this review for July / August 2016 will advise the development of our local strategy later in the year. The last Overview Scrutiny Panel assessment of Tobacco was in 2006.

11.3 **Vision and Leadership.** The Alliance has a clear vision of a smoke free future for our children, that our next generation will be born and raised in a place free from tobacco, where smoking is unusual. They also communicate this vision through the three local tobacco control priorities identified in the last Gateshead Tobacco Control Plan:

- 5% smoking prevalence by 2025.
- Eliminate Illegal and Counterfeit tobacco by 2015 (Gateshead Trading Standards policy).
- Eliminate Under age Sales (Gateshead Trading Standards policy)

Members of the Alliance, although supporting staff to stop using tobacco, could do more to encourage greater numbers to access these services. Support is promoted in the Council via noticeboards at clocking in/out stations and information is available via internal publications such as Council Info and external sources such as Council News. In-house Health Advocates also promote services.

Several Councilors are members of the Alliance and are active participants in the Tobacco agenda locally. One Councillor sells tobacco and so is well placed to support and advice works in this area. Another Councillor is the Chair of the Tobacco Alliance. One of the local MP's, Ian Mearns, is also an active member of the Alliance. A similar level of support isn't equitable across the HWB membership.

The Health and Wellbeing Board also signed the "NHS Statement of support for Tobacco Control" which identifies, among other things, the partnership's commitment to work towards reducing tobacco use and to reduce health inequalities. The Chair of the Board and other members also actively engaged in the CLeaR assessment process.

Discussion/potential action falling out of findings of CLeaR Assessment

13 The results have identified areas of strengths and areas for improvement (**See Appendix 1 and 2**). It is important to build upon the great work going on and to identify potential opportunities to address areas for improvement. With Health Inequalities so prominent between different areas of Gateshead and smoking contributing to around half the difference in these, this plan offers the opportunity to make a big impact on addressing the differences that exist.

14 Areas identified in the review will be incorporated in the new Tobacco Control action plan which will be presented to the HWB in January 2017. This plan is important to steer the work locally and to help with the refresh of the Alliance. Areas for potential improvement include:

13.1 Continue the excellent work being delivered around Compliance, including initiatives to tackle illegal tobacco, enforcement and compliance with existing legislation such as Plain Packaging and support work at National and Regional level around Licensing of Retailers.

13.2 Review the impact on Stop Smoking Services with the move from support from external providers via a Hub to support from Council teams. There is a need to identify positive aspects but also be vigilant for any unexpected downturn in trajectories for access and outcomes.

13.3 Prevalence is at an all-time low but we have still got to achieve a further 13% reduction to hit the Vision and target of 5% smoking prevalence by 2015. This will require targeted work with specific groups with high smoking prevalence rates such as pregnant women, Mental Health issues and low income groups/communities. Support of FRESH at Regional level is an important contribution to achieving this target.

13.4 Support at Leadership level needs to be enhanced across all partner organisations and there are opportunities to enhance the Gateshead Health and Wellbeing strategy which is currently being refreshed for 2016 – 2019. There is also the potential for getting the issue onto the Health Overview Scrutiny Committee (OSC) forward plan to enable them to scrutinise progress towards the 2025 target.

13.5 Leadership could also be taken by ensuring that partner organisations work towards the 5% target using their existing commissioning arrangements but also looking at potential innovation. Two examples might be:

13.5.1 The CCG including implementation of NICE guidelines on Tobacco into all provider contracts e.g. Continuation of Baby Clear model for Midwifery Departments.

13.5.2 Partnership between Clinical Commissioning Group (CCG) and the Local Authority to collaboratively commission secondary care based Stop Smoking Service. This could include the implementation of a “Stop before the Op” intervention.

Update on Development of 10 Year Plan

15 As reported at the HWB on 10th June 2016 a 10 year Tobacco Control Plan is under development and the findings of the CLeaR self-assessment will form part of that plan. There are a number of other key sources which will feed into the strategy and these include:

14.1 National Tobacco Control strategy. This is due to be launched in the New Year and will outline areas for local development alongside the national and regional agenda. A recent discussion in the House of Lords (Hansard on Smoking-Related Diseases ,14 September 2016 Volume 774) https://hansard.parliament.uk/lords/2016-09-14/debates/16091442000095/Smoking-RelatedDiseases identified the following topic areas which we might expect to be mentioned within the strategy:

14.1.1 Continued focus on supporting priority smokers to quit e.g. those with poor mental health, pregnant women, and smokers in lower socio-economic communities.
14.1.2 Better engagement with smokers in the NHS system e.g. through GP Practices and Secondary Care settings.
14.1.3 Exploring the potential for a Levy on Tobacco Companies to fund Stop Smoking Services and Tobacco Control interventions.
14.1.4 Build the evidence base around e-cigs.
14.1.5 Continued national Commitment to national quit campaigns such as Stoptober.
14.1.6 Introduction of a licensing system for tobacco retailers.
14.1.7 Increase in tobacco tax above inflation.
14.1.8 Tougher measures to help reduce the illicit trade in tobacco.
14.1.9 Extending SmokeFree places e.g. Public Places where Children play, outdoor dining areas.

14.2 Public Health England Priorities 2016/2017. Public Health England have identified the following priorities around Tobacco Control which could also feature in the National strategy:

14.2.1 Tobacco Products Directive implementation.
14.2.2 Support CLeaR at local level.
14.2.3 Review of NICE Guidance on Tobacco.
14.2.4 Focus on smokers in the healthcare system.
14.2.5 SmokeFree prisons.
14.2.6 Local Stop Smoking Service design and reversing the national decline in footfall.
14.2.7 Tackling illicit tobacco.

14.2.8 Stoptober a marketing priority in 16/17.
14.2.9 Water pipes (shisha).
14.2.10 Maximise impact of standardised packaging.

Recommendations

16 The Health and Wellbeing Board is asked to consider the following recommendations for action:

Recommendation 1: Acknowledge and consider the issues raised through undertaking the CLeaR assessment of the Gateshead SmokeFree Tobacco Alliance and the emerging areas identified from the forthcoming National Tobacco Control strategy.

Recommendation 2: Receive the 10 year plan at the HWB meeting in January 2017

Contact:

Alice Wiseman, Director of Public Health

alicewiseman@gateshead.gov.uk
Telephone (0191) 4332777

References

1 House of Lords Hansard (2016): Smoking-Related Diseases**:** 14 September 2016 Volume 774
https://hansard.parliament.uk/lords/2016-09-14/debates/16091442000095/Smoking-RelatedDiseases

2 Public Health England (PHE): 2014: The CLeaR Model, Excellence in Tobacco Control

3 Gateshead Joint Strategic Needs Assessment (2016)
http://www.gateshead.gov.uk//Health-and-Social-Care/JSNA/home.aspx

4 Public Health England (PHE): 2016: Gateshead Tobacco Control Profile
http://www.tobaccoprofiles.info/

Appendices

Appendix 1

	Score	Max	% of available points	Peer Assessors Score
Challenge your services	**72**	**112**	64%	0%
Leadership	**40**	**72**	56%	0%
Results	**25**	**40**	63%	0%

	Score	Max	% of available points	Peer Assessors Score
Vision and Leadership	10	20	50%	0%
Planning and Commissioning	8	20	40%	0%
Partnership, x agency and supra-local	22	32	69%	0%
Innovation and learning	4	10	40%	0%
Prevention	8	14	57%	0%
Compliance	15	20	75%	0%
Communication and denormalisation	8	14	57%	0%
Cessation	37	54	69%	0%
Prevalence	9	12	75%	0%
Quit data	14	22	64%	0%
Your priority indicators	2	6	33%	0%
Total score	**137**	**224**	**61%**	**0%**

Appendix 2

CLeaR Profile

Self Assessment Scores
Peer Assessor Scores

Total score
Vision and Leadership
Planning and Commissioning
Partnership, x agency and supra-local
Innovation and learning
Prevention
Compliance
Communication and denormalisation
Cessation
Prevalence
Quit data
Your priority indicators

80%
70%
60%
50%
40%
30%
20%
10%
0%

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HEALTH AND WELLBEING BOARD
21st October 2016

TITLE OF REPORT: Connected People, Connected Communities Update

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Purpose of the Report

1. To provide an update to the Board on the 'Connected People, Connected Communities' programme of work to make Gateshead and Newcastle places in which people make and maintain good quality relationships.

2. A report from NHS Newcastle Gateshead CCG is attached.

Recommendations

3. The Health and Wellbeing Board is asked to receive the report.

Contact: Dr. Mark Dornan, NHS Newcastle Gateshead CCG mdornan@nhs.net

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Connected people, connected communities:

How can we work together to make Gateshead and Newcastle places in which people make and maintain good quality relationships?

In late 2015, partners in Gateshead and Newcastle started work to consider what more we can do to make these areas into places where people make and maintain good quality relationships. It's a work in progress but given that the first major event took place on 7 June 2016, it is worth a stocktake on progress to date and what happens next.

Our intention

The work intends to build on, and add value to, existing developments such as introducing asset based approaches, health and care integration and developing social prescribing models. It will also enable us to consider how other areas of activity, such as housing, urban design or transport, can make a difference.

Our aim in doing this work is:

- Raise awareness of importance of good social relationships to our wellbeing
- Consider what best practice could look like and different approaches in use
- Understand how we can build on our local strengths to create the conditions that enable people to establish and maintain good social relationships
- Consider what would enable us to build a stronger and more effective interface between 'formal' services and 'informal' community networks and support
- Inform subsequent areas of system activity – such as considerations for commissioning, workforce development, information, tracking change

The first key event

On 7 June 2016, over 140 people from different partner organisations came together to consider where we should be focussing our energy in the future. In the lead up to the event:

- We encouraged groups of people from organisations to have conversations in their team and network meetings about good quality social relationships and what people from organisations can do to value and build them. We distributed an information sheet to support these conversations. It drew on reports, academic journals and research projects to act as discussion points for people to consider.
- We invited groups of people from our local communities to think about and share their thoughts on good social relationships. The groups produced a total of 28 posters (using a standard template) that were displayed at the event itself and incorporated into the activities that took place. Three groups also worked with a local artist to produce more visual posters.

During the event itself, participants started by discussing the value of social relationships and produced posters that were displayed alongside those produced by community groups. They went on to consider what works to help make and maintain good quality relationships.

Participants were then invited to identify a number of action areas that they felt that they could drive forward. A number of proposers came forward with the following action areas:

- Connecting through information, advice and digital media
- Making waiting rooms into connecting spaces
- Commissioning for social activity
- Promoting connectivity through grassroots sports activity/clubs
- Nurturing bumping spaces in all communities
- Connecting communities in emergencies – Before, during and after.
- Establishing a high street meditation centre
- Canny City – safe places to connect when in mental distress
- Establishing community launderette(s)
- Promoting connectivity through food
- Promoting connectivity for people with long term conditions
- Role of front line staff as connectors
- Promoting connectivity for children and young people not attending school full-time
- Promoting connectivity through volunteering
- Promoting connectivity through culture, creativity and diversity

Participants considered these action areas and made plans in relation to the steps they could take to progress them.

Overall, the feedback on the day was positive with participants valuing the time it gave for networking and thinking about an issue in a different way. We will continue to reflect on the process to share learning and consider what would make future events of this kind successful.

What happens next?

Much depends on the participants and what they choose to do to follow on from the event in relation to the action areas they agreed to work on. This isn't just about the formal action areas listed above but the ad hoc ideas and agreements people made in their networking that are less easy to capture centrally.

We are organising some follow-up to support and capture the work that participants' take forward. This will be led and facilitated by Involve North East.

The first immediate job is to share the information about the day and make sure participants have a record of what they said they would do. All information will be made available on the website (http://www.newcastlegatesheadccg.nhs.uk/get-involved/connected-people-connected-communities/) very shortly, and we will be contacting the proposers of the action areas and others directly.

In September and December, we will be following up with proposers to find out what has happened and what has helped and hindered progress. Early in 2017, we will provide an account of the progress that has taken place.

HEALTH AND WELLBEING BOARD
21st October 2016

TITLE OF REPORT: Great North Care Record

Purpose of the Report

1. To provide an update to the Board on progress in taking forward the Great North Care Record.

2. NHS organisations across the North East are working together to deliver better, safer care through improved digital record sharing. For patients, this means that the specialists providing their care can see the right information at the right time, so that they can manage their care better.

3. A report from NHS Newcastle Gateshead CCG is attached.

Recommendations

4. The Health and Wellbeing Board is asked to receive the report.

Contact: Dr. Mark Dornan, NHS Newcastle Gateshead CCG mdornan@nhs.net

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Great North Care Record – update for stakeholders in local areas
Newcastle Gateshead CCG

Introduction: the Great North Care Record

NHS organisations across the North East are working together to deliver better, safer care through improved digital record sharing. The first step - taking place over the coming months – is the rollout of the Medical Interoperability Gateway (MIG).

The MIG is an electronic system enabling NHS health professionals providing a patient with treatment to view a summary of their GP held medical records, with their consent. If a patient has chosen to opt out of sharing their GP record, information will not be available for the NHS professional to review.

With a range of different solutions and technical issues across the region to date, this will have the marked advantage of bringing every part of the North East up to a common basic standard of information-sharing, with significant benefits both for patients and health professionals.

As a patient, that means the specialists providing your care can see the right information at the right time, so that they can manage your care better.

Benefits of sharing information

If health professionals can access the most up to date and accurate information quickly and easily, they can give the patient better advice and safer, more effective care.

Patients will spend less time answering the same questions that they have already been asked in other parts of the system – and should only have to tell their story once.

For some people, this could mean avoiding admission to hospital, or reducing the time spent in a hospital bed.

24-hour access to a summary of medical records can also reduce the time wasted by doctors on checking details from multiple sources, and reduce delays to treatment if, for example, a GP practice is not open at the time to confirm the patient's current medications.

A patient's data will only be used when healthcare professionals are caring for them. Medical professionals will ask for consent to access their record at the start of each period of care.

Clinicians already using the system report benefits including reduced delays in emergency care, safer clinical decision-making, with the assurance of accurate information, fewer repeated tests and investigations, and a reduction in emergency

admissions – for example when surgeries are closed and information may not be available.

What sort of information does this include?

With each patient's informed consent, information will be available during periods of care to NHS healthcare providers including hospitals, mental health services, out-of-hours doctors and the ambulance service.

This will include the sort of details that are already shared using slower and less reliable methods. Instead of phone calls and letters, the new system will make the same information available electronically in a view-only format.

This could include details of medical conditions, medication, operations and treatment, tests that have been requested or carried out, and contact details for next of kin or other carers. It will not contain information about sensitive discussions the patient may have had with their GP.

Keeping patient records secure

MIG provides a secure, encrypted electronic system, with real-time access to eliminate wasteful and slow phone calls, letters and faxes that are currently used to check medical information.

Tried and tested in several areas including Northumberland, Nottinghamshire and Oxfordshire, the MIG is a practical solution saving clinical time throughout the healthcare system, as well as improving the patient experience.

By law, everyone working in, or on behalf of the NHS has a duty to respect patient privacy and keep all patient information safe. The new system will be viewed through a secure, encrypted and audited system that meets stringent NHS security standards and government legislation including The Data Protection Act.

The system keeps a record of everyone who has accessed a patient record, as well as the time and date when they accessed it, and the information they were viewing. The laws on data protection are clear and we will regularly check to make sure that only people who need to see your record are viewing it.

Patients can be assured that their records will only be used when healthcare professionals are caring for them. Professionals will ask for consent to access a patient's record at the start of each period of care. If a patient has already chosen to opt out of sharing their GP record, information will not be available to review.

Appropriate information sharing governance agreements will be in place through the Information Sharing Gateway.

Patient choice

We know that some patients will have concerns about information-sharing, and we are keen to provide as much help and support as possible so that people can make an informed decision if they are concerned.

All patients who have previously exercised their right to opt out of NHS data sharing initiatives will be contacted by their GP, outlining the benefits of being part of the scheme while offering clear details of how to opt out if that is the patient's wish.

Leaflets and posters will also be distributed locally by CCGs (via GP practices) and the initiative will be promoted via local press releases too. In addition, CCGs will engage with Healthwatch and community and voluntary organisations in their respective areas to ensure that local stakeholders feel able to respond to concerns and direct questions helpfully.

Any patient who would like to discuss any concerns or find out more can do so by:

- Calling the Great North Care Record helpline on 0344 811 9587
- Emailing gncarerecord@nhs.net
- Visiting www.greatnorthcarerecord.org.uk

All adults age 16+ in the region will be included in the Great North Care Record initiative if they do not choose to opt out. **Anyone who is happy to be included will not need to take any action.**

Under the Data Protection Act, all patients can of course ask to see any information held about them. To do this, a patient would need to contact the organisation(s) providing their care.

Timescales

The MIG has been operative in Gateshead with limited sharing from January 2016. Further local sharing into Newcastle and Gateshead is starting in October.

Preparatory work to regionally roll out the MIG in Newcastle and Gateshead will also start during October with around a four-month lead-in time before the systems can be operational.

Newcastle Gateshead CCG will engage with Healthwatch, community and voluntary organisations as above.

Looking further ahead

We know that technology is changing fast. In the future, there is much more we can do to improve the patient experience and the care we provide through having better information-sharing in place.

Patients will of course have the right to opt out of information- sharing at any stage, though we feel strongly that it will bring real benefits for patients and staff alike.

Who is leading this work?

As a regional project, this initiative is supported by CCGs, NHS Trusts, out-of-hours services, North East Ambulance Service and GP practices across the North East. At a regional level it is supported by the North East Urgent and Emergency Care Network and Connected Health Cities.

In the Newcastle and Gateshead area, the initiative is being rolled out by Newcastle and Gateshead CCG, with support from a delivery team provided by Northumberland Tyne and Wear NHS Foundation Trust (NTW). If you have questions about the rollout in this area, please contact NGCCG.Informatics@nhs.net .

Significant progress has already made towards data-sharing in parts of the region, such as Northumberland, Gateshead and North Tyneside, and the regional roll-out is making use of their good practice and the work already completed in those areas.

What they say: comments from people already using the system

"After six months of the MIG, our wards are spending less time on administrative tasks and more time with patients. On average, we are spending 71% less time on the phone to GPs. It takes just three minutes to check drug history and allergies, which is a much safer way of giving care."

Craig Tilley, Lead Pharmacist, EPMA, Blackpool Teaching Hospitals

"When a patient is unable to clearly communicate their medications to an Emergency Department physician or pharmacist, the MIG can save 20 minutes – for both the ED and the surgery – that would otherwise be spent checking primary care records. But the main thing is a significant safety improvement that cannot be underestimated."

Mark Thomas, Director of Health Informatics, Northumbria Healthcare NHS Foundation Trust

An evaluation of MIG use in the Rushcliffe area of Nottinghamshire found that:

- All clinicians felt the MIG had improved safety and avoided potential incidents
- 92% felt the MIG had enabled them to improve their overall care for patients
- 67% thought they could now clinically assess patients more quickly
- 75% felt the MIG had helped with prescribing or referral decisions
- Nearly all respondents found the MIG user-friendly, with minimal training needed

(Source: Nottinghamshire Health Informatics Service)

HEALTH AND WELLBEING BOARD
21st October 2016

TITLE OF REPORT: Safeguarding Adults Board Annual Report 2015/16

Purpose of the Report

1. To Board has previously considered the Safeguarding Adults Board Strategic Plan 2016 – 2019 and Annual Business Plan 2016-17 at its meeting on 10th June 2016. It was agreed that the Safeguarding Adults Board Annual Report would be submitted to the Board for information at a later date.

2. The Safeguarding Adults Board Annual Report for 2015/16 is attached.

Recommendations

3. The Health and Wellbeing Board is asked to receive the report.

Contact: Mark McCaughey (0191) 4332378

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Gateshead
Safeguarding Adults
Board

Gateshead Safeguarding Adults from Abuse

Safeguarding Adults Board

Annual Report

- 2015/16 -

July 2016

Gateshead Safeguarding Adults Board

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Introduction

Living a life that is free from harm and abuse is a fundamental right of every person.

I am pleased to introduce this Annual Report for 2015/16 on behalf of the Gateshead Safeguarding Adults Board.

The Gateshead Safeguarding Adults Board has risen to the challenges prescribed in the Care Act 2014 by adopting an open and transparent approach to Safeguarding Adults that is person-led and outcome focussed. This is despite a background of considerable change with respect to the requirements set out in the Care Act, financial austerity, organisational changes and a significant change in the membership of the Board.

We know that the most effective way to safeguard adults is to work together in partnership. Board members and partners in Gateshead have worked hard to increase momentum in Safeguarding activity, initiating positive changes to increase our effectiveness. Importantly, the Board has shown a willingness to challenge and evolve. I would particularly like to welcome to the Board our lay members who provide additional independence and scrutiny.

Whilst the Board can demonstrate significant progress and a number of key achievements during 2015/16, the forward thinking Strategic Plan for 2016/19 illustrates that the Board understands that there is still much to do to ensure that our most vulnerable adults are provided with the appropriate support, guidance and protection that helps them to achieve their desired outcomes. We must continue to strive to raise local awareness of safeguarding and aspire to embed our safeguarding vision within all of our partner agencies. This requires fully embedding safeguarding in everything we do and, importantly, within the mind-set of our local communities.

Elizabeth Saunders
Gateshead Interim Safeguarding Adults Board Vice-Chair

Policy Context

The Care Act 2014 enshrined in law the principles of Safeguarding Adults, which will not only ensure that the most vulnerable members of society are afforded appropriate support and protection, but will also help them to live as independently as possible, for as long as possible.

Chapter 14 of the Care and Support Statutory Guidance issued under the Care Act replaces the No Secrets document as the statutory basis for all safeguarding activity. This was updated in March 2016 by the Department for Health.

The Care Act identifies six key principles which underpin all adult safeguarding work and, which apply equally to all sectors and settings:

- **Empowerment** – people being supported and encouraged to make their own decisions and give informed consent
- **Prevention** – it is better to take action before harm occurs
- **Proportionality** – the least intrusive response appropriate to the risk presented
- **Protection** – support and representation to those in greatest need
- **Partnership** – local solutions through services working with their communities
- **Accountability** – accountability and transparency in safeguarding practice

The Care Act sets out the Safeguarding Adult responsibilities for Local Authorities and their partners. It places a duty upon Local Authorities to establish Safeguarding Adults Boards and stipulates that Safeguarding Adult Boards must produce a Strategic Plan and Annual Report. The Statutory Guidance encourages the Safeguarding Adults Board to link with other partnerships in the locality and share relevant information and work plans.

Gateshead Safeguarding Adults Board

Safeguarding in Gateshead

Gateshead Safeguarding Adults Board

The Gateshead Safeguarding Adults Board became a statutory body in April 2015. The Boards vision for adult safeguarding in Gateshead is:

'Everybody in Gateshead has the right to lead a fulfilling life and should be able to live safely, free from abuse and neglect – and to contribute to their own and other people's health and wellbeing'

The Board is responsible for assuming the strategic lead and overseeing the work of Adult Safeguarding and Mental Capacity Act / Deprivation of Liberty Safeguards arrangements in Gateshead. Within Gateshead we have commissioned an Independent Chair to enhance scrutiny and challenge. The Board has a comprehensive Memorandum of Understanding which provides the framework for identifying roles and responsibilities and demonstrating accountability.

In law, the statutory members of a Safeguarding Adults Board are defined as the local authority, the local police force and the relevant clinical commissioning group. However, in Gateshead, we recognise the importance of the contribution made by all of our partner agencies and this is reflected by the wider Board membership (correct as of July 2016):

- Gateshead Council
- Northumbria Police
- Newcastle Gateshead Clinical Commissioning Group
- Lay Members
- Gateshead NHS Foundation Trust
- South Tyneside Foundation Trust;
- Northumberland Tyne and Wear NHS Foundation Trust
- Gateshead College
- The Gateshead Housing Company
- Tyne and Wear Fire and Rescue Service
- Healthwatch
- Northumbria Community Rehabilitation Company
- National Probation Service
- Oasis Aquila Housing

View from a Lay Member

First impressions of the Safeguarding Adults Board - very useful forum for lead professionals to share views and developments in their services. Potentially able to do more via effective collaboration, producing more streamlined and responsive services. The Board has a very important role to play through early identification of issues and the development of an effective local response.

Staff have always been approachable and ready to engage with lay members. Very important that higher proportion of named members attend meetings. Good training opportunities available.

The Safeguarding Adults Board is supported by four Sub-Groups:

- **Practice Delivery Group** (Chaired by Local Authority)
  The role of the Practice Delivery Group is to ensure that the Multi-Agency Safeguarding Adults policy and procedures and the Mental Capacity Act / Deprivation of Liberty Safeguards policy and procedures continue to be fit for purpose. The Group has responsibility for the production of the Strategic Plan, annual Business Plans and keeping up to date with national policy changes that may impact upon the work of the Safeguarding Adults Board. The Group also has responsibility for the development and implementation of the communications and engagement strategy and implementation of the Dignity Strategy.

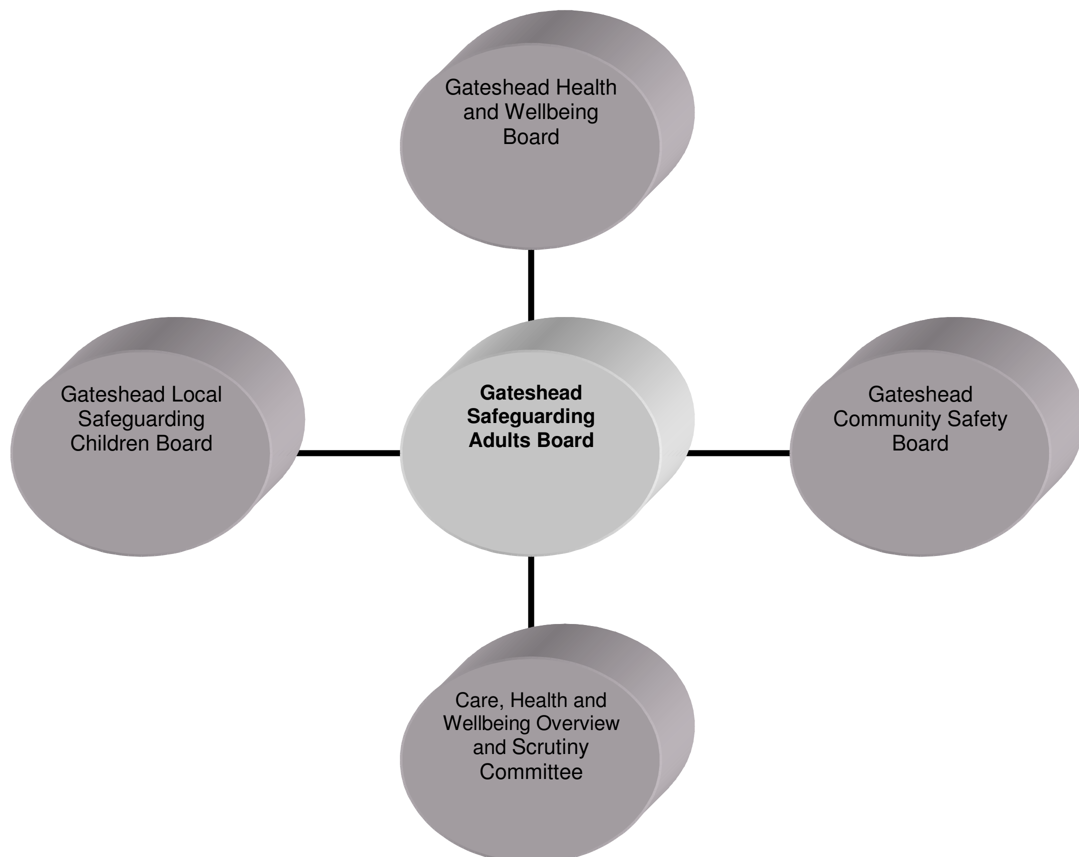
- **Quality and Assurance Group** (Chaired by Clinical Commissioning Group)
  The primary role of this group is to develop an oversight of all activity that is undertaken by Board member agencies and relevant services or organisations in order to safeguard those adults in Gateshead who are subject to the Safeguarding duties as stated in Section 42 of the Care Act 2014. Core activities include co-ordinating Safeguarding Adult Reviews and monitoring performance. The group monitors and scrutinises the quality of activities to ensure that the interventions offered were and continue to be person-centred, proportionate and appropriate. As well as retaining a strategic oversight of all safeguarding activity across Gateshead, the Quality and Assurance Group is responsible for considering any lessons learned that are identified nationally, regionally and locally from any cases requiring a Safeguarding Adults Review, Serious Case Review or any other review process relevant to the Safeguarding Adults agenda.

- **Training Group** (Chaired by Local Authority)
  The role of the Training Group is to coordinate and develop Safeguarding Adults training and Mental Capacity Act / Deprivation of Liberty Safeguards training that is accessible for practitioners and managers in a multi-agency setting. For the purposes of quality assurance data is monitored regarding attendance, cancellation as well as evaluation of training courses. The group develop and implement ad-hoc bespoke training courses to meet evidenced demand in addition to core training courses.

- **Strategic Exploitation Group** (Chaired by Police)
  The Strategic Exploitation Group is a new sub-group of both the Safeguarding Adults Board and the Local Safeguarding Children Board. The group is responsible for overseeing all work with respect to sexual exploitation, modern slavery and trafficking in Gateshead.

The Board and the four sub-groups regularly commission time limited task and finish groups to undertake specific pieces of project work.

The Safeguarding Adults Board has developed strong links with other local partnerships:



Partner Governance Arrangements and Inspections

There is an expectation that each Board member is responsible for ensuring that governance arrangements for Safeguarding Adults are incorporated within the structure of each partner organisation, and that there are mechanisms for disseminating and sharing information from the Safeguarding Adults Board. Details of inspection results for partner organisations are also shared at the Safeguarding Adults Board. For example:

- Gateshead Council – The Care, Health and Wellbeing Overview and Scrutiny Committee receive updates from the Safeguarding Adults Board. Key areas of work are also submitted to Cabinet for approval. The Gateshead Council Internal Audit service are responsible for ensuring that the Board, and Gateshead Council, are meeting their statutory duties
- Newcastle Gateshead Clinical Commissioning Group – A Children and Adults Safeguarding committee meets six times per year and a quarterly strategic safeguarding forum is held with providers. Training was delivered to the Governing Body Committee to ensure executive and lay members were aware of their corporate responsibilities as regards the Safeguarding agenda. An NHS England assurance visit illustrated positive results for Safeguarding arrangements
- Northumbria Police – The force have undertaken a restructure to create a new Safeguarding Department illustrating significant investment in this area of work. All learning from national and local serious case reviews are scrutinised during Critical Incident Boards which are attended by the Chief Officer Team and Senior Officers. Northumbria Police has been subject to numerous inspections by HMIC including vulnerability and Honour Based Violence (HBV), the force was deemed to be good in Vulnerability and prepared in all aspect for HBV.
- Gateshead Health NHS Foundation Trust - The Trust Safeguarding Committee continues to meet on a bi-monthly basis and is chaired by the Director of Nursing, Midwifery and Quality. The Queen Elizabeth Hospital was inspected by the Care Quality Commission from 29 September to 2 October 2015 and undertook an unannounced inspection on 23 October 2015. Overall, the Queen Elizabeth Hospital was rated as good for being safe, effective, responsive and well-led and outstanding for caring. The report highlighted Safeguarding procedures were in place and staff could demonstrate an understanding of their role and what action to take if they were concerned about a person.
- National Probation Service – Board member shares information from the Safeguarding Adults Board with the Divisional Safeguarding Lead who resides on a national Safeguarding group
- The Gateshead Housing Company – Safeguarding Adults is included within committee structures. An internal audit of TGHC approach to Safeguarding was undertaken in 2015/16. The control systems and procedures in place were found to be satisfactory,
- Oasis Aquila Housing – Ultimate safeguarding responsibility sits with the Board of Trustees. Overseeing safeguarding is one of their integral

responsibilities and as such they have received updates from the executive. Under the Board there is a Safeguarding Sub-committee which is chaired by the trustee designated 'safeguarding champion'.

- Gateshead College - The College operates a Safeguarding Steering Group which is attended by senior managers from across College to discuss and action safeguarding issues. In addition a College Governor acts in the role of 'Safeguarding Governor' and attends a termly safeguarding group to act as a critical friend. An annual Safeguarding report is provided to the Executive team and the Board of Governors. Week commencing 8th June 2015 Gateshead College had a full inspection and it is important to note that safeguarding received a Grade 1 Outstanding within Effectiveness of Leadership and Management Grade 1 Outstanding.

All partner organisations have their own Safeguarding Adult Policy and Procedures that link with the Multi-Agency Policy and Procedures

Strategic Plan 2016/19 and Annual Business Plan 20z16/17

The Gateshead Strategic Plan 2016/19 was approved by the Safeguarding Adults Board in March 2016. This is the first Strategic Plan for the now statutory Safeguarding Adults Board. The three year plan incorporates five strategic priorities:

- Quality Assurance
- Prevention
- Community Engagement and Communication
- Improved Operational Practice
- Implementing Mental Capacity Act / Deprivation of Liberty Safeguards

The three year Strategic Plan is supported by an Annual Business Plan to enable the Board to prioritise and focus activity over the three year period. To enable the Safeguarding Adults Board to fulfil its statutory obligations and the key principles of partnership and accountability, an additional priority of 'Strategic Governance' has been added.

Annual Report 2015/16 Consultation

The Annual Report has been developed in consultation with a variety of stakeholders, and underpinned by performance information and feedback from members of the general public, safeguarding adult service users, advocates and partner agencies. Stakeholder consultation included:

- Practice Delivery Group
- Health Partners Network
- Healthwatch – via inviting members to a consultation event
- General Public – via eight events during the Safeguarding Adults For Everyone (SAFE) week
- Commissioned providers – via two workshops

- Practitioner feedback – via training courses, self-neglect workshops, housing conference

The Safeguarding Adults Board held a development day in May 2016 to reflect upon progress during 2015/16 for the Annual Report and to ensure that the Annual Business Plan for 2016/17 would enable the Board to focus activity and assist in meeting the challenges identified within the Strategic Plan. To enable Board members and partners to contribute towards the Annual Report, Partners within the Board were also asked to complete a summary of achievements, progress and performance throughout the year.

Our Performance

Safeguarding Adults

The 2015/16 financial year was the first post implementation of the Care Act 2014 and this has proved to be problematic with regards to performance management. The focus of the Board was to implement the revised Multi-Agency Safeguarding Adult Policy and Procedures on 1st April 2015. The radical change to the procedures meant that the Safeguarding Adults electronic recording system required a complete overhaul. The new electronic forms were introduced in November 2015 and following practitioner feedback, and changes to the annual statutory reporting requirements, they have been subsequently revised. The new forms will, from April 2016 onwards, enable the Safeguarding Adults Board to:

- Develop a new performance management framework
- Report on performance with regards to Making Safeguarding Personal – have adults achieved the outcomes which they desired
- Provide greater clarity with regards to the use of the Mental Capacity Act within Safeguarding
- Provide much greater detail with regards to performance and effectiveness

During 2015/16 the Performance Management and Information Team within Gateshead Council have done an exceptional job in compiling safeguarding performance information in these difficult circumstances.

As this is the baseline year for performance information post implementation of the Care Act 2014 it is helpful to provide detailed performance information with regards to Concerns and Enquiries to enable the Safeguarding Adults Board and partners to be fully informed whilst developing new policies, procedures and strategies. This detailed information is included within Appendix 1. Succinct headline information is provided below.

Headline Performance

- Volume of Concerns and Enquiries

In 2015/16 there were 2034 Safeguarding Adult Concerns which led to 1638 Section 42 Safeguarding Enquiries. In percentage terms, 80.5% of Concerns led to a Section 42 Enquiry.

For a Concern to progress to a Section 42 Enquiry it must meet the statutory criteria. The Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of, abuse or neglect

- As a result of those care and support need is unable to protect themselves from either the risk of, or the experience of abuse or neglect

The high percentage of Concerns that progress to Enquiries demonstrates that those raising Concerns have a good understanding about the new statutory criteria established by the Care Act 2014. There are some concerns however that there is a significant number of cases progressing that do not meet the criteria and could be managed appropriately elsewhere, enabling the Safeguarding Adults Operational team and partners to focus upon those cases that do meet the criteria – often those with higher levels of risk and harm. It has been agreed by the Practice Delivery Group that a priority for the 2016/17 financial year is to develop more robust and comprehensive criteria that assists front line practitioners to make sure that only those cases that do meet the new Safeguarding criteria progress, and that there are appropriate referral mechanisms in place for those that do not progress.

This was the first year of the implementation of the Care Act so it is not possible to directly compare to previous years. It is helpful to note however that in 2014/15 there were 1844 Safeguarding initial alerts which does demonstrate that there has been an increase in Safeguarding Adult activity.

- Categories of Abuse

The following performance information relates to the primary category of abuse recorded. The most common category of abuse was Neglect and Acts of Omission which represented 44.99% of all Safeguarding Concerns raised. This was followed by Physical Abuse (22.52%) and Financial and Material (14.90%). This followed a similar pattern to the previous year.

The new categories of abuse introduced by the Care Act represented relatively small volumes in 2015/16:

  - Domestic Violence – 30 cases, 1.47%
  - Modern Slavery – 1 case, 0.05%
  - Self Neglect – 92 cases, 4.52%

- Age

66.22% of all Safeguarding Concerns were raised for Adults aged 65 and older, equating to 1347 cases.

Deprivation of Liberty Safeguards (DoLS)

During 2015/16 Gateshead Council received 1832 Deprivation of Liberty Safeguard applications. This was an increase in activity of almost double from the previous financial year.

In line with the national average, the highest rate for DoLS applications remains with those over the age of 65. Within Gateshead this represents 1545 applications for those aged over 65 and 287 for those under 65.

There were 219 applications which have not been authorised, due to various standard reasons. The most significant reason was that the person was deemed to have capacity, which took place in 98 cases. Further work will be targeted to those who have made applications where the person has been assessed as being capacitated.

Key Achievements 2015/16

The Annual Report must demonstrate what both the Safeguarding Adults Board and its members have done to carry out and deliver the objectives of its strategic plan. In 2015/16 the Safeguarding Adults Board published a partnership 'plan on a page' and aligned the Strategic Priorities with the Care Act Safeguarding Six Principles. The key achievements for the Board during 2015/16 are therefore documented below and aligned to the Six Principles:

Empowerment

- **Making Safeguarding Personal**
  The revised Policy and Procedures implemented on 1st April 2015 embedded the Making Safeguarding Personal approach by ensuring that the desired outcomes of the Adult were actively sought throughout the safeguarding process and that practitioners worked with the Adult to help achieve those outcomes. This is reflected in all practice guidance, training courses, case recording and publicity material.

- **Publicity Information**
  Publicity information for Safeguarding Adults was revised, including the publication of a generic Safeguarding Adults leaflet and an easy read version. Both documents focus on the importance of people being supported to make their own decisions and give informed consent.

- **Safeguarding Adults for Everyone (SAFE) week 2nd – 6th November 2015**
  The Safeguarding Adults Board committed to contributing towards the first region-wide SAFE week with the aim of raising awareness of Safeguarding Adults. Safe Week was promoted with our commissioned providers and in total, 8 awareness raising events were held in Gateshead throughout the week involving residents, families and staff

members. An information stand was also placed within the Queen Elizabeth hospital for the duration of the week.

Safeguarding Adults For Everyone Week 2nd – 6th November 2015

Mencap Day Centre
A member of the Safeguarding Adults Team attended the day centre and supported the Manager and Deputy Manager to deliver a presentation on Safeguarding Adults to service users and carers.

Appletree Grange Residential Home
Appletree Grange Residential Care Home arranged a coffee afternoon for the relatives of residents. Relatives were given an overview of Safeguarding and advised that Safeguarding is everyone's responsibility. Some people were surprised to learn that Safeguarding also incorporated Domestic Abuse, Self-Neglect and Modern Slavery. Some relatives gave examples of Safeguarding Concerns they had been involved with.

- **Mental Capacity Action Day 15th March 2016**
  In line with the National Mental Capacity Act Action Group, an event was held in Gateshead Civic Centre with the MCA/DoLS Strategic Lead and Principle Social Worker emphasising an individual's right to make unwise decisions, even if they lacked capacity.

- **Dignity Day 1st February 2016**
  A letter was sent to all service providers in Gateshead to promote Dignity Day and asking them to take part. Members of the Gateshead Council Safeguarding Adults Team supported Dignity Day in partnership with The Highlands Residential Home who kindly agreed to hold a coffee morning where people who use their service came along to ask questions and share stories.

Prevention

- **Further development of the Multi-Agency Safeguarding Hub (MASH)**
  The Gateshead MASH has adopted a preventative model and supports individuals who are vulnerable and yet do not meet the Safeguarding criteria. This unique approach adopted in Gateshead ensures that individuals are supported at the earliest opportunity prior to levels of harm and risk increasing. The MASH includes officers from Northumbria Police, Gateshead Council, Victim Support, Northumbria Community Rehabilitation Company, Oasis Aquila Housing (Domestic Abuse) and Evolve (Substance Misuse).

- **Development and Publication of Practice Guidance Notes**
  The Practice Review Group have developed a series of Practice Guidance notes to assist front line practitioners in their work. Practice Guidance Notes on Self-Neglect and Financial Abuse provide detailed guidance on the signs and symptoms of these categories of abuse to assist early identification of abuse and neglect. Two workshops were held for front line practitioners on self-neglect to support this work.

- **Security Measures for Domestic Violence Victims**
  The Housing Services Team, that are now incorporated within The Gateshead Housing Company, were successful in a funding bid for £100,000 for security measures for Domestic Violence victims residing within their own homes.

- **Preventing Violent Extremism work (Prevent)**
  The Gateshead Community Safety Board provide strategic oversight of the Prevent agenda, and the Gateshead Safeguarding Adults Board have led on Prevent at an operational level and incorporated Prevent within Policies, Procedures and training courses. All partners are

committed to the Prevent agenda An example is that all Gateshead College staff have attended the WRAP 3 training, which helped contribute towards their Outstanding rating from Ofsted.

- **Expansion in QE Hospital Safeguarding Team**
Since the beginning of November 2015, there is a learning disability lead nurse employed in the safeguarding team of the QE hospital. The focus for this role is to ensure high quality patient centred care is delivered to patients with learning disabilities who require services. The scope involves ensuring care pathways are in place, appropriate reasonable adjustments are made and recorded and that staff delivering the care are appropriately informed and supported.

Proportionality and Protection

- **Implementation of revised Care Act compliant Multi-Agency Policy and Procedures**
The Practice Delivery Group supported the Safeguarding Adults Board by developing and implementing the revised Multi-Agency Safeguarding Adult Policy and Procedures by the 1st April 2015. The key principles of proportionality and protection are wholly embedded throughout the document.

- **Development and implementation of Mental Capacity Act and Deprivation of Liberty Safeguards Policy and Procedures**
The Safeguarding Adults Board approved revised Mental Capacity Act and Deprivation of Liberty Safeguards Policy and Procedures which are more succinct and focussed upon the rights of the individual.

- **Maintaining compliance with Deprivation of Liberty Safeguards**
Despite a significant increase in the number of applications (nearly double compared to the previous year), during 2015/16 Gateshead continue to maintain compliance by co-ordinating DoLS applications in a timely manner ensuring protection for those individuals was provided where necessary.

- **Training**
The Training Group have prioritised the revision of the Level One Safeguarding Adults Raising Concerns Training and Level Two Safeguarding Adults Policy and Procedures Training to ensure that both courses reflect the revised Policy and Procedures and focus upon areas of necessary improvement raised by independent audits and case reviews. The Training Group have continued to support a multi-agency training pool of trainers who deliver the Level One course. Both courses have proved to be extremely popular during 2015/16:

Primary Support Reason	Number of Courses	Number of Delegates
Level One – Raising Concerns	49	990
Level Two – Policy and Procedures	16	330
Grand Total	**65**	**1320**

The Tyne and Wear Care Alliance provided additional bespoke training for commissioned providers throughout the borough. The Newcastle Gateshead Clinical Commissioning Group have increased their training provision, particularly for GPs (83% of GP staff have received safeguarding training, compared to 30% two years ago). All GP practices now have a named GP Adult Safeguarding Lead and specialised annual updates are delivered to this group across Newcastle and Gateshead with support from Gateshead Council.

Three training courses have also been implemented with respect to MCA and DoLS. Level two MCA/DoLS training has been undertaken by multi-agency workers including, housing, social care (adults and children's workers), health workers and the police. This was been very well evaluated so far. Most of Adult Social Care have received training on Mental Capacity Act Complexities delivered by a former Barrister. The implications of the Supreme Court judgement have now been incorporated into Corporate Induction training for all staff within the Queen Elizabeth Hospital. In addition a network of MCA champions within the hospital has been established with training for this role currently being delivered.

Partnership

- **Safeguarding Adults Board**
  Safeguarding Adult Board meetings in Gateshead have been effectively chaired during most of 2015/16 via Independent Chair Jan Douglas who subsequently resigned at the January Board meeting. Board meetings have been well attended, although lay members have noted that there has been a notable reliance in some cases on nominated deputies and this will be audited during 2016/17. Partner organisations have consistently contributed towards Board meetings, with agendas reflecting varied multi-agency authors and topics. There are examples in which Board members have instigated challenge where necessary and influenced change. Now that the Safeguarding Adults Board has become statutory, the Board have developed an identity via the introduction of a Board logo and corporate colours.

- **Closer working with other local partnership boards**
  The Safeguarding Adults Board has developed closer working relationships with the Local Safeguarding Children Board (LSCB). This

can be evidenced via the establishment of a joint Strategic Exploitation Group which focuses upon sexual exploitation, modern slavery and trafficking.

A joint Training Directory for 2015/16 was produced in conjunction with the Local Safeguarding Children Board and the Community Safety Board to maximise opportunities for raising awareness about training courses available.

The Business Managers for the Safeguarding Adults Board, Local Safeguarding Children Board, Health and Wellbeing Board and Community Safety Board have established a bi-monthly networking meeting to share good practice and avoid duplication.

- **Guidance for partner organisations on the development of single agency policy and procedures**
  To support our partner organisations, the Practice Delivery Group produced guidance for partner organisations on the development of single agency policy and procedures. This has proved to be particularly popular with provider organisations and voluntary sector / community groups.

- **Commissioned Provider Workshops**
  Over one hundred delegates from our commissioned providers attended bespoke workshops in May 2015 to raise awareness about the revised Multi-Agency Safeguarding Adults Policy and Procedures with a specific focus upon the increase in role and responsibilities for providers.

- **Housing and Safeguarding Conference**
  The Safeguarding Adults Board hosted a conference in September 2015 aimed at encouraging more joint working between Housing and Adult Social Care and to improve understanding of each other's roles and responsibilities. Imogen Parry was invited to attend as a keynote speaker with a focus upon lessons learned for housing professionals determined from previous Serious Case Reviews. Recommendations from the conference, and the work of a task and finish group which implemented a self assessment for housing providers, have resulted in a joint action plan to be implemented by the Practice Delivery Group.

- **Accountability**

- **Appointment of lay members**
  The Safeguarding Adults Board and Local Safeguarding Children Board worked together to jointly appoint three lay members in January

2016. The lay members provide independent scrutiny and challenge for the Boards.

- **Independent case file audits**
  The Quality and Assurance Group have commissioned two ongoing independent case file audit processes to provide transparent and independent scrutiny of safeguarding adult case work. The Independent Chair is requested to undertake an annual audit of case files and during 2015/16 this took place in September 2015. This is the fourth audit of its type and therefore it was possible to assess progress over the intervening years. Additionally, a unique peer case file audit process has been developed with Darlington County Council. An audit tool has been developed with the aim of undertaking two audits per year in each locality. The first audit took place in Gateshead in January 2016. The audit findings were largely positive but where areas of improvements were identified these have been discussed at the Quality and Assurance Group and will be incorporated within the workplan for the Quality and Assurance Group for future development.

- **Heathwatch Gateshead**
  Healthwatch Gateshead's role as an independent body is to represent the residents of Gateshead in the setting and delivery of the Adult Safeguarding Board strategies and policies. To ensure that the views presented by Healthwatch Gateshead represent vulnerable adults, they carry out a range of activities which listen, consult, investigate, promote, influence and represent their views.

Safeguarding Adults Reviews

The Quality and Assurance Group is responsible, on behalf of the Gateshead Safeguarding Adults Board, for statutory Safeguarding Adult Reviews introduced by the Care Act 2014. The Quality and Assurance Group produced a Safeguarding Adults Review Practice Guidance note to provide a framework for Safeguarding Adult Reviews in Gateshead. This was approved by the Safeguarding Adults Board in March 2015 ready for implementation in April 2015.

During the 2015/16 financial year the Gateshead Safeguarding Adults Board commissioned one Safeguarding Adults Review for Adult A. This commenced in November 2015. Adult A was an 81 year old lady who lived alone and died on 17th February 2015 in Queen Elizabeth Hospital (QEH). The cause of death was identified as cardiac failure, sepsis and extensive pressure sores due to immobility. Adult A's health was declining over the period before her death, she refused Hospital admission on a number of occasions. At times, Adult A also refused care and treatment at home. There were a number of agencies involved with Adult A and the Adult Safeguarding Board made the decision to refer Adult A for a Safeguarding Adults Review to learn the lessons from her unfortunate death and to improve how we co-ordinate self-neglect cases in the future.. The final Overview Report is scheduled to go to the Board in July 2016 and the recommendations will be implemented and monitored by the Quality and Assurance Group.

In addition to Adult A, the Quality and Assurance Group considered six other Safeguarding Adult Referrals throughout 2015/16, none of which were deemed to meet the criteria for undertaking a review. Nevertheless, each of these cases were scrutinised fully and four involved internal case reviews were undertaken.

Gateshead Safeguarding Adults Board

APPENDIX 1: Detailed Performance Information

➢ Safeguarding Adult Concerns

The statistics below provide information about the Adult whom the Safeguarding Concern was raised:

- **Gender**

Gender	Number	%
Female	1224	60.18%
Male	810	39.82%
Grand Total	**2034**	**100.00%**

- **Age**

Age group	Total	%
18 to 64	687	33.78%
65 to 74	265	13.03%
75 to 84	505	24.83%
85 to 94	508	24.98%
95 plus	69	3.39%
Grand Total	**2034**	**100.00%**

Age group	Total	%
18 to 64	687	33.78%
65 plus	1347	66.22%
Total	**2034**	**100.00%**

- **Primary Support Reason**

Primary Support Reason	Total	%
Learning Disability Support	267	13.13%
Mental Health Support	347	17.06%
Physical Support	838	41.20%
Sensory Support	53	2.61%
Social Support - Social Isolation or Other Support	51	2.51%
Social Support - Substance Misuse Support	23	1.13%
Support with Memory and Cognition	238	11.70%
Not recorded	217	10.67%
Grand Total	**2034**	**100.00%**

- **Ethnicity**

Ethnicity	Total	%
Asian / Asian British	7	0.34%
Other Ethnic Group	5	0.25%
Undeclared / Not Known	115	5.65%
White	1907	93.76%
Grand Total	**2034**	**100.00%**

The below statistics provide further information with regards to the Concern:

- **Location of Abuse (first recorded location)**

Location of abuse	Total	%
Care Home	733	36.04%
Acute Hospital	19	0.93%
Alleged Perpetrators Home	7	0.34%
Community Group	2	0.10%
Community Hospital	9	0.44%
Day Centre/Services	10	0.49%
Education/Training/Workplace Establishment	2	0.10%
Mental Health Inpatient Setting	8	0.39%
Not Known	53	2.61%
Other	26	1.28%
Other Health Setting	7	0.34%
Own Home	991	48.72%
Public Area	38	1.87%
Someone Else's Home	27	1.33%
Supported Accommodation	100	4.92%
Not recorded	2	0.10%
Grand Total	**2034**	**100.00%**

- **Main Category of Abuse (first recorded category)**

Main Category of Abuse	Total	%
Discriminatory	13	0.64%
Domestic Violence	30	1.47%
Financial and Material	303	14.90%
Institutional Abuse	10	0.49%
Modern Slavery	1	0.05%
Neglect and Acts of Omission	915	44.99%
Physical	458	22.52%
Psychological / Emotional	138	6.78%
Self-Neglect	92	4.52%
Sexual	74	3.64%
Grand Total	**2034**	**100.00%**

- **Relationship with Alleged Perpetrator**

Relationship of alleged Perp	Total	%
Day Care Staff	61	3.00%
Domiciliary Care Staff	405	19.91%
Health Care Worker	28	1.38%
Main Family Carer	99	4.87%
Neighbour / Friend	145	7.13%
Not Known	176	8.65%
Other Family Member	195	9.59%
Other Professional	82	4.03%
Other Vulnerable Adult	313	15.39%
Partner	118	5.80%
Residential Care Staff	303	14.90%
Self Directed Care Staff	2	0.10%
Self Neglect	31	1.52%
Stranger	54	2.65%
Not Recorded	22	1.08%
Grand Total	**2034**	**100.00%**

➢ Section 42 Concluded Enquiries

• Capacity of Adult

Does the Adult lack capacity?	18 to 64	65 to 74	75 to 84	85 to 94	95 plus	Grand Total	%
Yes	81	40	82	122	16	**341**	22.43%
No	389	159	301	287	39	**1175**	77.30%
Don't know	2	0	2	0	0	**4**	0.26%
Total	**472**	**199**	**385**	**409**	**55**	**1520**	**100.00%**

• Action Taken

SAC ADJUSTED Action Taken	Total	%
No Action Taken	501	32.96%
Action taken and risk remains	78	5.13%
Action taken and risk reduced	700	46.05%
Action taken and risk removed	241	15.86%
Grand Total	**1520**	**100.00%**

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