



## **CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA**

**Tuesday, 15 September 2015 at 1.30 pm in the Bridges Room - Civic Centre**

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From the Chief Executive, Jane Robinson

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Item	Business
1.	<b>Apologies for absence</b>
2.	<b>Minutes of last meeting</b> (Pages 3 - 6)  The minutes of the last meeting held on 23 June 2015 are attached for approval.
3.	<b>Update on CQC Inspections and Blaydon GP Practice</b>  Tracey Johnstone, NHS England will provide the OSC with a verbal update.
4.	<b>Deciding Together - Mental Health Services for Gateshead and Newcastle - Progress Update</b> (Pages 7 - 16)  Report from Gateshead CCG attached
5.	<b>Review of Mental Health &amp; Wellbeing Monitoring Report</b> (Pages 17 - 22)  Report of Strategic Director, Care, Wellbeing and Learning
6.	<b>Review of GP Access - Evidence Gathering</b> (Pages 23 - 30)  Report of Strategic Director, Care, Wellbeing and Learning
7.	<b>Social Services Annual Report on Complaints and Representations - Adults</b> (Pages 31 - 44)  Report of the Strategic Director, Care Wellbeing and Learning

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Date: Monday, 7 September 2015

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## **CARE HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE**

**23 June 2015**

**PRESENT:** Councillor S Green (Chair)

Councillors: M Hood, C Bradley, B Coates, B Dick, B Goldsworthy, M Goldsworthy, F Hindle, P McNally, D Robson, J Simpson

### **CHW1. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors P Ronan and M Charlton.

### **CHW2. MINUTES**

The minutes from the meeting held on 21 April 2015 and 6 May 2015 were agreed as a correct record.

### **CHW3. CONSTITUTION**

The constitution of the Committee and the appointment of the Chair and Vice Chair as approved by the Council for the current municipal year, was reported.

### **CHW4. ROLE AND REMIT**

The terms of reference for the Committee, as detailed in the Council's constitution were reported.

RESOLVED - That the Committee's remit and terms of reference be noted.

### **CHW5. VISION 2030 AND COUNCIL PLAN – DELIVERY AND PERFORMANCE – ANNUAL REPORT**

The Committee received a report as part of the Council's performance management framework giving an overview of progress for the priorities appropriate to the Care, Health and Wellbeing Overview and Scrutiny Committee.

The year - end performance reports continue to monitor progress against the Council Plan 2012-17.

A new Council Plan covering the period 2015-2020 is currently under development which may mean amendments to the Corporate Performance Management Framework. Any changes will be brought back to the Care, Health and Wellbeing Overview and Scrutiny Committee for discussion and agreement.

The Committee requested additional information on the reasons for the rise in alcohol related admissions to hospital and the rise in cases of 'Legal Highs' and were

advised that colleagues in public health are currently collating this information and an update will be provided to Committee as soon as possible.

The Committee requested further information on the Telecare provision be provided to members of the Committee.

The Committee requested that the rise in consumption of Energy Drinks also be investigated especially amongst school children.

- RESOLVED -
- (i) Committee agreed that the activities undertaken at year end are achieving the desired outcomes in the Council Plan 2012-17
  - (ii) that the report be referred to Cabinet on 14 July 2015 with recommendations from OSC.

#### **CHW6. 5 YEAR TARGET SETTING 2015/16 – 2019/20**

The Committee received a report outlining the proposed targets to be agreed for the period 2015/16 to 2019/20.

The targets set express the planned level of performance and are based on a sound understanding of current and past performance and the likely influences over future performance. They will be used as a tool for driving continuous improvement and stretching performance against a particular measure over a given period of time and help to set out what needs to be done to achieve improvement within an appropriate timescale. The Committee were asked to consider these targets so that the Council's performance continually improves and contributes to the delivery of Vision 2-3- and the Council Plan.

- RESOLVED -
- (i) Committee agreed with the proposed 5 year targets set to ensure the Council's performance is continuously improving to contribute to the delivery of Vision 2030 and the Council Plan and agree they be referred to Cabinet for approval.
  - (ii) that the report be referred to Cabinet for approval

#### **CHW7. ROLE AND WORK OF LOCAL SAFEGUARDING ADULTS BOARD**

Jan Douglas, Independent Chair of Gateshead Safeguarding Adults Board gave the Committee a presentation on the work of the Board.

#### **CHW8. SAFEGUARDING REPORT AND SOCIAL CARE IMPROVEMENT UPDATE**

The Committee received an update regarding Safeguarding Adults and Mental Capacity Act/Deprivation of Liberty Safeguards (DoLs) along with a comprehensive update regarding improvements within Adult Social Care.

The Committee were advised of the revised safeguarding adult policy and procedures since the implementation of the Care Act 2014, the duty upon the Safeguarding Adults Board to produce both an Annual Report and Strategic Plan and the work of the Training Sub Group.

The Committee were also advised that the number of Safeguarding Adults Alerts has continued to increase year on year. From April 2014 to March 2015 there were 1840 which equates to a 20.5% increase compared to the previous year. The number of Referrals (696) however has decreased by 18% compared to the previous year. This can be attributed to a more stringent duty process undertaken by the Safeguarding Adults Coordination Team in preparation for the implementation of the Care Act.

The Committee were advised on National and Local Developments in relation to Mental Capacity (MCA) and Deprivation of Liberty Safeguards (DoLS), due to the significant increase in DoLS applications over the last year; the Department of Health have provided a one off non-recurrent contribution of £120,000 to Gateshead. Further updates will be given to Committee in the near future as to how this will be spent.

RESOLVED - (i) that the information be noted  
(ii) that the progress to date be noted and Committee will receive more updates in due course.

#### **CHW9. ANNUAL WORK PROGRAMME**

The Committee were advised on revisions to the provisional work programme for the Care, Health and Wellbeing OSC for the municipal year 2015/16.

The Options for the future of Mental Health Services for Gateshead and Newcastle and the scoping report on GP Access will now be timetabled for the September meeting

RESOLVED - (i) that the revision to the provisional work programme be endorsed  
(ii) that any further reports on the work programme be brought to future meetings of the committee

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## **Update on the deciding together process – timescale and engagement methods for formal consultation Consultation scheduled to start mid October 2015**

This paper seeks to update the Health Overview and Scrutiny Committee on progress being made around the deciding together process – transforming specialist mental health services in Gateshead and Newcastle – and plans in place for formal consultation to start in October 2015.

### **Background**

Since July 2014, NHS Newcastle Gateshead Clinical Commissioning Group has engaged with, the public, service users, carers, NHS and social care professionals, the voluntary and community sector, elected members and members of parliament about how a new vision for specialist mental health services in Newcastle and Gateshead can be developed.

From November 2014 to January 2015 the CCG led a high profile listening period where sustained efforts were made to capture patient experience, questions, comments, ideas, concerns and suggestions from local communities of interest. The listening exercise was called “Deciding Together: Developing a new vision for mental health services – listening to and collecting your views on specialist mental health services and care.”

In particular there was a need to hear from service users with recent experiences of in-patient service, and their families and carers. There is also a very important third sector voice. This includes both organisations that provide mental health services and those who support the interests of service users and carers.

People’s experiences are being used to consider how the quality of mental health care and treatment for local people can be significantly improved and how things might be done differently in the future.

The information that was gathered is helping the CCG better understand the needs of local people, and what changes would improve access, treatment and help people get better, sooner.

The purpose of the listening exercise was to form part of the pre-engagement phase as a precursor and to inform scenarios for change which are subject to the formal NHS consultation process which is planned for mid-October 2015.

The consultation process will contain a consultation document which will outline different scenarios for change. The engagement activity outlined below will allow people to consider each of the scenarios and feedback their views.

The final decision will be made by NHS Newcastle and Gateshead CCG's governing body after taking into consideration all they views that have been heard, and balancing this with the public health needs assessment, clinical evidence base, sustainability and resources available.

A full copy of the feedback report and other key documents can be found at:

[www.newcastlegatesheadccg.nhs.uk/get-involved/deciding-together-2/key-documents/](http://www.newcastlegatesheadccg.nhs.uk/get-involved/deciding-together-2/key-documents/)

## **Legal and policy context for consultation on service changes for the NHS**

Any reconfiguration of services requires a robust and comprehensive engagement and consultation process. NHS organisations are required to ensure that local people, stakeholder and partners are informed, involved and have an opportunity to influence any changes.

The process for involving people requires a clear action plan and audit trail, including evidence of how the public have influenced decisions at every stage of the process and the mechanisms used.

Section 242 of the NHS Act 2006 (as included in the Health and Social Care Act 2012) sets out the statutory requirement for NHS organisations to involve and consult patients and the public in:

- The planning and provision of services
- The development and consideration of proposals for changes in the way services are provided
- Decisions to be made by NHS organisations that affect the operation of services

Section 244 of the NHS Act 2006 requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSC) on any proposals for a substantial development of the health service in the area of the Local Authority, or a substantial variation in the provision of services.

## **The Public Sector Equality Duty**

S149 of the Equality Act 2010 states that a public body must, in exercise of its functions, have due regard to the need to:



- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations
- Remove or minimise disadvantage
- Take steps to meet needs
- Encourage people to participate

Public bodies must also take into account the protected characteristics of:

- Age
- Disability
- Gender re-assignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

## The NHS constitution

NHS Constitution gives the following rights and pledges to patients:

“You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.”

“The NHS commits to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution (pledge);

“The NHS commits to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered (pledge).

“You have the right to receive care and treatment that is appropriate to you, meets your needs and reflects your preferences.”

## The NHS Mandate ‘Nicholson tests’

Additionally, CCGs have further duties which have been set out through the NHS Mandate 2013-15, which sets out the ‘4 tests’ to be met in services reconfiguration (known as the Nicholson tests)

<b>Support from GP Commissioners</b>	Engagement with GPs, particularly with practices whose patients might be significantly affected by proposed service changes
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<b>Clear clinical evidence base</b>	The strength of the clinical evidence to be reviewed, along with support from senior clinicians from services where changes are proposed, against clinical best practice and current and future needs of patients
<b>Strengthened patient and public engagement</b>	Ensure that the public, patients, staff, Healthwatch and Health Overview and Scrutiny Committees are engaged and consulted on the proposed changes
<b>Supporting patient choice</b>	Central principle underpinning service reconfigurations is that patients should have access to the right treatment, at the right place and the right time. There should be a strong case for the quality of proposed service and improvements in the patient experience

## The Gunning Principles

Before 1985 there was little consideration given to consultations until a landmark case of Regina v London Borough of Brent ex parte Gunning. This case sparked the need for change in the process of consultations when Stephen Sedley QC proposed a set of principles that were then adopted by the presiding judge. These principles, known as Gunning or Sedley, were later confirmed by the Court of Appeal in 2001 (Coughlan case) and are now applicable to all public consultations that take place in the UK.

The principles are:

1. **Consultation must take place when proposals are still at a formative stage**  
Consultation should be at a stage when the results of the consultation can influence the decision-making (and Gunning 4).
2. **Sufficient reasons must be put forward for the proposals to allow for intelligent**  
A preferred option may be included and this must be made obvious to those being consulted. Information and reasons for the proposals must be made available to allow for consultees to understand why they are being consulted as well as all the options available and what these mean.
3. **Adequate time must be given for consideration and response**

There is no set timeframe recommended but reasonable steps must be taken to ensure that those consulted are aware of the exercise and are given sufficient time to respond.

#### **4. The outcome of the consultation must be conscientiously taken into account**

Decision-makers must be able to show they have taken the outcome of the consultation into account – they should be able to demonstrate good reasons and evidence for their decision. This does not mean that the decision-makers have to agree with the majority response, but they should be able to set out why the majority view was not followed.

### **Methods for engagement**

The methods have been discussed in the Deciding Together Advisory Group (DTAG) who have been overseeing the engagement process and is responsible for developing and coordinating communications and engagement activity around all stages of the deciding together public engagement listening process and the formal consultation processes.

DTAG brings together a range of public sector and third sector organisations and formed an advisory group to oversee the listening process and provide a forum which allows two way communications, discussions and agreement between commissioners, Northumberland, Tyne and Wear Mental Health Trust and key third sector and scrutiny partners including HealthWatch.

The objective is to provide a range of engagement activity that allows different stakeholders and groups to get involved in the way that is most suitable to them. All methods ensure that feedback and dialogue is captured, which will be then be analysed and included in a final feedback report. All methods will include data monitoring of the key characteristics of participants to ensure the CCG is hearing from key groups and that equality monitoring can take place.

This is not only best practice, but will also ensure that the NHS meets its equality duties as well as its statutory duties to involve and consult. They are in line with the principles of 'Transforming Participation' and the rights and pledges set out in the NHS Constitution.

There will be a detailed communications plan to ensure appropriate publicity to promote the launch of the consultation and attendance at events and take up of the survey, focus groups etc.

### **Formal CCG led public events**

As part of the consultation process, formal public events should take place across the Newcastle Gateshead area.

There will be four in total – one consultation launch event and three consultation discussion events.

While efforts will be made to specifically target services users, carers and people with a specific interest, it is important that efforts are made to involve the wider public.

### **Consultation launch event –Wednesday 14 October**

The launch event will take place on the first day of the consultation period and will provide an opportunity to gain publicity for the consultation issues, and encourage people to take part.

The format is: Cabaret style two hour event

- Presentation introduction led by CCG clinical leader to explain the background to the process and outline each of the scenarios
- Expert panel question time, independently chaired, cross section of experts to field questions and comment
- Notes taken of comments people make and report written
- Promotion of other ways to get involved to feedback views

### **Consultation discussion events**

Formal consultation discussion events every month (October, November and December) during the consultation period – three events in total. The objective is to present information about the consultation, the scenarios and gain dialogue and feedback on scenarios for change being put forward.

Please note these dates and venues are being sourced.

### **CCG led survey**

A survey provides an easily accessible way for people to give their views. It will be available in both paper form and on-line. Paper versions will include a pre-paid envelope for ease of return. Support will be offered to those who may need to help to complete the survey.

As recommended by the deciding together advisory group, the survey will take account of the following groups:

- Service users
- Carers
- Professionals

## **CCG developed focus group pack for VCS use**

An offer will be made to interested voluntary and community sector organisations to recruit and run a focus group and submit a report. In return reasonable expenses will be covered and a payment of £100 per group made.

This was a successful method used in the listening period and is endorsed by the deciding together group. Responses from key groups would be encouraged. It would be desirable to have a group with current in-patients – and while this may be difficult the deciding together group would like this to be pursued.

## **CCG commissioned in-depth interviews**

Northumbria University will carry out 25 in-depth interviews with service users and their carers. This will be done by peer researchers who have experience of mental health services.

## **CCG commissioned events from the voluntary and community sector**

The deciding together group has recommended that dedicated events could be commissioned by the CCG from specific interest groups of the voluntary and community sector.

The offer would be for groups to organise and run their own events, using a structured template guide in-line with the other engagement methods, which could be tailored for their interest group. In return a payment of £300 plus running and operational costs, Eg room hire, would be covered by the CCG.

The commissioned VCS events would fall into the following categories:

### **Wider VCS events in Newcastle and Gateshead (two events)**

An offer to be made to NCVS for Newcastle and GVOC for Gateshead to run an event in each area as the nature of the interest in the consultation issues are likely to be geographically based.

### **Mental health VCS (one event)**

An offer to be made via VOLSAG to run a mental health VCS event across both Newcastle and Gateshead.

### **Carer events (two events)**

There are two different carers organisations, one in Gateshead and one in Newcastle. Individual events should be commissioned as the nature of the interest in the consultation issues are likely to be geographically based.

### **Service user organisations (two events)**

Service user events should be commissioned and an approach to Launch Pad and Mental Health Matters groups should be made to find out if they would come together for an event or prefer to run their own.

### **Current service users**

Current service users will be targeted with information and invited to the consultation events.

### **Protected characteristic groups**

The Health and Race Equality Forum (HAREF) and Deaflink are CCG involvement partners and will be asked to run focus groups or events as above.

### **Attendance at relevant existing meetings, groups and networks**

These have been mapped through to March 2016 and requests will be made for the consultation to be highlighted and appear as an agenda item.

### **Submissions received from groups, teams and individuals**

All of the above does not preclude the right of groups, individuals and groups to make their own submission. The Deciding together group and the CCG recognised that not everyone will confine their comments to the structured groups and the survey. Any submissions received will be incorporate into the feedback report.

### **Outline Timeframe**

Pre consultation launch Saturday 10 <sup>th</sup> October	World mental health day
Consultation period part 1	Part 1 engagement activity
Wednesday 14th October	Formal consultation begins

	Formal launch event
Wednesday 11 <sup>th</sup> November	Mid-term review the Consultation Institute – Quality Assurance Process Purpose: review activity so far to ensure best practice
Consultation period part 2	Part 2 engagement activity
Wednesday 13 January 2016	Consultation period ends (13 weeks)
Thursday 14 January 2016	Analysis of feedback takes place
Monday 8 <sup>th</sup> February to Monday 22 <sup>nd</sup> February 2016	Public feedback on what has been heard Public feedback events and publication of feedback report to stakeholders  All feedback is published on the CCG website  Proactive publicity on the feedback and invitations to feedback sessions.
Tuesday 22 <sup>nd</sup> March 2016	CCG governing body decision making
Post 22 <sup>nd</sup> March 2016	Decision communicated to stakeholders and the public

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<b>TITLE OF REPORT:</b>	<b>Mental Health Review – 6 month update</b>
<b>REPORT OF:</b>	<b>David Bunce, Group Director Community Based Services. Carole Wood, Director of Public Health.</b>

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## Summary

The Committee focused the 2014-15 review on mental health and well-being. This was due to the fact that in Gateshead the percentages of those diagnosed with mental health conditions, including common disorders such as anxiety or depression, are significantly higher than national averages.

A final report, which analysed the issues identified during the review and made recommendations for future action, was discussed and agreed at the committee on April 21<sup>st</sup> 2015. This report provides an overview of progress against the identified recommendations.

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## Background

1. One in four people in the UK will suffer a mental health problem in the course of a year. The cost of mental health problems to the economy in England have recently been estimated at £105 billion, and treatment costs are expected to double in the next 20 years.
2. Mental health is high on the government's agenda, with a strategy, 'No Health without Mental Health', published by the Department of Health in 2011. The strategy takes a cross government approach with a focus on outcomes for people with a mental illness.
3. In Gateshead, the percentages of those diagnosed with mental health conditions are significantly higher than national averages. This could be due to a number of local factors, including higher detection and diagnosis of these illnesses. However local partnership work has also suggested that austerity and Welfare Reform is impacting negatively on the mental health and wellbeing of affected residents.
4. The rates of hospital admission for self harm and unintentional injury for both under 18s and adults are significantly higher than national averages. The recovery rate for those people being treated by the Improving Access to Psychological Therapies (IAPT) is lower than the national average.

5. The Gateshead suicide rate is similar to the national average, but small numbers annually means that looking at the rate for a single year must be viewed with caution. A suicide audit will be completed in 2015 which will clarify the current position.
6. Most people are given treatment with anti-depressant medicines and some are offered 'talking therapies' through the IAPT service.

### **Headline findings**

#### **Inequality and parity of esteem with physical health**

7. It was clear from the evidence provided that people with mental illness suffer from significant inequalities in relation to a range of health outcomes.
8. It was agreed that consideration of the major factors contributing to physical illness and early death in this population was needed. The aim of this was to ensure the provision of appropriate preventative interventions (e.g. stop smoking services).

**Priority 1: Ensure the physical health needs of people with mental illness are addressed alongside their mental health. This includes the need to address aspects of lifestyle behaviours that negatively impact on physical health e.g. smoking.**

#### **Continue to improve the quality of local mental health services**

9. From the evidence submitted it was evident that the NewcastleGateshead CCG and Northumberland Tyne and Wear Mental Health Trust were committed to engaging with colleagues in their review of mental health services.
10. The CCG informed the Committee that the next stage of the review was to develop potential future options. It was agreed that it was important that all colleagues across health and social care continue to work to identify improvements in the treatment pathway for those people with mental illness.

***Priority 2: Ensure the review of mental health services results in the provision of both high quality and accessible services for the Gateshead population. Particular consideration needs to be given to accessibility for family members and carers.***

***Priority 3: Review current working arrangements for the management of people with dual diagnosis (substance misuse and mental illness) in order to identify opportunities for improving outcomes.***

## Prevention and the role of Social Prescribing

11. The review identified that social isolation was both a cause and a consequence of mental illness. It also acknowledged that social relationships are particularly important for people with mental health problems.
12. Social prescribing was outlined as offering a 'more than medicine' approach involving clinicians prescribing social activities to improve a person's mental health instead of or as well as medication.

***Priority 4: Develop a sustainable model of social prescribing in Gateshead.***

***Priority 5: Build on existing work to reduce social isolation through the mental health and the older people's partnership***

***Priority 6: Continue to build on the work within the Financial Inclusion Partnership to ensure the holistic needs of people affected by welfare reform are considered, particularly mental health.***

### Progress against the recommendations

**Priority 1: Ensure the physical health needs of people with mental illness are addressed alongside their mental health. This includes the need to address aspects of lifestyle behaviours that negatively impact on physical health e.g. smoking.**

<b>Action</b>	<b>Progress</b>
<b>Action 1:</b> Public Health should complete a health needs assessment of people with mental illness to understand the physical health needs of this group.	Public Health has been preparing a health needs assessment to inform the CCG re-commissioning.
<b>Action 2:</b> Public Health should work with the Gateshead coroner to complete an audit of deaths which may have been suicide to identify any common themes.	A suicide audit has been completed and a report has been presented to the Gateshead Mental Health and Wellbeing Board.
<b>Action 3:</b> Public Health should establish some focussed work with mental health treatment providers to address lifestyle issues e.g. reduce the prevalence of smoking in mental health services.	Work has commenced with NTW, supported by regional programme FRESH, to specifically consider ways to mitigate the impact of smoking on this group of people. The initial focus is on inpatient services but it has been acknowledged that future work will be needed to consider an appropriate approach for those in community services.

<p><b>Action 4:</b> Public Health should support the development a local suicide prevention plan through the Gateshead Mental Health and Wellbeing Group.</p>	<p>A Mental Health and Wellbeing strategy has been developed. This was developed following a consultation event with key local stakeholders. The outcome from the suicide audit was also presented and a suicide prevention plan is now included within the Gateshead strategy.</p>
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**Priority 2: Ensure the review of mental health services results in the provision of high quality and accessible services for the Gateshead population.**

Action	Progress
<p><b>Action 5:</b> The OSC and Council Departments (e.g. Adult Social Care and Public Health) should continue to work with the CCG and NTW to ensure the review of mental health services results in the provision of high quality and accessible services for the Gateshead population.</p>	<p>Work is ongoing through the Gateshead and Newcastle Mental Health Programme Board. Key staff will be involved in the next stage of consultation.</p>
<p><b>Action 6:</b> Ensure the analysis of travel, undertaken by the Council, is formally fed into the consultation around the future model of service delivery for secondary care mental health treatment services.</p>	<p>The CCG have received a copy of the travel analysis reports prepared for the OSC. Travel was identified as one of the considerations for future commissioning arrangements during the early engagement phase.</p>
<p><b>Action 7:</b> Ensure OSC members are notified and invited to future consultation events related to the CCG review of mental health treatment.</p>	<p>An event took place to consider the 'mental health pound'. The event was hosted by CCG and NTW colleagues and participants were asked to consider the most important elements for the future model.</p> <p>There are plans for OSC involvement in the next stage of consultation.</p>

**Priority 3: Review current working arrangements for the management of people with dual diagnosis (substance misuse and mental illness) in order to identify opportunities for improving outcomes.**

Action	Progress
<p><b>Action 8:</b> Establish a working group which includes, Public health, Adult Social Care and the CCG to streamline working arrangements so that outcomes are improved for individuals.</p>	<p>A working group has been established and has met once. The group includes colleagues from the CCG, Public Health, Housing, treatment services and Primary Care (GP with a special interest). Actions have been agreed and the group will meet next on October 12<sup>th</sup>. In addition to</p>

	this an operational forum has been established between NTW and the Drug and Alcohol service to discuss cases where dual diagnosis is an issue.
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**Priority 4: Develop a sustainable model of social prescribing in Gateshead.**

<b>Action</b>	<b>Progress</b>
<b>Action 9:</b> Through the Gateshead Mental Health and Wellbeing group, review the evidence base for social prescribing and agree a 'Gateshead approach' to social prescribing.	A working group has been established between Council staff and the CCG. The group has been considering the definition and approach for Gateshead. A study visit has been arranged for October to a nationally recognised social prescribing project.
<b>Action 10:</b> The Gateshead Mental Health and Wellbeing Group should complete a feasibility study for the implementation of a robust, sustainable social prescribing model for Gateshead.	The working group has been preparing a workshop for colleagues in the partnership and the Health and Wellbeing Board. The workshop is booked for November 23 <sup>rd</sup> 2015. The aim of the workshop is to complete the feasibility study and consider the implications for Gateshead.
<b>Action 11:</b> The Health and Wellbeing Board should consider the output from the social prescribing feasibility study.	Following the workshop the Health and Wellbeing Board will consider and agree the next steps.

**Priority 5: Build on existing work to reduce social isolation through the mental health and the older people's partnership.**

<b>Action</b>	<b>Progress</b>
<b>Action 12:</b> Review existing work to address social isolation ensuring it is linked closely to the actions identified on social prescribing.	<p>A report on social isolation was presented to the Health and Wellbeing Board on June 5<sup>th</sup> 2015. It was agreed that social isolation would be considered further within the work stream around social prescribing.</p> <p>A joint bid has been submitted between the Older People's Assembly and Equal Arts to the Accelerating Ideas Fund (Big Lottery). The bid aims to tackle isolation and loneliness. The outcome of the bid is expected in the next month. Further to this specific work has been undertaken to develop arrangements to reduce isolation including a monthly Sunday afternoon tea party.</p>
<b>Action 13:</b> In response to needs identified through the Care Act 2015	Work is underway to further develop the 'Our Gateshead' website.

<p>ensure the availability of good quality information on preventative services.</p>	<p>Social Care and the Council web team have updated the website relating to information and advice. Early feedback is very positive which is particularly shown through an increase in access to the site.</p> <p>Colleagues are considering the development of an prevention and early intervention strategy. Models from around the country have been reviewed and are being considered with regard to Gateshead.</p>
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**Priority 6: Continue to build on the work within the Financial Inclusion Partnership to ensure the holistic needs of people affected by welfare reform are considered, particularly mental health.**

<b>Action</b>	<b>Progress</b>
<p><b>Action 14:</b> Review the membership for the Financial Inclusion partnership to ensure representation from all key partners including mental health.</p>	<p>A review was completed earlier in the year. However as there have been many changes subsequent to the review a further review of membership is planned.</p>
<p><b>Action 15:</b> Monitor priorities emerging from the implementation of welfare reform through the financial inclusion partnership. This needs to include consideration of mental illness.</p>	<p>The group continues to monitor emerging issues. The position has been continually changing and a particular focus recently has been on actions to mitigate the impact of universal credit on personal circumstances.</p>

### **Recommendations**

It is recommended that Overview and Scrutiny Committee is asked to:

- Note the progress made against each recommendation
- Give views on progress
- Identify any aspects that could be strengthened.



CARE, HEALTH & WELLBEING  
OVERVIEW AND SCRUTINY  
COMMITTEE  
15 September 2015

**TITLE OF REPORT: Review of GP Access**

**REPORT OF: David Bunce, Strategic Director, Care, Health & Wellbeing**

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## **Summary**

Care, Health & Wellbeing Overview and Scrutiny Committee have agreed that the focus of its review in 2015/16 will be GP Access. This report sets out the proposed scope of the review and the process for taking it forward.

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## **Background**

1. GP Access was previously the subject of a case study by Healthier Communities OSC in January 2013. The case study examined work being undertaken to improve access to GP services, including service improvements across GP practices, major service developments impacting upon access to GP services, GP Practice mergers, and patient and public engagement arrangements.
2. The case study was undertaken at a time when significant health reforms were about to be introduced from 1 April 2013 with the newly established NHS Commissioning Board having responsibility for the commissioning of GP primary care services as PCTs were abolished. Clinical Commissioning Groups (CCGs) were also identified as having a key role to play in driving up the quality of primary medical care.
3. Since 2013, the NHS has continued to undergo significant change both structurally and functionally. The NHS Commissioning Board has become NHS England, with NHS England Cumbria and North East having statutory responsibility for GP primary care services in Gateshead. At the same time, the former Gateshead CCG has merged with Newcastle CCG's to become Newcastle Gateshead CCG from 1 April 2015 and is now also responsible for co-commissioning GP primary care services in Gateshead with NHS England.
4. Access to GP services continues to be a key issue for local communities across the borough as a whole, whether from urban or more rural areas. As well as providing a range of services directly to patients from their practices, GPs also provide onward referral to secondary and tertiary services as

required. They also signpost and refer patients to community based programmes to assist with rehabilitation from illnesses, promote healthy lifestyles and to access other forms of support.

## **Overview**

5. GP primary care services are currently provided by a total of 31 GP practices across the borough. List sizes range from 1,392 to 16,332 (see map and list of GP practices at appendices 1 and 2).
6. The practices serve a Gateshead population of 200,000 comprising 90,600 households. The population has grown over the last decade by around 8,000. This growth has been most significant for older age groups with an 11% increase in 45-64 year olds and an 11% increase in those aged 65 and over. Population projections from the Office for National Statistics (ONS) predict that this ageing population trend will continue into the future, becoming more pronounced as life expectancy continues to increase.
7. At the same time, Gateshead experiences high levels of deprivation and health inequality. There are 20 areas which fall within the 10% most deprived areas in England, equating to almost 31,000 people or 16% of the population of Gateshead. Much of this deprivation is based within the central and eastern urban areas of the borough. The gap in life expectancy between one part of Gateshead and another remains significant. For men, the gap in life expectancy is 9.2 years between the most deprived and affluent areas of the borough; for women, the corresponding gap is 7.3 years (ONS 2011-13).
8. Around 22% of people in Gateshead reported that their health limits day to day activities compared to around 18% nationally (Census 2011).
9. The borough stretches almost 13 miles along the south bank of the river Tyne and covers 55 square miles. It has a large urban hub centred around the main town centre area and has a number of smaller urban centres such as Blaydon, Whickham, Felling and Birtley. However, around two thirds of the borough is rural with numerous small settlements such as Kibblesworth, Sunnyside, Chopwell and High Spen.
10. It is against this background that access to GP services in Gateshead is being reviewed.

## **Scope and Focus of the Review**

11. Key issues which have already been identified by the Committee include:
  - *Access to GP appointments*: ease of making appointments, timescales, patient satisfaction etc.



- *Access to quality primary care services:* Patient experience of care, how this varies across different areas of Gateshead and work that is taking place to address issues linked to the quality of care provided.

12. It is proposed that the scope of the review will therefore incorporate:

Access to GP appointments

This would include:

- Ease of making contact with local GP (phone/online)
- Ease of getting an appointment, waiting times and convenience of appointment with local GP
- Ease of ordering repeat prescriptions from GP
- On-line services provided by GP and ease of navigation
- Patient satisfaction with opening hours
- Patient views on additional opening times
- Out-of-hours services: ease of contact, timeliness of care provided and experience of care

Quality of Care

This would include whether patients feel that:

- They are given enough time by their GP / Practice Nurse
- They have been listened to
- Tests and treatments are explained well
- They are involved in decisions about their care
- They have been treated with care and concern
- They have confidence and trust in their GP / Practice Nurse
- They have a good experience of care provided by their GP surgery

13. In considering these issues, it is proposed to have regard to:

- The physical and socio-demographic characteristics of Gateshead (rural and urban dimensions, levels of deprivation and health inequality across Gateshead etc.)
- The GP Patient Survey and other sources of information on patient views and experiences of care such as the recent survey undertaken by Healthwatch Gateshead.
- CQC Inspection findings regarding access to and quality of GP services in Gateshead and action plans to address issues raised
- Current issues relating to the provision of GP services e.g. GP provision in the west of Gateshead - Blaydon/High Spennings
- Initiatives underway locally to enhance access/quality of GP services, spread good practice etc.
- National agenda around GP access and implications locally e.g. 7 day services, Prime Minister's Challenge Fund, extended opening hours etc.
- Other aspects of the quality of care such as quality indicators etc.

14. In agreeing the 'Review of GP Access' as its topic for 2015/16, the Committee also felt that it was timely to consider this issue in the light of

the move towards co-commissioning of primary care (paragraph 3 above refers).

### **Process for Taking the Review Forward**

15. The Review is being jointly led by the Council, NHS England and Newcastle Gateshead NHS CCG with input from Healthwatch Gateshead. The proposed process and timescales are set out at Appendix 3.
16. The Review will take place over the period September 2015 to April 2016 and will involve national and local research, presentations and site visits.

### **Involvement**

17. The Review will involve:
  - The Council
  - NHS England Cumbria & North East
  - Newcastle Gateshead CCG
  - HealthWatch Gateshead
  - Other partner organisations as may be required

### **Outcomes**

18. The Overview and Scrutiny Committee Review will identify:
  - Opportunities for partner organisations to work together to enhance access to GP services in Gateshead
  - Potential gaps in services and how they can best be addressed
  - Improvements for individuals, carers and families

### **Recommendation**

19. Overview and Scrutiny Committee is asked to:
  - (i) Note the background to the Review set out in this report.
  - (ii) Agree the scope, process and the timescale for the Review as set out in this report.

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**Contact: John Costello (0191) 4332065**

## NHS North of England Commissioning Support - Primary and Secondary Care Services - Gateshead (July 2015)

Source: NHS North of England Commissioning Support - Business Information Services



Page 27

Key			
● 001. A85026 - Beacon View Medical Centre	● 017. A85021 - Dr A Kumar	● 033. Grassbanks & Keegan Court (2.71%)	● 048. A85023 - Teams Medical Practice
● 002. Bede Centre (void space = 31.20%)	● 018. A85010 - Dr D J Matheson & Ptnrs	● 034. A85616 - Hollyhurst Medical Centre	● 049. The Croft (0.00%)
● 003. A85002 - Bensham Family Practice	● 019. A85011 - Dr Eccles & Ptnrs	● 035. A85004 - Longrigg Medical Centre	● 050. A85025 - The Medical Centre
● 004. Bensham Hospital (17.51%)	● 020. A85003 - Medical Centre	● 036. Low Fell Clinic (0.00%)	● 051. A85013 - The Millennium Family Practice
● 005. A85017 - Bewick Road Surgery	● 021. A85601 - Dr Mandal & Ptnr	● 037. A85008 - Medical Group Centre	● 052. A85020 - The Whickham Practice
● 006. Birtley Children's Centre	● 022. A85609 - Dr Muthu-Krishnan	● 038. A85018 - Oldwell Surgery	● 053. Trinity Square (15.98%)
● 007. Birtley Nursing Unit	● 023. A85012 - Dr S M Imam	● 039. A85005 - Oxford Terrace Medical Group	● 054. Tyme View Centre
● 008. Blaydon Leisure & Primary Care Centre (29.51%)	● 024. A85605 - Dr SM Hilton	● 03b. A85002 - Dr Roberts & Ptnrs	● 055. Walker Terrace (0.00%)
● 009. Brianwood Sector Base (0.00%)	● 025. Dunston Health Centre (40.13%)	● 040. A85611 - Pelaw Medical Practice	● 056. Whickham Cottage Medical Centre (12.24%)
● 010. A85614 - Bridges Medical Practice	● 026. A85007 - Fell Cottage Surgery	● 041. A85024 - Primary Care Health Care Centre	● 057. Wrekenton Health Centre (15.24%)
● 011. Carr Hill Clinic (0.00%)	● 027. A85001 - Fell Tower Medical Centre	● 042. Queens Park - Equipment Store (0.00%)	● 058. A85016 - Wrekenton Medical Group
● 012. A85019 - Central Gateshead Medical Group	● 028. Felling Health Centre (44.76%)	● 043. Regent Terrace (0.00%)	● 059. A85015 - Wrekenton Medical Group
● 013. Chowdene Children's Centre	● 029. Gateshead Health Centre (52.86%)	● 044. Ryton Clinic (0.00%)	● 14b. A85014 - DR Chapman & Ptnrs
● 014. A85014 - Crawcrook Medical Centre	● 030. Gateshead Health NHS Foundation Trust & Gateshead Walk in Centre (0.00%)	● 045. A85011 - St Albans Medical Group	● 15b. A85009 - Crowhall Medical Group
● 015. A85009 - Crowhall Medical Group	● 031. A85006 - Glen Medical Group	● 046. Teams Children's Centre	● 20b. A85003 - Dr Little & Ptnrs
● 016. A85617 - Dr A J Hunt & Ptnrs	● 032. A85006 - Glenpark Medical Centre	● 047. Teams Family Centre	

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 Contains Royal Mail data © Royal Mail copyright and database right 2014  
 Contains National Statistics data © Crown copyright and database right 2014

## Appendix 2

### List of GP Practices in Gateshead

Practice Name	Practice List Size
A85001 Fell Tower	7342
A85002 Bensham	4519
A85003 Rowlands Gill	6793
A85004 Longrigg	10819
A85005 Oxford Terrace/Rawling Road	15174
A85006 Glenpark	9166
A85007 Fell Cottage	8417
A85008 Birtley	15915
A85009 Crowhall	6666
A85010 Chainbridge	11237
A85011 St Albans	8291
A85012 Metro Interchange	3922
A85013 Millennium	3369
A85014 Crawcrook	7360
A85016 Wrekenton	10381
A85017 Bewick Road	6008
A85018 Oldwell	5280
A85019 Central Gateshead	10273
A85020 Whickham	16332
A85021 Second Street	2741
A85023 Teams	5147
A85024 Chopwell	2667
A85026 Beacon View	4562
A85605 Ryton (Elvaston Road)	2294
A85609 108 Rawling Road	1640
A85611 Pelaw	5289
A85614 Bridges	4625
A85616 Hollyhurst	2476
A85617 Sunnyside	3277
A85620 Grange Road	3635
Y02658 Blaydon	1392

## Review of GP Access – Process and Timeline

The key stages and proposed timeline for the Review of GP Access is set out below.

### Stage 1

The scope of the review should firstly be agreed by Cabinet and the relevant Overview and Scrutiny Committee. The recommendations of Advisory Groups may also be considered if appropriate.

#### Proposal

- 15<sup>th</sup> September 2015 – Scoping report to be considered by Overview and Scrutiny Committee

### Stage 2

Evidence may be gathered by the Overview and Scrutiny Committee making visits as necessary or inviting people and organisations to give evidence before it. Relevant Strategic Directors and the Chief Executive will assist the Overview and Scrutiny Committee as necessary. The evidence gathered by OSC will be written up by officers.

#### Proposal

- 20<sup>th</sup> October 2015 – this will focus on core issues relating to ‘Access’ to GP services, drawing on survey findings and other evidence as required on GP appointments, opening hours, out-of-hours etc.
- 1<sup>st</sup> December 2015 – this will focus on issues relating to the quality and experience of care.
- 19<sup>th</sup> January 2016 – this will focus on GP Access and quality of care in the broader context of service developments/initiatives relevant to the review topic.
- VISITS – the following site visits are proposed:
  - In advance of its meeting on 20 October, OSC will be invited to visit a GP practice to see its backroom telephone and appointments system in operation. Also, as part of the visit to the practice, to look at opportunities and challenges linked to GP premises.
  - In advance of its meeting on 1<sup>st</sup> December 2015, OSC will be invited to visit CCG headquarters at Riverside House, Newburn in order to be taken through the CCG’s ‘Visibility Wall’ which has been developed to provide an overview of its work on improving the quality care. As part of the visit, links will be made with the committee’s review topic.

- In advance of its meeting on 19 January 2016, OSC will be invited to observe a patient engagement forum meeting at a GP practice.

### **Stage 3**

The Overview and Scrutiny Committee will then meet to analyse the information and evidence gathered and prepare its conclusions.

#### **Proposal**

- 1<sup>st</sup> March 2016 – OSC to analyse the evidence presented and to consider an Interim report.

### **Stage 4**

Officers will then prepare a report on the issue based on the views of the OSC. Officers will submit this report to the next practicable meeting of the OSC to secure agreement that the report is a fair, accurate and complete reflection of the OSCs conclusions.

#### **Proposal**

- 19<sup>th</sup> April 2016 – draft Final report to be considered by OSC.

### **Stage 5**

The Chair of the Overview and Scrutiny Committee will then present this report to the Cabinet. The Cabinet may take note of the report, approve all or some of the report's recommendations or refer the report to full Council or to an Advisory Group for further consultation.

#### **Proposal**

- May 2016 (subject to confirmation)

## ANNUAL REPORT ON

### ADULT SERVICES COMPLAINTS-COMPLIMENTS-REPRESENTATIONS

1 APRIL 2014 – 31 MARCH 2015

#### Introduction

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 came into force on 1 April 2009. This legislation sets down the procedures that Adult Social Care Services and National Health Services, (NHS), must follow when complaints or representations are made.

Representations may not always be complaints; they might also be positive remarks or ideas that require a response from the Council. Enquiries or comments about the availability, delivery or quality of a service, which are not criticisms, also constitute representations.

As part of the responsibilities set out in the Act, local authorities must produce an annual report on all complaints and representations received. This report fulfils Gateshead Council's obligations and provides information on all representations received about the Council's Adult Social Care Services from 1 April 2014 – 31 March 2015.

There are two steps to the Statutory Complaints Process;

1. Informal (Local) resolution by the Council
2. Independent consideration by the Local Government Ombudsman, (LGO)

All complaints must be assessed and given a grading. Categories of complaint are:

- Green Low-level or minimal risk for either the service user or the Council;
- Amber Moderate or medium risk;
- Red Serious complaint graded as high risk.

There are no prescribed timescales for resolution as the quality of the investigation and outcome is significantly more important than attempting to adhere to a stipulated period.

#### Publicity and Information

Publicity on how to complain can be provided in several formats, encouraging and facilitating easy access to the complaints process. All new service users receive a complaints leaflet in their information pack. A leaflet is also provided when a service user receives the outcome to an assessment / reassessment of need.

#### Independent Element

The Council operates an internal investigation procedure. Complaints administration is fully independent of any service delivery to ensure fairness and impartiality.

#### Advocacy and Special Needs

Vulnerable people receiving a Social Care service are encouraged and supported to express their views and to access the complaints procedure if they wish. In all cases advocacy is offered if it is felt that the complainant would benefit from this service.

Individuals who wish to complain about a Public Health service can obtain free independent advocacy support. This advocacy is Government funded and is exclusively for Health Service complaints.

## **Training and Employee Development**

Training for Investigating Officers is provided on an annual basis. All Adult Social Care Team Managers / Service Managers are expected to have undertaken investigating skills training.

The Investigating Skills Training Course is facilitated by the Local Government Ombudsman. This training concentrates on defining, investigating and resolving complex complaints. It also emphasises the need to identify any improvements that may be necessary as a direct result of individual complaints.

During 2014/15, 19 Managers across Adult Social Care and Commissioning & Business Development completed the Ombudsman's Investigating Skills Training Course.

## **Equalities Monitoring**

Gateshead Council recognises that equality monitoring of service delivery is crucial for effective planning and scrutiny of the services that it provides. This monitoring can identify which groups are using services and gauge their level of satisfaction. The information can then be used to highlight possible inequalities, investigate their underlying causes and address any unfairness or disadvantage.

Information about the complaints process can be made available in key languages and formats. Information for customers with sight or hearing impairment can also be provided.

## **Statistical Analysis of Representations Received from 1 April 2014 and 31 March 2015.**

Main themes of complaints received during this period were;

### **1. Quality of Service**

During 2014/15, quality of service remained the main theme of complaint. Issues raised were;

- The quality of Social Work support given to individuals;
- Disputes when Social Workers did not support the views of family members;
- Disputes when Social Workers were acting in the best interests of the service user;
- Issues about how assessments were carried out. In particular when services have been refused.

### **2. Lack of / Poor Communication by Services**

5 complaints were regarding the lack of or the quality of communication from the services concerned. Issues were about;

- Not receiving feedback after an assessment / review of social care needs;
- Systems not being updated after any significant changes in circumstances, in particular when a service user has moved house, gone into hospital or in some cases has passed away;
- Conflicting information given regarding the Direct Payment Process;
- Lack of feedback after the conclusion of the Safeguarding process;

Communication issues are generally dealt with individually with the staff member concerned or through Team Meetings. This ensures that staff and services are aware of their responsibility for effective and timely communication with service users and their families. Staff are also reminded to update systems as soon as they are made aware of any changes in circumstances.

### **3. Dispute around Assessed Needs**

Disputes about assessed needs accounted for 31% (21) of complaints.

- Complainants often cited the quality of the assessment process as a main cause of complaint. In particular that they had felt that their needs hadn't been fully considered or that the worker hadn't carried out the assessment in line with procedures.

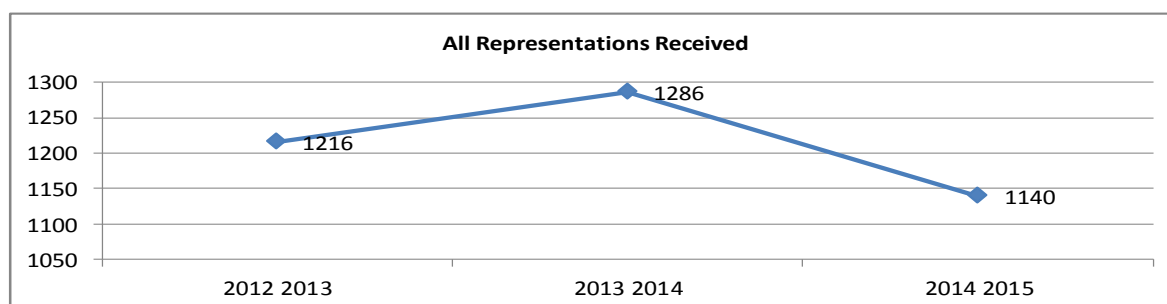


- Public expectation of what can be provided by Adult Social Care remains high and any refusal of service is often unwelcome by the person or their representatives.

## Details and numbers of Complaints and representations over the past 3 years

This section deals with the number of complaints and representations received in 2014/15 in comparison with numbers received in 2013/14 and 2012/13

<b>Table 1: All Formal Contacts</b>	<b>2012 2013</b>		<b>2013 2014</b>		<b>2014 2015</b>	
Commissioned Service - Own investigation	0.33%	4	0.08%	1	1.23%	14
Complaints	5.67%	69	6.30%	81	5.61%	64
Complaint Related Queries	4.11%	50	4.43%	57	5.00%	57
Corporate Complaints	0.00%	0	0.00%	0	0.09%	1
Commissioned Services Issues	0.00%	n/a	0.00%	n/a	5.61%	64
Compliments	88.65%	1078	87.71%	1128	80.35%	916
Data Breach	0.00%	n/a	0.00%	n/a	0.18%	2
Health & Social Care Joint Investigations	0.33%	4	0.47%	6	0.44%	5
Finance & ICT Complaints	0.00%	n/a	0.00%	n/a	0.35%	4
Inter-Agency Concerns	0.00%	Na	0.39%	5	0.35%	4
MP / MEP Responses	0.66%	8	0.16%	2	0.18%	2
Safeguarding Alerts	0.25%	3	0.39%	5	0.44%	5
Whistle Blow	0.00%	Na	0.08%	1	0.18%	2
		<b>1216</b>		<b>1286</b>		<b>1140</b>



- There has been a 11% decrease in formal recorded contacts since 2013/14.
- Complaint related queries stayed at the same level as 2013/14, (57).
- Complaint related queries are low-level representations that must be resolved within one working day after receipt.
- Commissioned Service Issues are concerns which are shared with the providers to investigate themselves. This process came into force in May 2014.
- 80% of the representations made during 2014/15 were compliments and only 20% were concerns or complaints.

<b>Table 2: Complaint Categories</b>	<b>2012 2013</b>	<b>2013 2014</b>	<b>2014 2015</b>
Green	30	40	7
Amber	39	40	56
Red	0	1	1
<b>All</b>	<b>69</b>	<b>81</b>	<b>64</b>

- Adult Services complaints decreased by 21% compared to 2013/14 figures.
- This reduction is due to the appointment of a Business Manager within Assessment & Personalisation during 2014/15. The Business Manager is responsible for managing performance within the service and to identify and resolve any areas of concern before they escalate into complaints.
- The number of complaints assessed as Green (minimal risk to the Council or service user) accounted for 11% of the total number of complaints.
- This is a reduction of 38% from 2013/14. Page 33 Evidence that complaints are becoming more complex and often include more significant issues

<b>Table 3: Service Area</b>	<b>2012 2013</b>		<b>2013 2014</b>		<b>2014 2015</b>	
Assessment & Personalisation	52.7%	36	67.90%	55	40.63%	26
Care Call	Na	Na	3.70%	3	7.81%	5
Commissioning & Business Development	Na	Na	7.41%	6	23.44%	15
Finance & ICT	2.9%	2	2.47%	2	0.00%	0
Health & Housing Support	8.7%	6	2.47%	2	12.50%	8
Provider Services	36.2%	25	16.05%	13	15.63%	10
<b>Total</b>		<b>69</b>		<b>81</b>		<b>64</b>

- During 2014/15, 26 complaints were about the Assessment & Personalisation service.
- This is a 53% decrease since 2013/14, (55).
- 33% (**21**) of these complaints were regarding reductions to care packages or refusal of services after an assessment / reassessment of need.
- This is an increase of 31% in relation to the same issues that were received during 2013/14, (16).
- After investigation, 56% (10) of the complaints which had been responded to were not upheld.
- Only 22% (4) were upheld. As a result, services were provided or reinstated.
- Complaints about Council Provider Services reduced by 23% (10) since 2013/14.
- Provider Services include Promoting Independence Centres, Shared Lives Services and Council homecare.

<b>Table 4: Distribution by Service Division</b>	<b>2012 2013</b>		<b>2013 2014</b>		<b>2014 2015</b>	
Services for People under 65	45%	31	48%	40	36%	23
Services for People over 65	55%	38	52%	44	64%	41
<b>Total</b>		<b>69</b>		<b>84</b>		<b>64</b>

- 64% (41) of complaints were about services for people over 65. This has been consistent over the last three years. 12% (5) of these complaints were made by service users themselves.

<b>Table 5: Issues of Complaint</b>	<b>2012/2013</b>		<b>2013/2014</b>		<b>2014 2015</b>	
Delay	4%	3	6.1%	5	3%	2
Lack of Service	17%	12	2.4%	2	5%	3
Quality of Service	68%	46	72.8%	59	80%	51
Refusal of Service	4%	3	3.7%	3	6%	4
Staff Issues	7%	5	14.8%	12	6%	4
Service User Conduct	0%	0	0%	0	0%	0
<b>Total</b>	<b>100%</b>	<b>69</b>		<b>81</b>		<b>64</b>

- 80%, (**51**) of complaints were around the quality of services received and remains the greatest cause for complaint.
  - Quality of service involves alleged failure of service delivery, for example:
    1. Home carers not turning up;
    2. Non return of telephone calls;
    3. Late or missed social work visits;
    4. Poor response after a request for service.
  - 11% (7) of these complaints were regarding the quality of social work involvement or support.
  - 80% (**4**) of the 5 complaints responded to regarding social work support were either fully or partially upheld.

<b>Table 6: Specific Issues</b>	<b>2011 2012</b>	<b>2013 2014</b>	<b>2014 2015</b>
Disputes about Care Charges	5	10	2
Staff Issues	7	12	4

- **3% (2)** of complaints were around disputes about charges for service provision.
- This is a decrease of 80% since 2013/14, (10).
- Complaints about staff decreased by 67% (4).

- 3 of these complaints were regarding the same staff member.
- After investigation, all 4 complaints were found to be unjustified.

<b>Table 7: Outcomes of complaints</b>	<b>2012/2013</b>		<b>2013/2014</b>		<b>2014 2015</b>	
Outstanding		7		2		8
Closed or withdrawn	0%	0	2.5%	2	1.5%	1
Not upheld	34%	21	43.0%	34	41%	23
Partially upheld	42%	26	31.6%	25	22%	18
Upheld	24%	15	22.8%	18	25%	14
<b>Total</b>		<b>69</b>		<b>81</b>		<b>64</b>

- 41% (23) of complaints were not upheld after investigation.
- 47% of complaints were either fully or partially upheld during 2014/15.
- After initial investigation, 1 complaint was closed and transferred to the Safeguarding Adults Process.
- 29 working days was the average time to investigate complaints during 2014/15.
- The Council expects all complaints to be completed within **30** working days and this timescale has again been achieved during 2014/15.

<b>Table 8: Method of Complaint</b>	<b>2012/2013</b>		<b>2013/2014</b>		<b>2014 2015</b>	
Service Feedback Form	Na	Na	7%	6	7.7%	5
Corporate Complaints Form	6%	4	10%	8	0%	0
Email	33%	23	22%	18	31.3%	20
Letter	32%	22	28%	23	39.1%	25
Personal Visit	6%	4	6%	5	4.7%	3
Telephone	23%	16	26%	21	17.2%	11
<b>Total</b>		<b>69</b>		<b>81</b>		<b>64</b>

- Letters and emails are now the main method of referral accounting for 70% (**45**) of all complaints received, up 10% from 2014/15.
- In response to a request from members of the Physical Disability, Sensory Impairment Forum, it was agreed to set up a Text Messaging Service for complaints and representations in 2014/15. However, despite ensuring that this service is publicised, no text representations have yet been received.

<b>Table 9: Ethnic Status</b>	<b>2012 2013</b>		<b>2013 2014</b>		<b>2014 2015</b>	
White British	100%	69	97.53%	79	96.88%	62
Black/ Black British	0.00%	0	0.00%	0	0.00%	0
Chinese	0.00%	0	0.00%	0	0.00%	0
Mixed	0.00%	0	0.00%	0	0.00%	0
Asian / Asian British	0.00%	0	0.00%	0	1.56%	1
Other White	0.00%	0	2.47%	2	1.56%	1
		<b>69</b>		<b>81</b>		<b>64</b>

- 2 formal complaints and 4 complaint related queries were raised by members of the BME community.
- 11 compliments were given to staff or services from the BME community.
- 14 representations were received from services users with a learning disability.
- 11 of these were compliments, 2 were complaints and 1 was a low level issue which was dealt with by the service themselves.

## Specific Areas of Complaint

This section focuses on complaints about other specialised areas of Adult Social Care.

### Commissioned Care Services Complaints

Table 10: Com Service	Provider Response		Formal Complaints		Total	
	2013 2014	2014 2015	2013 2014	2014 2015	2013 2014	2014 2015
Home Care	0	10	6	7	6	17
Care Home	0	4	0	1	0	5
Housing Provider	0	0	0	1	0	1
Other	0	0	0	1	0	1
<b>Total</b>	<b>0</b>	<b>14</b>	<b>6</b>	<b>10</b>	<b>6</b>	<b>24</b>

- Between 1 April 2014 and 31 March 2015, 24 complaints were received regarding Commissioned Care Services.
- 17 of which were regarding commissioned home care services.
- 14 complaints were referred to the providers themselves with a request to investigate under their own complaints procedure in the first instance.
- 10 complaints received were investigated and responded to by the Council.
- After investigation, 9 complaints investigated by the Council, were either fully or partially upheld
- 1 complaint was moved to the Safeguarding Adults Process.

### Commissioned Care Services – All issues received

Table 11: Issues Received Commissioned Service	2013 2014	2014 2015
Formal Complaints	6	10
Complaint Related Queries	7	8
Commissioned Service Issues	NA	64
Provider – Own Response	1	14
Insurance Claim	0	1
Whistle Blows	0	2
<b>Total</b>	<b>15</b>	<b>99</b>

- During 2014/15, 99 formal issues were received about Commissioned Care Services.
- 82 of these were regarding the quality of home care services.
- Concerns about late, missed or short care visits were the main theme of complaints.
- 11 issues were regarding the quality of the care provided by residential homes.

Once complaints are resolved, Contract Management Officers ensure any proposed actions after complaints are carried out and fully monitored. Complaints are used by the Commissioning and Business Development Team to inform on any changes to current services and how they will be commissioned in the future.

### Customer & Financial Services Complaints

Customer & Financial Services are responsible for financial assessments for care packages, management of individual budgets, managing service users' financial contributions, Council Appointeeship and payment of care fees.

During 2014/15, 4 complaints were investigated and responded to by Manager's within Financial Services. After investigation, 3 complaints were either partially or fully upheld and 1 was not upheld. All complaints were about Financial Management and Financial Charging.

### Health & Social Care Joint Investigations

The statutory complaints process covers NHS and Social Care Services.

All complaints received regarding services provided by both Health and Social Care, are co-ordinated by either the Local Authority's Complaints Manager or the Complaints Manager responsible for the Health Service area subject to the complaint. The organisation responsible for

the majority of the complaint will take the lead in the investigation and will ensure that a combined response letter is sent to the complainant within the agreed timescales.

5 complaints were around services provided by both Health and Social Care during 2014/15. Complaints that were received included issues about the Queen Elizabeth and Bensham Hospitals. All complaints were about the quality of the discharge process from hospital. After investigation, 2 complaints were fully upheld, 1 was partially upheld and 2 were not upheld.

### **Safeguarding Adults Concerns**

During 2014/15, 4 concerns were received which immediately identified areas of possible abuse against vulnerable adults. All 4 were considered through the Safeguarding Adults Process.

5 complaints were received about the management of the Safeguarding Process. The complaints were all regarding the quality of communication to families or representatives of service users who were the subject of the alleged abuse. After investigation, 80% (4) were not upheld and 1 was judged partially upheld.

### **Public Health Complaints**

During 2014/15, 2 complaints were received regarding Public Health Services. 1 was regarding the child weight management programme, which after investigation was not upheld. The other was about the wellness hub and the delay in receiving a service. This complaint was partially upheld.

### **Learning from Complaints: Examples of Service Improvements**

Learning from complaints is critical to prevent recurrence of the cause(s) of the original complaint. It is important that we make sure that people's experiences help the Council to improve services where possible. Changes can include policy, procedure or employee development.

Complaints about individual practice or failure to follow procedures are dealt with by reinforcement of processes and reiterating customer care standards through Service / Team meetings or individual supervision sessions.

In all cases, any issue regarding attitude or conduct of staff are dealt with in line with internal employment procedures.

### **Improvements after a complaint include:**

#### **Quality of Mental Capacity Assessments**

- Due to a lack of clarity around mental capacity assessments, it is now mandatory for all Assessment and Personalisation Social Workers to undertake Mental Capacity Act refresher training.

#### **Inadequate communication between Hospital Social Work Teams and Hospital Ward Staff**

- Regular meetings between hospital ward staff and hospital social workers are now held to share any relevant information and to help develop better communication between health and social care. This will identify what barriers are preventing effective communication and how they can be overcome.

#### **Concerns about the quality of the information regarding direct payments**

As a result of this complaint:

- Direct Payment training is now mandatory for all relevant staff.
- The booklet, which informs on the Direct Payments process, has now been reviewed.

## Charging Issues

A concern was received regarding the obligatory standard 4 hours support within the Extra Care setting.

- As a result of this complaint, the contract between the Council and the provider has been reviewed.

## Quality of service provided by Promoting Independence Centres, (PIC)

- Training and development needs of PIC staff, particularly around case recording, are identified, monitored and reviewed as part of the Council's formal supervision process.
- Quality assurance measures are strengthened to ensure records validate a true account of a person's experience and care and support needs during their stay in a PIC.
- Carer consultations are carried out on a regular and timely basis to ascertain satisfaction with the care that had been provided.

## Adaptation Process

Clients who are going through the adaptation process are now kept fully informed of any significant developments. Applicants are also provided with regular updates on the progress of their application.

## Suitability of Day Services Activities for Individual Service Users

- Users of day services are now provided with a form to register specific requests for activities during the week. These requests will now be included in the day services weekly activity plan.
- Recording and evaluation of individual service user's care plans are now completed with the person present and regularly audited by managers.
- Quality assurance measures have now been implemented to ensure that the aims and objectives of day care services are being met for all service users.

## Compliments

Information about compliments is fed into Assessment & Personalisation and Provider Services including the Commissioning & Business Development Team to highlight good practice and whether any possible improvements to services.

There has been a 19% decrease in compliments received compared to the amount received during 2013/14. However, compliments still accounted for 80% of all representations received during 2014/15.

- 34% of compliments, (313), received in 2014/15 focused on the care provided by the Councils Promoting Independence Centres.
- 20%, (182) were regarding Council Domiciliary Care.
- 91% of Council Domiciliary Care compliments were about the START service. The START Service is a short term re-ablement team who concentrate on providing service users with the skills to remain at home. This service can help prevent the need for larger or more long term packages of care.
- 2% (16) of compliments received were from families of services users who were at the end of their life. These compliments expressed the gratitude of family members for the services or individuals involved in their care.
- 80% (**916**) of all representations received during 2014/15 were compliments.

## Conclusions

Complaints about Adult Care Services have decreased by 11% since 2013/14.

In 2014, Adult Social Care appointed a Business Manager who is responsible for overseeing service performance and identifying and resolving any potential issues before they become complaints. This has had a direct impact on reducing dissatisfaction as any areas that may cause concerns to service users or their representatives are highlighted and resolved where possible. The service also ensure that any learning from complaints is implemented with improved consistency. Any

changes to practice or processes are then closely monitored to minimise the risk of any reoccurrence of the original issues.

The national profile of Council Commissioned Care Services have been highlighted throughout 2014/15 in relation to either charging for care or about the quality of the care provided. This focus has been reflected in the number of issues received by the Council regarding care providers and accounted for 49% of all concerns received. However, the increase in concerns does not necessarily mean that there are problems with external providers, but that people are more confident in raising dissatisfaction.

Issues around charging for care have decreased with a significant drop of 80% since 2013/14. The Council's Financial Services do deal with queries about invoicing on a day to day basis and in most cases resolve any issues at a local level.

During 2014/15, 31% (21) of complaints were about disputes to assessed needs. Currently these disputes are dealt with through the complaints procedure. However, the regulations set out within the Care Act 2014, gives scope for an appeals process which is to deal with these type of disputes in future. Consultation on how the process will work was undertaken in March 2015, the results of which will help formulate the final guidance in time for the appeals process implementation in April 2016.

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<b>TITLE OF REPORT:</b>	Annual Report on Adults Services Complaints and Representations, April 2014 – March 2015.
<b>REPORT OF:</b>	David Bunce, Strategic Director, Care, Wellbeing & Learning.

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### Summary

Cabinet considered the attached report on 23 June 2015.

Cabinet approved the referral of the report to a meeting of the Care, Health & Wellbeing Overview and Scrutiny Committee, in line with procedure.

It is a statutory requirement that the report is considered by a formal committee to ensure the Council has an effective complaints procedure that follows the legislation set out in The Local Authorities Social Services and National Health Service Complaints (England) Regulations 2009.

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### Background

1. The Health & Social Care (Community Health and Standards) Act 2003 requires that Councils with Social Services responsibilities produce an annual report of their Statutory Adults Services Complaints Procedure. This annual report sets out details of the complaints and representations made during the period April 2014 – March 2015, (Appendix 1).
2. Information contained in the report provides a summary of the statistical information of all representations received, together with a review of the effectiveness of the procedure. Some examples of service improvement are also included.

### Annual Report Complaints and Representations

3. The report is consistent with the Sustainable Community Strategy – Vision 2030 and the Council's Corporate Plan. In particular the report supports the Corporate Priority for serving our customers by continuously improving services and targeting areas of under achievement.
4. The report covers the period from 1 April 2014 – 31 March 2015.

The complaints procedure derives from The Health and Social Care (Community Health & Standards Act) 2003 and The Local Authorities Social Services and National Health Service Complaints (England) Regulations 2009. These acts set down the procedures that councils and social services have a legal responsibility to follow when a complaint is made.

5. The report focuses primarily on statutory complaints for Adults Social Care Services, with information on complaint related queries and compliments that are received about staff or services.

#### **Operation of the Procedure**

6. The Adults Care Complaints Process procedure has two stages:
  - Local Resolution by a Team or Service Manager
  - External Consideration by the Local Government Ombudsman.

#### **Statistical Analysis**

7. In 2014/15 the number of complaints dealt with was as follows:
  - 64 statutory complaints.
  - 7 complaints were graded as green complaints - low level issues, small risk either to the service user or the Council.
  - 56 complaints were graded as amber complaints - moderate issues with medium risk to the service user or the Council.
  - 1 complaint was graded as a red complaint - serious issues which are high risk for either the service user or the Council.

#### **Points of Interest**

8. The following points may be of interest:
  - 80%, (51) of complaints were around the quality of services received and remains the greatest cause for complaint.
  - Quality of service involves alleged failure of service delivery, for example:
    - ♦ Home carers not turning up;
    - ♦ Non return of telephone calls;
    - ♦ Late or missed social work visits;
    - ♦ Poor response after a request for service.
  - 41% (23) of complaints were not upheld after investigation.
  - 47% of complaints were either fully or partially upheld.
  - 29 working days was the average time to investigate complaints.
  - The Council expects all complaints to be completed within **30** working days and this timescale has again been achieved.

#### **Learning from representations: Examples of Service Improvements**

9. Learning from complaints is critical to prevent recurrence of the cause(s) of the original complaint. It is important that we make sure that people's experiences help us to improve services where we can. Changes can include policy, procedure or employee development.

#### **Examples of improvements identified during 2014/15:**

#### **Quality of Mental Capacity Assessments**

- Due to a lack of clarity around mental capacity assessments, it is now mandatory for all Assessment and Personalisation Social Workers to undertake Mental Capacity Act refresher training.

### **Inadequate communication between Hospital Social Work Teams and Hospital Ward Staff**

- Regular meetings between hospital ward staff and hospital social workers are now held to share any relevant information and to help develop better communication between health and social care workers. This will identify what barriers are preventing effective communication and how they can be overcome.

### **Concerns about the quality of the information regarding direct payments**

As a result of this complaint:

- Direct Payment training is now mandatory for all relevant staff.
- The booklet, which informs on the Direct Payments process, has now been reviewed.

### **Charging Issues**

A concern was received regarding the obligatory standard 4 hours support within an Extra Care setting.

- As a result of this complaint, the contract between the Council and the provider has been reviewed.

### **Quality of service provided by Promoting Independence Centres, (PIC)**

- Training and development needs of PIC staff, particularly around case recording, are identified, monitored and reviewed as part of the Council's formal supervision process.
- Quality assurance measures are strengthened to ensure records validate a true account of a person's experience and care and support needs during their stay in a PIC.
- Carer consultations are carried out on a regular and timely basis to ascertain satisfaction with the care that had been provided.

### **Adaptation Process**

Clients who are going through the adaptation process are now kept fully informed of any significant developments. Applicants are also provided with regular updates on the progress of their application.

### **Suitability of Day Services Activities for Individual Service Users**

- Users of day services are now provided with a form to register specific requests for activities during the week. These requests will now be included in the day services weekly activity plan.
- Recording and evaluation of individual service user's care plans are now completed with the person present and regularly audited by managers.
- Quality assurance measures have now been implemented to ensure that the aims and objectives of day care services are being met for all service users.

10. Compliments continue to be received about the quality of the Adult Care Services provided by Gateshead Council. Some compliments are about individual members of staff or about whole teams and services. Compliments reflect the high regard in which our customers have for employees and the services provided to them. Information is always fed into operational services including the Commissioning & Business Development Team to highlight good practice and possible improvements to services.

### **During 2014/15:**

- 34% of compliments, (313), received focused on the care provided by the Councils Promoting Independence Centres.
- 20%, (182) were regarding Council Domiciliary Care.

- 91% of Council Domiciliary Care compliments were about the START service. The START Service is a short term re-ablement team who concentrate on providing service users with the skills to remain at home. This service can help prevent the need for larger or more long term packages of care.
- 2% (16) of compliments received were from families of services users who were at the end of their life. These compliments expressed the gratitude of family members for the services or individuals involved in their care.
- 80% (**916**) of all representations received during 2014/15 were compliments.

### **Recommendation**

11. The committee is asked to consider and comment on the effectiveness of the Adult Social Care Complaints and Compliments Procedures and the details of all complaints and representations received during 2014/15.