

HEALTH AND WELLBEING BOARD AGENDA

Friday, 20 October 2017 at 10.00 am in the Whickham Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item Business

1 Apologies for Absence

2 Minutes (Pages 3 - 10)

2a Action List - 20 September (Pages 11 - 14)

3 Declarations of Interest

Members of the Board to declare an interest in any particular agenda item.

Items for Discussion

4 Gateshead Pharmaceutical Needs Assessment: Consultation Draft (Pages 15 - 106)

Report attached to be presented by Gerald Tompkins / Sue White

5 System Review: Gateshead Shared Care Substance Misuse

Powerpoint Presentation by Mark Harrison

6 Development of a Whole System Healthy Weight Strategy for Gateshead (Pages 107 - 120)

Report presented by Emma Gibson

7 Excess Winter Mortality in Gateshead (Pages 121 - 126)

Report to be presented by Gerald Tompkins

8 National Tobacco Control Plan (Pages 127 - 132)

Report attached to be presented by Paul Gray

Assurance Items

9 LSCB and LSAB Annual Reports & Business/Strategic Plans (Pages 133 - 224)

Report attached to be presented by Sir Paul Ennals.

10 | **Updates from Board Members**

11 | **Any Other Business**

GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 8 September 2017

- PRESENT** Councillor Councillor Lynne Caffrey (Gateshead Council) (Chair)
- | | |
|-----------------------------|---|
| Councillor Mary Foy | Gateshead Council |
| Councillor Malcolm Graham | Gateshead Council |
| Councillor Michael McNestry | Gateshead Council |
| John Pratt | Tyne and Wear Fire Service |
| Dr Mark Dornan | Newcastle Gateshead CCG |
| James Duncan | Northumberland Tyne and Wear NHS Foundation Trust |
| Ian Renwick | Gateshead Health NHS Foundation Trust |
| Steph Downey | Gateshead Council |
| Sheena Ramsey | Gateshead Council |
| Alice Wiseman | Gateshead Council |
- IN ATTENDANCE:** Iain Miller Public Health
Alison Dunn Gateshead Citizens Advice Bureau
Gerald Tompkins Gateshead Council
John Costello Gateshead Council
Julie Ross Newcastle City Council
- APOLOGIES:** Councillor Paul Foy, Councillor Ron Beadle and Councillor Martin Gannon
Mark Adams, Sally Young and Dr Bill Westwood

HW156 APOLOGIES FOR ABSENCE

HW157 MINUTES

RESOLVED - That the minutes of the meeting held on Friday 21 July 2017 be agreed as a correct record.

HW158 ACTION LIST

The Board were advised that a report on CAMHS will be prepared and tabled at a future meeting of the Board.

The Board were advised that the issue of CAMHS is also due to be looked at by the Accountable officers Group.

HW159 DECLARATIONS OF INTEREST

HW160 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

The Board received an update report and presentation on progress made against areas of action identified in the Gateshead Joint Strategic Needs Assessment (JSNA) paper to the HWB in September 2016.

A multi-agency steering group continues to oversee the development of this work-stream thus enabling the HWB to discharge its duties outlined under the Health and Social Care Act 2012. Membership of this group has been reviewed and updated but this is a continual process.

The Board were informed that continuing support from all HWB partners is essential to ensure that the JSNA remains a relevant and current tool, providing a comprehensive understanding of needs of those involved in securing and improving the health and wellbeing of the Gateshead population.

Work is currently ongoing to incorporate intelligence within the JSNA about how community initiatives/assets are helping to support local health and wellbeing needs.

The Board were advised that the next steps for the Steering Group will be:

- To continue to engage 'expert authors' in developing and reviewing the content of the JSNA;
- To add more examples of the 'lived experience' of local people in the form of case studies to bring additional richness to the JSNA;
- Continue to integrate intelligence on Gateshead's assets into the JSNA and engage public involvement;
- To invite Health and Wellbeing Board members to suggest areas for Deep Dive work such as that recently carried out in relation to Homeslessness

- RESOLVED -
- i) That the progress on the continuing development of the JSNA be noted;
 - ii) That the planned next steps in developing the JSNA be noted and supported;
 - iii) The Board agreed to retain the existing strategic priorities for September 2017 onwards;
 - iv) That the relationship between poverty and peoples' mental health is looked into further; and
 - v) Agreed to receive an update report in September 2018

HW161 INTEGRATING HEALTH & CARE IN GATESHEAD

The Board received a report which set out the current thinking of the health and care system leaders in Gateshead about the opportunities for integrating services with the explicit aim of improving health and wellbeing outcomes for the local population.

Work on this topic in Gateshead has developed in three parallel pieces of work over the last year:

- the operation of the Gateshead Care Partnership since October 2016
- the informal health and wellbeing board pre meeting of senior officers from

- the statutory bodies represented at the board, since April 2017
- the Accountable Officer Partnership across Gateshead and Newcastle published a 'statement of intent' (January 2017) describing its ambition to bring together health and care services.

The Board were advised that there is whole system support for an integrated approach to health and care in Gateshead, shared by accountable officers, their commissioners and their providers, to meet the following three objectives:

- To shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention and early help.
- To support the development of integrated care and treatment for people with complicated long term health conditions, social problems or disabilities.
- To create a better framework for managing the difficult decisions required to ensure effective, efficient and economically secure services during a period of continued public sector financial austerity.

It is therefore proposed that the Gateshead health and care system leaders, who have compiled the report that was presented to the Board, come together in a formal group under the auspices of the health and wellbeing board, in order to further develop the proposals for the integration of health and care services in the borough. Further proposals should be brought back to the board over the coming months for consideration.

It was noted that the proposals that emerge will need to be bespoke and work for Gateshead. They will need to fit with local system values and principles, have broad support and be driven by our aim to improve the health and wellbeing outcomes of all local people. As part of this, there will be a need to get the finances right and to get the service offer right so that maximum value can be secured from the limited resources available across our health and care economy.

- RESOLVED -
- i) The Board welcomed the report and requested that colleagues from the VCS be advised as to how they can input into the process.
 - ii) The Board approved the creation of a time limited health and care system leader group to further develop the proposals, which would report regularly to the health and wellbeing board. The Board also agreed to delegate authority to this group to develop comprehensive and costed proposals.

HW162 BETTER CARE FUND 2017-2019 SUBMISSION

The Board received a report seeking approval to the Better Care Fund submission for Gateshead (2017-19)

The Gateshead BCF submission for 2017-19 has been developed working closely with colleagues at Newcastle Gateshead CCG. Engagement has also taken place with Gateshead Health NHS FT and Northumberland, Tyne & Wear NHS FT. The

submission timeline also provided for consideration by the Gateshead Voluntary Sector Health & Wellbeing Advisory Group.

The submission is in two parts:

- A Narrative Plan that addresses the key requirements of national planning guidance
- A supporting Planning Template which sets out further details on metrics, proposed expenditure and national conditions

The key thread which runs through the Gateshead submission is that the BCF forms part of a broader picture in working towards the integration of health and social care services for the benefit of local people and therefore should not be seen in isolation. The submission for 2017-19 references work to develop an out of hospital model for Gateshead (People, Communities & Care):

- Building upon the 2016/17 submission, the BCF will transition into the Gateshead People, Communities & Care (PCC) model.
- Work programmes/schemes funded through BCF will naturally 'mitigate' to the 'care and support' component of our PCC model (and more specifically the 'intermediate care' component).
- Work is also underway to consider a system 'outcomes framework' for our PCC model.

As in previous years, there is a requirement that BCF monies are transferred into one or more pooled funds. It is intended to continue with current arrangements which will be governed by a Section 75 agreement.

The Board were advised that previously, the BCF plan has included 11 core schemes but as these go back to 2014/15 it is now intended to group these under five broad areas which better reflect current arrangements and current priorities:

- Service Transformation
- Market Shaping and Stabilisation
- Managing discharges and admission avoidance
- Planned care
- Service pressures

In addition, there is also specific provision for:

- Disabled Facilities Grant
- Carers

The delivery of the plan will be governed by a Section 75 agreement which will set out respective responsibilities of the Council and CCG. Delivery will be overseen by the BCF Programme Board, including senior officers from the council and CCG. Updates will also be reported regularly to the Health and Wellbeing Board.

The Board welcomed the report but wished to place upon record that whilst it

remains committed to reducing the numbers of delayed transfers of care, the targets set are very ambitious and there are concerns regarding the potential for Improved BCF monies to be withdrawn if targets are not achieved. These ambitious targets come on the back of recognised significant pressures within the social care system, and the risk of withdrawal of monies from the Improved BCF creates a further uncertainty within the system. However, as a sector we remain focused that our efforts are concentrated towards the joint activity of ensuring timely discharge. The Board asked for a form of words to be drawn up and included within the final submission to NHS England to express its concerns.

- RESOLVED -
- i) That the Gateshead BCF submission for 2017-19 be approved
 - ii) That the concerns of the Board be outlined formally as part of the BCF submission.
 - iii) That thanks be placed upon record to John Costello and Steph Downey for their work in developing the submission in conjunction with NHS and other colleagues.

HW163 FEEDBACK FROM JOINT MEMBERS SEMINAR

The Board received a report which provided an overview of the discussions held between NHS and Local Authority leaders during May and June 2017 at two councillor seminars which focussed upon the integration of health and care services.

The seminars comprised presentations outlining the shared challenges of the health and care system (from the increased demand for services to the financial challenges) and wide ranging discussions about shared priorities across the two sectors and in particular, how working more closely together could help transform the services for the populations across the piece.

The main reflections from both seminars are outlined below:-

- “The NHS and Local Authority priorities are very similar – from focussing on preventative services and prioritising children’s health and care, to considering new solutions to the depleting workforce and the demise of community infrastructures.
- All parts of the public sector are facing huge financial challenges as demand grows and budgets reduce – working together across organisational boundaries and in the interests of the populations we serve, is supported by all of us.
- The Local Authority has responsibility for a range of services that could positively affect the health of the population – from public parks and spaces to leisure centres and libraries; harnessing the opportunities to improve the overall health and wellbeing of the population by using such services more creatively, was a recurring theme in all discussions.
- The cost of providing hospital based care is huge in comparison to community based and preventative services; our collective challenge is to find creative ways of reducing demand for hospital services; the resources released as a result could form a platform for investing in preventative services and other priorities such as primary care, community and mental health services.”

Prevention was a major theme as both elected members collectively acknowledged austerity has led to a number of services in this area being stopped or reduced. A priority is considering how mainstream services can still have a preventative focus.

It is proposed that the NHS and Local Authority leaders continue to meet, on a six monthly basis, to discuss further shared priorities, consider the progress being made in integrating health and care services and identify further opportunities for joint working.

- RESOLVED -
- i) That the report and the attached notes outlining the headlines of the conversations held between NHS and Local Authority leaders during May and June 2017 be noted.
 - ii) That six monthly meeting arrangements be set up in order to continue the NHS and Local Authority leadership conversations.

HW164 HEALTHWATCH GATESHEAD ANNUAL REPORT 2016/17 & PRIORITIES FOR 2017/18

The Board received a report setting out the priorities for Healthwatch Gateshead in 2017/18 and an update on progress achieved since 1 April 2017.

Since 1 April 2017 a recruitment and selection process has taken place and an 8 strong committee has now been appointed to oversee the work at Healthwatch Gateshead. The Committee members have a complimentary range of skills and experience which will be of great benefit to the work and the strategic governance of the organisation. It is hoped that a chair will emerge from the committee members.

The Board were advised that engagement and consultation work was undertaken in April and the following priorities were agreed:-

- Carers
- NHS continuing health care
- Young people
- Mental health
- End of life

Other areas on the shortlist for prioritisation were:

- Queen Elizabeth Hospital
- GP services
- Black and minority ethnic health needs
- Social care

The Board were also notified that the Healthwatch AGM is scheduled for the morning of 31 October 2017.

RESOLVED - that the report and Annual Report for 2016/17 be received and noted.

HW165 PHARMACY APPLICATIONS

The Board were advised that in July 2017, one application from AOne Business Centre, Suite 6, 3 Summerhill, Blaydon on Tyne NE21 5JR was received in respect of distance selling premises by Pacific Chem Ltd.

Representations were made from the Local Pharmaceutical Committee and the Local Medical Council who are of the opinion that there is sufficient pharmaceutical provision within Gateshead and that this contract would undoubtedly destabilise the current service provision. The LMC also felt that GP practices have noted that patients are being approached directly by such (online) pharmacies and asked to give their permission to collect prescriptions and post their medication. This undermines the local relationship with GPs and pharmacists and may lead to requests for repeat prescriptions when not needed.

Gateshead Council Public Health also made a representation based on the information that the General Pharmaceutical Council registration for the named pharmacist was unable to be located.

- RESOLVED -
- i) That the information be noted
 - ii) That the representation made be agreed
 - iii) That future reports be received when new applications are submitted

HW166 UPDATES FROM BOARD MEMBERS

Ian Renwick reported that the 'Deciding Together, Delivering Together' week long workshops were now underway and the findings report from the first workshop on 'Getting Help' will be available at 3.00 pm today.

James Duncan reported that a new operational management structure for NTW is being put in place to provide an enhanced locality focus and further updates will be provided soon.

Mark Dornan reported that there will be a consultation exercise regarding GP services provided at Blaydon PCC (not including the walk- in- centre).. Further updates will be provided in due course.

A report on feedback received on the STP has been compiled and is available on the CCG's website.

Andrea Tickner may be in touch with members of the Board on opportunities to work together linked to the Council's procurement and commissioning policies which have been undated.

John Pratt, Tyne & Wear Fire Service, noted that the Board's discussions have highlighted the need to focus more on identifying key outcomes and how these can best be delivered. The Fire Service would welcome the opportunity to work with Board members on this going forward.

HW167 A.O.B

There were no issues of 'Any other business' reported.

**GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST**

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 8th September 2017			
Joint Strategic Needs Assessment Update	<p>An update report on the JSNA to be received by the Board in September 2018.</p> <p>Consideration to be given to the relationship between poverty and peoples' mental health.</p>	Alice Wiseman	To feed into the Board's Forward Plan.
Integrating Health and Care in Gateshead	<p>Further proposals to be brought back to the Board over the coming months for consideration.</p> <p>Colleagues from the VCS to be advised as to how they can best input to the process.</p>	All	To feed into the Board's Forward Plan.
Better Care Fund 2017-19 Submission	The concerns of the Board regarding the ambitious targets for Delayed Transfers of Care, and the potential funding implications if these targets are not met, to be outlined formally as part of the BCF submission to NHS England.	John Costello	Completed.
Feedback from Joint Members Seminar	Six monthly meeting arrangements to be set up in order to continue the NHS and Local Authority	CCG/ Council	Ongoing.

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
	leadership conversations.		
Matters Arising from HWB meeting on 21st July 2017			
Action List	Update on CAHMS waiting list and plans to address this to be brought to the Board.	Chris Piercy	To feed into the Board's Forward Plan.
Contribution of the VCS to Improving Health & Wellbeing in Gateshead	That a half-day session be organised to look at and re-define relationships with the VCS, including the Gateshead Compact	Partner organisations / VCS	Ongoing.
BME Needs Assessment	Partner organisations represented on the Board to provide a progress update on implementing the recommendations in approximately 3 months.	All partner organisations	To feed into the Board's Forward Plan.
Matters Arising from HWB meeting on 23rd June 2017			
Gateshead Health & Care Workforce: Challenges and Opportunities	<p>A report to be brought to a future Board meeting on an Organisation Development plan currently being developed for the local health and care system.</p> <p>Workforce agenda to be a regular agenda item for future Board meetings. This should include contributions to regional work through the Local</p>	<p>Jackie Cairns</p> <p>All</p>	To feed into the Board's Forward Plan.

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
	Workforce Action Board/Group.		
Gateshead Homelessness and Multiple and Complex Needs: Health Needs Assessment	<p>That the findings and recommendations arising from the health needs assessment be rolled out across the local health and care system and that a workshop is held to progress this work.</p> <p>The report's findings should be presented to The Gateshead Housing Company.</p> <p>The findings of the report to be brought to the attention of central government.</p> <p>An update to be given to the Board within the next six months on progress in implementing key recommendations within the document.</p>	All	<p>To feed into the Board's Forward Plan.</p> <p>A Council leadership session has been held on the report.</p> <p>The report has also been presented to The Gateshead Housing Company.</p> <p>A letter has been drafted to local MPs seeking their assistance in raising the matter with Government.</p>
Matters Arising from HWB meeting on 28th April 2017			
Final Gateshead Substance Misuse Strategy & Action Plan	That future reports be received by the Board so that it can scrutinise and provide challenge against progress made.	Joy Evans/Alice Wiseman	To feed into the Board's Forward Plan.
Deciding Together, Delivering Together: Update	<p>That further updates be brought to the Board as they become available.</p> <p>That a report on</p>	<p>Julie Ross/Ian Renwick</p> <p>NHS Newcastle</p>	To feed into the Board's Forward Plan.

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
	CAMHS waiting times for Gateshead residents be brought to a future Board meeting.	Gateshead CCG	
Matters Arising from HWB meeting on 3rd March 2017			
Health Protection Assurance report	Bring back a report to the Board regarding Excess Winter Deaths.	Gerald Tompkins	A report on Excess Winter Mortality is on the October Board agenda.
Matters Arising from HWB meeting on 20th January 2017			
Strategic Review of Carers Services	A further report to be brought to the Board on completion of the review.	Director of Commissioning & Quality Assurance	To feed into the Board's Forward Plan.
Matters Arising from HWB meeting on 2nd December 2016			
Gateshead Sexual Health Strategy	An update on progress to be brought to the Board in a year's time.	Alice Wiseman/ Gerald Tompkins	To feed into the Board's Forward Plan.



TITLE OF REPORT: Gateshead Pharmaceutical Needs Assessment 2018

Purpose of the Report

1. For the Health & Wellbeing Board to approve the draft Pharmaceutical Needs Assessment 2018 for public consultation.

Background

2. The development and publication of a Pharmaceutical Needs Assessment (PNA) is a statutory responsibility of the Health and Wellbeing Board under the Health and Social Care Act 2012.
3. The purpose of the PNA is twofold:
 - a. To determine if there are sufficient community pharmacies to meet the needs of the population of Gateshead
 - b. To determine other services which could be delivered by community pharmacies to meet the identified health needs of the population.
4. A PNA describes the population's health needs and the pharmaceutical services which exist, or could be commissioned to address these. It is also used to identify any gaps in pharmaceutical services which could be filled by new pharmacies. The initial PNA was produced and implemented on 1 April 2015 with the requirement that the HWB must publish a statement of its revised assessment within 3 years of publication.
5. The attached draft PNA has been developed through a steering group including representatives from the Council's Public Health team, the CCG, the Local Medical and Pharmaceutical Committees, and Healthwatch.
6. The draft PNA highlights the provision of core and extended pharmacy services across Gateshead and makes a number of recommendations. It also reflects on progress on the recommendations from the 2015 report.
7. There is a requirement for consultation on the PNA with relevant stakeholders (described in the report) for a minimum period of 60 days.

Proposal

8. It is proposed that consultation on the draft PNA addresses the following questions:
 - a. to consider whether there are sufficient community pharmacies to meet the needs of the population, and particularly whether this is the case in the East locality of the Borough; and
 - b. to consider whether other services could be delivered by community pharmacies.

9. The consultation should last from 23 October to 22 December 2017, and the final PNA taking account of comments as appropriate would then be brought back to a meeting of the HWB before the end of March 2018 for approval.

Recommendations

10. The Health and Wellbeing Board is asked to approve the proposed consultation on the draft Pharmaceutical Needs Assessment.

Contact: Gerald Tompkins, Consultant in Public Health, Gateshead Council,
geraldtompkins@gateshead.gov.uk (tel. 0191 433 2914)

Gateshead Pharmaceutical Needs Assessment 2018 - Draft for Consultation

Published by Gateshead Health and Wellbeing Board



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Executive Summary

Introduction

The purpose of this document is twofold:

- To determine if there are sufficient community pharmacies to meet the needs of the population of Gateshead; and
- To determine other services which could be delivered by community pharmacies to meet the identified health needs of the population.

The Health and Social Care Act 2012 transferred the responsibility for developing and updating Pharmacy Needs Assessments (PNA) to Health and Wellbeing Boards (HWB). A PNA describes the population's health needs and the pharmaceutical services which exist, or could be commissioned to address these. It is also used to identify any gaps in pharmaceutical services which could be filled by new pharmacies. The initial PNA was produced and implemented on 1 April 2015 with the requirement that each HWB must publish a statement of its revised assessment within 3 years of publication.

Through the Joint Strategic Health Needs Assessment (JSNA), the Council and the Clinical Commissioning Group (CCG) will identify the population's health needs. They will each commission services from pharmacies to address these needs. NHS England will use the PNA to decide if applications for new pharmacies are necessary to meet such needs or to provide commissioned services.

Pharmaceutical Needs Assessment process

Population health needs across Gateshead were identified in the JSNA and Gateshead Clinical Commissioning Group's Five Year Plan.

Health needs in Gateshead which can be addressed by pharmacies were considered in more detail. This included those needs that can be met through the core pharmacy contract with NHS England for services such as dispensing prescriptions, treatment of minor ailments and medicines advice. Other health needs that can be met through commissioned services, where community pharmacies might be one of a range of providers, were also considered.

The formal consultation on the draft PNA is planned to run from 23rd October to 22nd December 2017 in line with the guidance on developing PNAs and section 242 of the NHS Act 2006. A report on the consultation will be produced and included in the final PNA document.

Identified health needs

Gateshead has a population of around 201,600 in 2016 which is forecast to increase by 5.5% between 2014 and 2039. It has a higher proportion of older people in comparison with England as a whole, and it is predicted that the number of people aged 85 years and over will nearly double over the next 20 years. In terms of overall deprivation, Gateshead is ranked 73rd out of 326 local authorities (where 1 is most deprived). It is particularly disadvantaged in relation to employment and also disadvantaged in relation to income, education, skills and training. Higher than average proportions of children live in poverty.

Across a range of diseases and conditions – chronic obstructive airways disease (COPD), coronary heart disease (CHD), hypertension, diabetes, cancer – Gateshead has above average levels of need, particularly

in its most deprived communities. Local priorities agreed by the Health and Wellbeing board (HWB) for the Joint Strategic Health Needs Assessment (JSNA include reducing alcohol related harm, reducing smoking, tackling obesity through diet and exercise, and promoting mental wellbeing.

Current provision

There are 49 pharmacies in Gateshead, located primarily in areas of higher population density with 99.8% of residential addresses being within 1.5 miles of a community pharmacy. Gateshead is well provided for Monday to Friday, 9am to 5pm with more than one pharmacy in most towns and urban areas, allowing patient choice and capacity to provide enhanced services. There is one 100 hour pharmacy and two distant selling pharmacies, and two rural general practices (and additional 6 branch surgeries) provide dispensing services to some of their patients.

Services currently commissioned from pharmacies in Gateshead include emergency contraception, smoking cessation, needle exchange, supervised consumption of methadone, minor ailments, and specialist palliative care drugs. **There is adequate provision of all of these services across Gateshead.**

The Health and Wellbeing Board considers that that the current number of pharmacies and overall number of hours is adequate to meet the needs of people accessing pharmacy services, with the possible exception of the East locality.

However, currently there is varied access to pharmacy services in the evenings and at weekends across the localities and it is therefore recommended that NHS England and the CCG work with the LPC to review availability of pharmacy services out of normal working hours and implement any required changes..

Future provision

The CCG vision for community pharmacy is to complement dispensing medicines by greater involvement in the self-care agenda, and ensuring patients get the most out of their medicines. The role of pharmacies in promoting self-care will become even more important as the healthcare budget becomes stretched, and GPs have less time to spend on those with more minor health conditions This is consistent with the pharmacy white paper (April 2008).

Pharmacy services in Gateshead currently provide a wide range of commissioned services but have indicated a continued appetite for further development. A number of the pharmacies have achieved or are working to accreditation as Healthy Living Pharmacies which will continue to support their role in public health and to support the community in lifestyle challenges in Gateshead.

With regard to locally commissioned services, Public Health will work with the CCG to ensure that services are commissioned to meet local health needs.

1. Introduction

The White Paper: Pharmacy in England: Building on Strengths¹ – Delivering the Future was published by the Department of Health in April 2008, and set out the vision for pharmaceutical services in the future. It identified practical, achievable ways in which pharmacists and their teams could contribute to improving patient care through delivering personalised pharmaceutical services in the future.

These personalised services would be in addition to the services associated with the dispensing and safe use of medicines and as such, need to be commissioned specifically to meet the health needs of the local population. These services cannot be commissioned in isolation, and therefore form an integral part of the joint strategic needs assessment and the strategic commissioning plan, focusing on local priorities.

The Health Act 2009 introduced a legal requirement for all primary care organisations (PCOs) to publish an updated pharmaceutical needs assessment (PNA) by 1 February 2011. The Health and Social Care Act 2012 transferred the responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). All HWBs were required to produce a PNA by 1 April 2015 which required an update within 3 years and are therefore due to be renewed by 1 April 2018. The PNA is a strategic commissioning document and will also be used to identify where there are gaps in pharmaceutical services which could be filled by market entry.

To achieve this dual purpose the HWB needs to know what services are currently provided by pharmacies and whether there is sufficient geographical spread to meet identified health need. Mapping these pharmacy providers with the health needs of the population will identify any gaps in current service provision and define areas where a pharmacy service could be commissioned to meet that need.

1.1. What is the Pharmaceutical Needs Assessment (PNA)?

A pharmaceutical needs assessment (PNA) describes the health needs of the population, current pharmaceutical services provision and any gaps in that provision. It also identifies potential new services to meet health needs and help achieve the objectives of the strategic plan, while taking account of financial constraints.

The PNA will be used to:

- Inform commissioning plans about pharmaceutical services that could be provided by community pharmacists and other providers to meet local need;
- Support commissioning of high quality pharmaceutical services;
- Ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs and ambitions outlined within the joint strategic needs assessment;
- Facilitate opportunity for pharmacists to make a significant contribution to the health of the population of Gateshead; and
- Ensure that decisions about applications for market entry for pharmaceutical services are based on robust and relevant information.

This is not a stand-alone document. It is aligned with the Gateshead Joint Strategic Needs Assessment (JSNA) and Newcastle Gateshead Clinical Commissioning Group (CCG) Five Year Strategic Plan. It will be used as a tool to inform future service developments aimed at meeting the objectives of the strategic plan e.g., delivering care in the most appropriate setting, reducing reliance on hospital care, supporting those with long term conditions, promoting wellbeing and preventing ill-health, and improving access to primary care.

¹ <https://www.gov.uk/government/publications/pharmacy-in-england-building-on-strengths-delivering-the-future>

1.2. Market Entry

If a person (a pharmacist, dispenser of appliances or in some areas a GP) wants to provide NHS pharmaceutical services they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical Lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations² (the “2013 Regulations”) a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on the relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA.

The regulations allow an automatic exemption to the regulatory test for distance selling/internet based pharmacies provided that they provide:

- The uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services;
- The safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or on someone else’s behalf, and the applicant or the applicant’s staff.

The Health Act 2009 replaced the “control of entry” test with a new test requiring Primary Care Organisations to have statements of pharmaceutical needs. The Health and Social Care Act 2012 transferred the responsibility for producing the PNA to Health and Well Being Boards. NHS England will use the PNA to determine applications to open new pharmacies in that local council area.

In December 2016, following the consultation on community pharmacy 2016/17, amendments to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 came into force which facilitate pharmacy business consolidations from two sites on to a single existing site. Importantly, a new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes. This would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.

It is essential that HWBs are keenly aware of pharmacy services needed in the community, together with any gaps or opportunities in service provision so that these can be commissioned to support more effective patient care.

1.3. Gateshead PNA 2015 Recommendations

The 2015 PNA for Gateshead identified that at the time, there was adequate provision of NHS pharmaceutical services across Gateshead with further recommendations as follows:

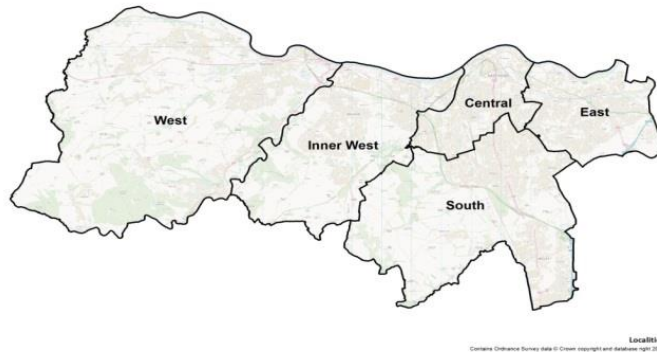
- there is a potential for reinvigorating the Health Living Pharmacy Scheme
- the Pharmacy Minor Ailments Scheme may be expanded across Gateshead as many pharmacies had expressed willingness to provide the service
- the network of extended hour pharmacies are essential to meet the needs of patients by extending access to pharmaceutical services outside core hours
- Concerns were raised about the accessibility of pharmacy services outside normal hours and therefore recommendations were made to review the pharmacy services in the out of hours period.

This report reflects on the progress made regarding the recommendations made in the 2015 PNA, summarised in section 10.

² <http://www.legislation.gov.uk/ukxi/2013/349/contents/neds>

1.4. Gateshead Localities

Throughout the PNA reference is made to five localities which are built from ward boundaries. The five localities are shown in the map below and duplicated in the enlarged map in Appendix 5.



2. Gateshead Pharmaceutical Needs Assessment Process

Section 2 provides a brief overview of the methodology adopted in bringing together the information contained within the PNA.

2.1. Identification of health need

The JSNA and relevant local strategies (e.g. the Health and Well Being strategy, Long Term Conditions (LTC) strategy, Sexual Health strategy) have been reviewed, along with feedback from the public and local professionals, to summarise local health needs relevant to pharmacy services in Gateshead. This summary is set out at Section 3.

2.2. Assessment of current pharmaceutical provision

A steering group consisting of Gateshead Council's public health team, Newcastle Gateshead Clinical Commissioning Group, Healthwatch and the Local Pharmaceutical Committee was established to oversee the process. The steering group developed an online questionnaire ([Appendix 3](#)) which was sent to all pharmacy contractors across Gateshead in July 2017. This identified the current provision of pharmaceutical services in Gateshead.

PNA Steering Group ([Appendix 11](#))

- Public Health Consultant (Gateshead Council)
- Chair (Gateshead and South Tyneside Local Pharmaceutical Committee)
- Communications Officer (Gateshead and South Tyneside Local Pharmaceutical Committee)
- Senior Medicine Optimisation Pharmacist (Gateshead CCG)
- Representative (Healthwatch Gateshead)
- Head of Pharmacy (NHS QE Hospital)

Information was also gathered from a number of other sources e.g. NHS England, Commissioners, Public Health Observatory, Local Pharmaceutical Committee.

2.3. Public engagement

A short survey ([Appendix 4](#)) was developed to gather information from the public about the pharmacy services they currently use and would use in the future if they were commissioned. Each pharmacy in Gateshead was asked to display the surveys on their counter and encourage customers to complete them

from 17th July – 4th August 2017. The survey was also made available online through the Council's online consultation portal. The results are summarised below.

The formal consultation on the draft PNA for Gateshead will run from 23rd October until 22nd December 2017 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013), in addition to the Health and Wellbeing Board members, the following stakeholders will be consulted during this time:

- Gateshead Local Pharmaceutical Committee
- Gateshead Local Medical Committee
- All persons on the pharmaceutical lists and all dispensing doctors list in Gateshead
- Gateshead Clinical Commissioning Group
- Gateshead Healthwatch
- Queen Elizabeth NHS Foundation Trust, and NTW Mental Health NHS Foundation Trust
- NHS England
- Neighbouring HWBs in Newcastle, Durham, Northumberland, South Tyneside and Sunderland.
- General Practitioners
- General public via the council website and Healthwatch

Letters will be sent to all consultees informing them of the web site address (www.gateshead.gov.uk/consultation) which contains the draft PNA document. "A person is to be treated as served with a draft if that person is notified by the HWB of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the minimum 60 day period for making responses to the consultation".

The consultation sets out to determine:

- Whether there are sufficient community pharmacies to meet the needs of the population?
- Whether other services could be delivered by community pharmacies?

The draft document will be updated to reflect significant comments received during the consultation period. The final document will be approved by Gateshead Health and Wellbeing Board.

Public Survey regarding local pharmacy services

The public survey was conducted over three weeks from 17th July – 4th August 2017. Details of the questionnaire and findings are described in [Appendix 4](#).

225 people responded to the survey with representation across all localities. The majority (70%) of respondents were over 55 years old (42% were over 65 years old) and only 15 (7%) were under 34 years old. This may be a reflection that the aging population is more likely to be prescribed medications and therefore visit their community pharmacy.

Many (61%) of the respondents to the survey were regular pharmacy users with 49% using the pharmacy at least monthly and 12% using the service each week with 87% of responding that they either always or usually use the same pharmacy service.

More than a third of additional comments provided indicated high levels of satisfaction with the service provided by community pharmacies without being prompted, although around 1 in 10 mentioned being dissatisfied.

Information regarding access and the range of pharmacy services was collected within the survey and the findings reflected within relevant sections in this document.

Given the small number of respondents, we cannot be confident that this survey is representative of the views of the wider population of Gateshead about community pharmacy. Nevertheless, it is the only such intelligence we have about people’s views.

3. Identified Health Need

Unless otherwise stated, the information below is a snapshot (as at July 2017) taken from Gateshead’s Joint Strategic Needs Assessment (www.gateshead.gov.uk/jsna) which contains detailed references to the sources used.

3.1. Population Profile

- Gateshead’s population is projected to increase by 11,000 (5.5%) between 2014 and 2039 to 211,500.
- The population is ageing as seen in the population chart below (Chart 1): it is projected that by 2039 there will be an additional 14,400 people aged 65 years or older, an increase of 38%. There will also be a slight decrease in the number of children and young people aged 0-15 years of around 500 or 1.5%. Although the working age population is set to grow by 4,600 or 3.7% by 2039, this is due to the increase in retirement age.
- Increased housing provision may bring increasing demand on pharmaceutical services in the future. Table 1 below shows planned future housing developments by 2032.

Chart 1: Gateshead Population (2014 and 2039 Compared)

Source: ONS Sub National Population Projections 2014 2017

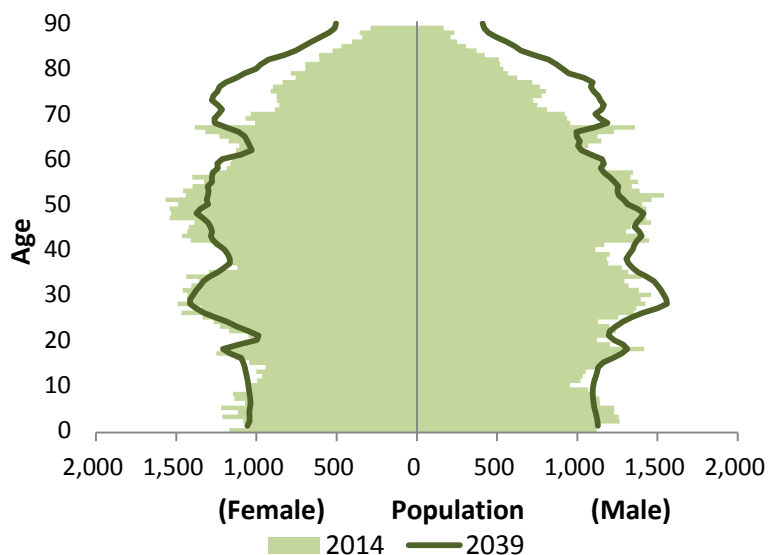


Table 1: Future Housing Developments

Source: Strategic Housing Land Availability Assessment

Area	No. of planned new homes (Approx.)
Birtley	413
Blaydon	235
Bridges	216
Chopwell & Rowlands Gill	288
Chowdene	13
Crawcrook & Greenside	14
Deckham	117
Dunston & Teams	441
Dunston Hill & Whickham East	70
Felling	359
High Fell	301
Lamesley	427
Lobley Hill & Bensham	6
Low Fell	40
Pelaw and Heworth	62
Ryton, Crookhill & Stella	51
Saltwell	202
Wardley & Leam Lane	7
Whickham North	109
Whickham South & Sunnyside	46
Windy Nook & Whitehills	39
Winlaton & High Spen	179

3.2. Ethnicity

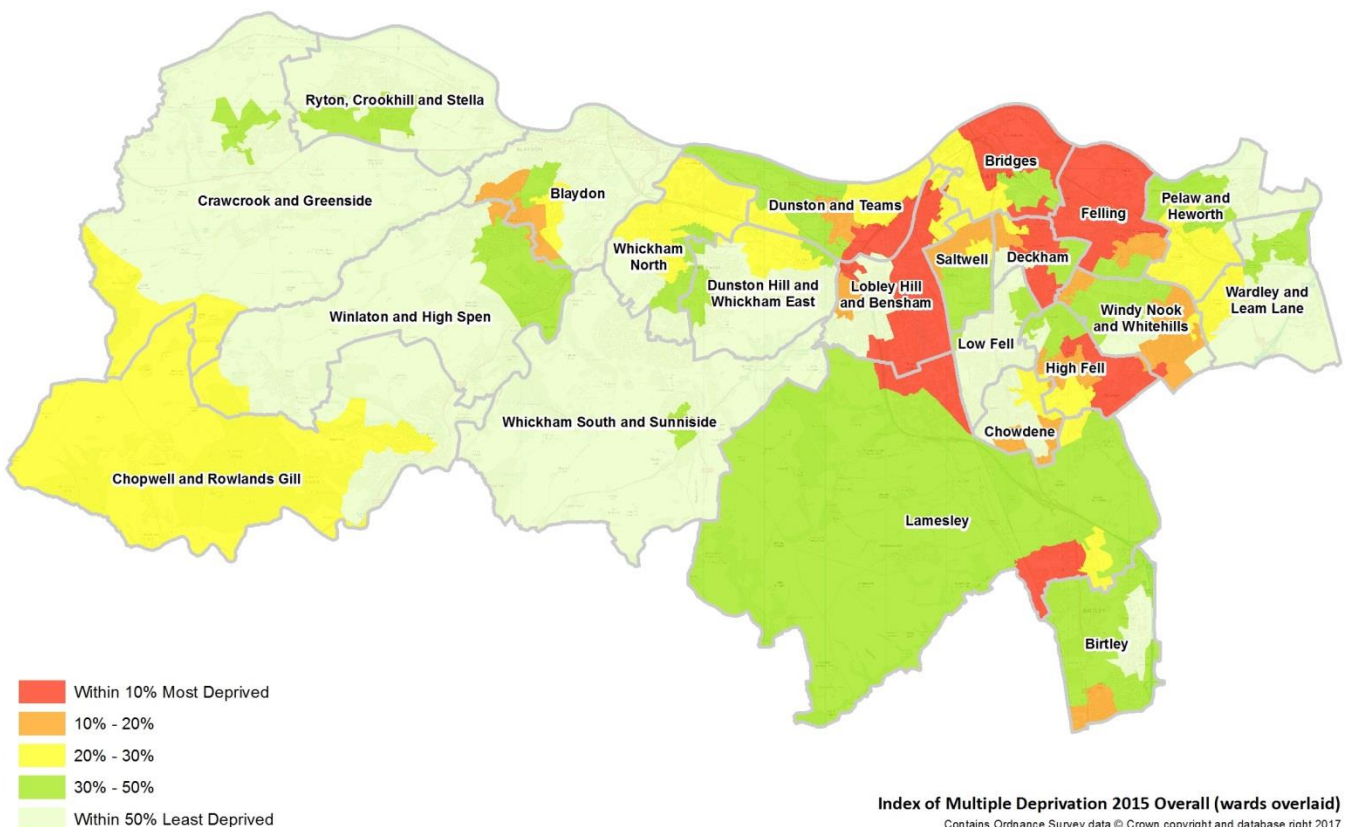
- It is estimated that around 3.7% (7,500) of the population are from a black or minority ethnic (BME) group. The BME population has increased from around 1.6% in 2001. This does not include Gateshead’s orthodox Jewish community; over 3000 people state that their religion is Jewish, although this also includes the non-orthodox Jewish population. The Jewish community themselves estimate their population size to be around 4,500, including 1,500 students.

- Gateshead's increasing diversity may have implications in terms of support for different communities. For example, there have been significant increases in residents of Chinese (+690) and African (+695) origin, and 2% of households do not contain anyone who considers English to be their main language.

3.3. Social and Economic Disadvantage

- The Index of Multiple Deprivation (IMD) measures multiple deprivation for each local authority area as a whole and also for smaller Lower Layer Super Output Areas (LSOA) within each local authority. The index is made up of one overall and seven themed Domains or groupings of deprivation indicators including income, employment, health and disability, education skills and training, barriers to housing and services, crime and the living environment. The current index is IMD 2015.
- Overall, Gateshead is the 73rd most deprived local authority in England, out of 326 local authorities. Nearly 23,600 (12%) people in Gateshead live in one of the 10% most deprived areas of England. Nearly 49,800 (25%) live in the 20% most deprived areas.
- It is also possible to estimate the population living in the different deprivation bands at ward level. There are seven wards containing areas within the 10% most deprived in England. At 64%, Felling ward is estimated to have the highest proportion of its population living in the 10% most deprived areas in England. This is followed by High Fell (51%) and Deckham (41%) wards.

Index of Multiple Deprivation 2015



3.4. Life Expectancy and Mortality

- Life expectancy in Gateshead is currently 77.7 years for men and 81.4 years for women. Life expectancy for both men and women continues to increase although it is below the average for England and has been fairly constant over the last 10 years, currently standing at 1.8 years lower for men and 1.7 years lower for women.

- The main cause of deaths that explains the reason for the gap in life expectancy between Gateshead and England is cancer. For men, 30% of these deaths are due to cancer, 20% to gastro-intestinal and 19% to circulatory diseases. For women 33% are due to cancer, 21% to respiratory, and 20% to circulatory diseases. Lung cancer is the major cancer type and coronary heart disease is the major circulatory disease for men and women.
- Across Gateshead's LSOAs, life expectancy for men is 9.9 years less in the most deprived compared to the least deprived areas (deciles); for women, the difference is 8.7 years. The gap in life expectancy between people living in the most deprived and the least deprived areas has gradually been increasing over time.
- Within Gateshead wards, life expectancy for men living in Bridges is 9.3 years less than for men living in Whickham South and Sunnyside. Women living in Felling will live for 8.0 fewer years than women living in Whickham South and Sunnyside.
- Healthy life expectancy is 57.0 for men and 59.1 for women. Healthy life expectancy for men in Gateshead is about 6 years less than across England as a whole and for women it is about 5 years less. Compared to the North East, healthy life expectancy for men in Gateshead is about 2½ years less and for women 1 year less.

3.5. Health Needs: Long Term Conditions

There are more than 60,000 people in Gateshead currently on disease registers in scope of the CCG's LTC strategy, 7.2% of who have more than one LTC. The risk of unplanned hospitalisation increases with increasing number of LTCs. The percentage of people with LTCs is shown in the table opposite.

Hypertension is the main long term condition and is a major risk factor for cardiovascular disease as shown in Table 2. In 2015/16, 16.2% of the GP registered population of Gateshead had hypertension, which is higher than the England average of 13.8%. This may be due in part to higher rates of detection of hypertension in Gateshead. Nonetheless, it is estimated that the true prevalence of hypertension in Gateshead is 26.6%, meaning that there are many people with undiagnosed hypertension.

Premature mortality from cardiovascular disease is significantly worse in Gateshead (93.1 per 100,000 people younger than 75 years of age between 2013 and 2015, the equivalent of 480 people) than in England overall (74.6 per 100,000).

Of the 480 deaths due to cardiovascular disease (in people younger than 75 years of age), 314 were considered preventable. The rate of preventable deaths for men has consistently decreased since the early 2000s and has closed the gap to England, although it remains significantly worse than England. The rate of preventable deaths for women saw a significant decrease in the early to mid-2000s resulting in Gateshead moving from significantly worse than the England average to similar. However, from around 2008 onwards, the rate spiked significantly and is now significantly worse than the England average – though the gap has narrowed to England.

Diabetes mellitus is another major risk factor for cardiovascular disease. The proportion of people with diabetes is gradually

What services can/do pharmacies offer?

- Anti-coagulant monitoring
- Blood cholesterol check
- Blood glucose check
- Blood pressure check
- Medicine Use Review
- New Medicine Service
- NHS health check
- On demand availability of specialist drugs service (palliative care)

Table 2: Prevalence of Long Term Conditions 2015/16

	% Long term conditions
Asthma ²	6.0%
Chronic obstructive pulmonary disease ^{2#}	2.4%
Coronary heart disease ²	4.0%
Diabetes (17+) ²	6.7%
Heart Failure ¹	0.8%
Hypertension ²	16.2%
Stroke ²	2.2%
Chronic kidney disease (18+) ¹	5.7%
Epilepsy (18+) ^{2#}	0.9%
Osteoporosis (50+) ^{2#}	0.3%
Dementia ¹	0.9%

increasing. Since 2010/11 Gateshead has seen a year on year increase from 5.9% to its current 2015/16 level of 6.7%.

The prevalence of diagnosed COPD in Gateshead was 2.7% in 2013/14. In the most recent update of this data, it is now only made available at Newcastle and Gateshead CCG level, and was 2.4% in 2015/16; this has changed little over recent years and remains higher than in England (1.9%). It is estimated that 40% of people with COPD in Gateshead are undiagnosed.

Nationally, mortality rates are decreasing for most cancers; however, mortality rates are increasing for liver cancer, pancreatic cancer, melanoma, oral cancer and some digestive cancers.

The pharmacy public survey ([Appendix 4](#)) identified that 5% of responders accessed a health check as part of the pharmacy service and 21% were aware of the medicine review performed by the pharmacy. 35% and 14% respectively further indicated that they would use these services if they were available.

3.6. Health Needs: Substance Misuse

3.6.1. Drugs

The total number of Gateshead residents in treatment for substance misuse 2016/17 was 1920. This is a small reduction from the previous year's figure of 1989. In the year to March 2017 there were 1,019 opiate users and over 300 non-opiate users (including alcohol and non-opiate) in treatment.

What services can/do pharmacies offer?

- Needle exchange
- Supervised administration of opiate substitutes

There were 145 young people in treatment in 15/16, 117 of these were new presentations.

- The majority were male (66%).
- 75% of young people in treatment were classed as living with parents or other relatives.

Alcohol and cannabis were joint highest substances with 71% of young people listing these as the primary substance they need help with.

There has also been a small increase in the use of legal highs across Gateshead.

Drug related deaths in Gateshead have more than tripled since 2012 (6 in 2012 and 19 in 2016); this is reflective of the national picture. The characteristics of the deceased remain similar – with the majority of deaths continuing to be male, white, aged 25-34yrs and male.

There were no respondents to the public survey regarding current use of substance misuse support services via the pharmacy. 1% indicated they would use the needle exchange or disposal of needles/syringes if available, although it is not clear whether this was with regards to substance misuse or other medications requiring disposal of injectable equipment e.g. diabetics requiring insulin.

3.6.2. Alcohol

In 2015, a survey of 101 Gateshead residents found that 62% reported binge drinking in the past 12 months. 28% binge drink weekly or more often. The survey found that 55% are 'increasing/higher risk drinkers' (drinking above the recommended safe limit each week. Alcohol misuse is a major problem within Gateshead in terms of health, social and economic consequences which affect a wide cross section of the borough at a considerable cost.

What services can/do pharmacies offer?

- NHS Health Checks

The rate of alcohol-related hospital admissions in Gateshead is 989 per 100,000 population, this is a slight decrease of 2.7% on the previous year (1017 per 100,000). However these figures remain significantly

higher than both the regional average (867) and the England average (645). Gateshead still has the highest rate for this indicator in the North East. Gateshead has the 2nd highest rate of alcohol related admissions (narrow) to hospital in England.

Gateshead remains significantly higher than the England average for mortality from chronic liver disease. Between 2013 and 2015 there were 98 deaths. Of particular note is the rate for women, which although starting from a much lower base than men continues to increase and is moving away from the England average. For example, between 2006 and 2008 there were 23 deaths from chronic liver disease, but between 2013 and 2015 this increased to 41 deaths.

Pharmacists can contribute identification and supporting alcohol awareness when discussing healthy life style options as part of medicine use review, new medicine services or other patient consultation opportunities.

3.7. Health Needs: Sexual Health

In 2015, there were 1,325 new Sexually Transmitted Infections (STI) diagnosed in Gateshead, a rate of 661 per 100,000 residents. This is similar to the rate in the North East of 667.

However, STIs disproportionately affect young people. Around a third (423) of new STIs being diagnosed are cases of chlamydia in people aged under 25.

What services can/do pharmacies offer?

- Emergency hormonal contraception
- Pregnancy testing
- Referral for further contraception
- Dual screening service
- C-card

Chlamydia is the most common STI, especially amongst young people. Public Health England (PHE) recommends that local areas should be working towards a Chlamydia diagnosis rate of at least 2,300 per 100,000 in the 15 to 24 age group, and this is now an indicator in the Public Health Outcomes Framework. The diagnosis rate reflects both coverage and the proportion testing positive (at all sites, NHS and non-NHS). In 2015, the chlamydia diagnosis rate for the 15 to 24 year old age group in Gateshead was at 1,760 per 100,000 residents. This rate is below the target and has dropped below the national average of 1,887 and the regional average of 1,794 per 100,000. In calendar year of 2015 54% of diagnoses of new STIs in Gateshead were in young people aged 15-24 years (compared to 45% in England). This includes those tested in specialist sexual health clinics (SHCs) only.

The number of teenage pregnancies in 2015 was 90 - the lowest number in recent history, and down from 119 the previous year. The longer term trend is down, having reduced from a high of 202 in 2000 and there has been a steady decrease since then. Despite the reduction, Gateshead's current Under 18s conception rate of 27.8 is similar to the North East rate of 28.0, and higher than the England rate of 20.8. The wards of Birtley, Blaydon, Chopwell & Rowlands Gill, Deckham, Dunston & Teams, Felling, High Fell, Pelaw & Heworth, Windy Nook & Whitehills all have significantly higher under 18 conception rates than the England median rate.

22 of the pharmacy services in Gateshead participate in the dual screening scheme for 15-24 year olds. In addition, 3 of these pharmacies participate in the service for under 25's whereby once registered for the scheme, condoms and lube can be accessed at a variety of settings across the borough: Pharmacies, Youth Clubs and GP Surgeries.

There were no respondents to the public survey that indicated their current use of chlamydia screening/treatment services via the pharmacy although 3% indicated they would if this service were available. This outcome may be a reflection of the small number (1%) of respondents in the survey who were within the 20-24 year cohort.

3.8. Health Needs: Smoking

Smoking remains the greatest contributor to premature death and disease in Gateshead. In 2013-15, Gateshead's mortality rate for deaths attributable to smoking in 35+ year olds was 385.9 per 100,000 population. Gateshead's rate is 36% higher than the England average.

What services can/do pharmacies offer?

- Active intervention smoking cessation
- NRT therapy
- NHS Health Checks

The biggest killer is lung cancer, which in 2013-15 killed 528 Gateshead people. COPD killed 422 people. In addition, there were 130 deaths from heart disease and 45 from stroke that were directly attributable to smoking. Smoking is also a major factor in deaths from many other forms of cancer and circulatory disease.

In Gateshead in 2016, the prevalence of smoking in adults was 17.9%. This is significantly worse than the England average of 15.5%. Indicatively (because of large confidence intervals), the overall direction of travel is down. Smoking prevalence is highest in deprived areas of Gateshead. The gap between the proportion of smokers in the most and least deprived quintiles in Gateshead is 17.5%. There is a pronounced social gradient.

At delivery, 13.2% of all women giving birth were known to smoke. This is significantly higher than the England average of 10.6%.

Smoking appears to be more common among children in Gateshead than in England overall, particularly among girls aged 14-15 years with 21% reporting that they smoke occasionally or regularly (compared to 8% of boys).

Pharmacists can contribute to the care of those wishing to stop smoking both as part of discussions of life style options when discussing medications and also opportunistically when discussing product options and offering appropriate support where necessary.

2% of respondents to the public survey that indicated that they currently used the stop smoking service provided by the pharmacy services and a further 1% indicated they would use this service if it were available.

3.9. Health Needs: Obesity

In Gateshead between 2013 and 2015 69% of adults had excess weight (overweight or obese). This is significantly worse than the England average of 64.8%. Local survey data suggests that obesity is more prevalent in areas that are more deprived and that highest levels are in those aged between 55 and 64.

What services can/do pharmacies offer?

- Weight management
- NHS Health Checks
- Healthy Living Pharmacy

Of children attending Gateshead schools, 23% of 4-5 year olds and 34% of 10-11 year olds had excess weight. As with the adult population, excess weight in children is more prevalent in areas that are more deprived.

The underlying causes of obesity are complex, but include the ready availability of high calorie food, and a more sedentary lifestyle. Addressing obesity will require action at an individual, environmental and societal level.

None of the respondents to the public survey that indicated that they currently used the pharmacy to provide weight management advice although 14% indicated they would use this service if it were available.

3.10. Health Needs: Vaccinations

In 2016/17, 73.8% of people aged 65 years or older had the seasonal influenza (flu) vaccine. This is below the Chief Medical Officers' target of 75% or higher.

What services can/do pharmacies offer?

- Influenza vaccination

In 2015/16, 54.9% of people younger than 65 years of age considered to be at risk received the flu vaccine. This remains well below the Chief Medical Officers' target of 75% or higher. The national flu campaign, implemented primarily via GP practices, targets those most at risk e.g. children and young people, older people (>65 years) and those in clinical risk groups as defined in the national campaign³. However, there are many people younger than 65 who are at high risk of contracting flu resulting in possible lost working hours and/ or further transmission. As this target group are more likely to be in the working population community pharmacy could help identify these people and offer to vaccinate immediately, without the need to attend the GP surgery. The provision of an influenza vaccine service, commissioned by NHS England via community pharmacies, therefore is an opportunity to contribute to health protection across the community.

14% of respondents to the public survey indicated that they currently used adult flu vaccination provided by community pharmacy services and a further 17% indicated they would use this service if it were available. Interest was also expressed in other vaccination programmes such as pneumonia and travel vaccines subject to availability.

3.11. Health Needs: Older People

Many of the people whose lives are substantially affected by long-term illness or disability are in their eighties or nineties and have age-related conditions such as osteoarthritis, visual or sensory impairment, or Alzheimer's disease. But there are also older people who are disabled by health problems much earlier in life, for instance people who suffer a severe stroke or early-onset dementia.

What services can/do pharmacies offer?

- Advice/support to care homes
- Compliance aid assessment
- Prescription collection service
- Care home support/ advice
- Dementia Friends

Population projections indicate the number of persons in Gateshead, aged 65 years and over will increase by 38%, by 2039 an additional 14,400 elderly people. The number of people aged 85 and over is projected to increase by 5,200 (114%), creating additional demands for social care, housing support and health services. Long term conditions and dementia will be among the biggest challenges faced by health services going forwards.

As at 31 March 2017, 787 older people were looked after in long term residential or nursing care. This represents 2.1% of those aged 65 plus.

People with dementia require substantial amounts of care. Pharmacists can contribute to the care of those with dementia by reviewing their medication, and helping to ensure that patients remember to take the medicines they require by advising on and supplying appropriate support where necessary. The number of patients with dementia is expected to rise as the number of elderly people in Gateshead increases. According to Projection Older People Population Information (POPPI) data, there were predicted to be 2,603 people with dementia in 2015, and this is expected to rise to 3,735 by 2030.

An ageing population will be associated with more harm as a result of falls. After adjusting for age, the rate of emergency admissions for injuries due to falls in people 65 years of age or older is significantly higher in Gateshead than in England overall. It is predicted that there will be a 40% increase in the number of people affected by falls and the number of hospital admissions for falls in 2030. Community pharmacists are in an

³ <https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>

ideal position to review medication which could contribute to dizziness and falls. As the population ages the proportion of people with a disability is also likely to increase creating additional demands for service provision.

The majority of respondents to the public survey were by older people which is perhaps a reflection of the demographics described and also that this cohort of people experience higher levels of long-term conditions and so are frequently prescribed medication and access pharmacy services.

3.12. Health Needs: Other

Minor Ailments

Pharmacists have access to a considerable range of medicines which they can sell to the public for minor ailments. They are more accessible to the public than their GP as customers do not need to make an appointment to access treatment. As NHS resources become more stretched patients will be encouraged to take more responsibility for their care. Healthy living pharmacies could be centres for healthy living advice and a resource to treat minor ailments.

What services can/do pharmacies offer?

- Minor ailment scheme
- Travel clinic

The public survey did not specifically enquire about the use of a minor ailment scheme in community pharmacies but did identify that 70% of respondents would purchase over the counter medicines from the pharmacy.

Travel Clinics

Pharmacies have access to medicines and provide advice which may be useful to those travelling abroad, again without the need for an appointment with their GP although a formal consultation appointment with the pharmacist may be recommended for advice regarding travel vaccinations.

Only 2% of the respondents in the public survey were found to use the travel vaccination service in community pharmacies but that 22% stated that they would be likely to if this service was available.

4. Current Provision of Pharmaceutical Services

4.1. Definition of Pharmaceutical Services

4.1.1. Essential services

The national framework for community pharmacy requires every community pharmacy to open for a minimum of 40 hours per week, and provide a minimum level of 'essential services' which comprise:

- Dispensing
- Repeat dispensing
- Disposal of unwanted medicines
- Dispensing of appliances
- Promotion of healthy lifestyles e.g. public health campaigns
- Signposting patients to other healthcare providers
- Support for self-care
- Clinical governance including clinical effectiveness programmes.

4.1.2. Advanced Services

In addition to the essential services, the community pharmacy contract allows for 'advanced services'. Advanced services are those services that require accreditation of the pharmacist providing the service

and/or specific requirements to be met in regard to premises. They are commissioned by NHS England and the specification and payment is agreed nationally.

Advanced services currently include:

- Medicine Use Reviews (MUR)
- New Medicine Service (NMS)
- Appliance Use Review (AUR)
- Stoma Appliance Customisation Service (SAC)
- Flu vaccination service
- NHS Urgent Medicine Supply (NUMAS)

4.1.3. Locally Commissioned Services

Pharmacy services are currently commissioned locally by Public Health Teams, Clinical Commissioning Groups and NHS England. Most of the services provided locally were previously commissioned by the Primary Care Trust to meet local health need. However since April 2013 responsibility for these services has moved to Local Authorities, Clinical Commissioning Groups and NHS England.

Service reviews have been undertaken and new service specifications have been developed for services commissioned by the Public Health Department of Gateshead Council. Public Health currently commissions the following services from community pharmacies (See also maps at [Appendix 8](#)):

- Supervised consumption of opiates (Map 8G)
- Smoking cessation services (Map 8I)
 - Stop smoking service
 - Nicotine Replacement Therapy (NRT) supply service
- NHS health checks (Map 8J)
- Emergency hormonal contraception (Map 8K)
- Needle exchange (Harm Reduction)

Community pharmacies are expected to promote self-care through the sale of “over the counter” medicines and by giving advice. Support for “self-care” is an NHS essential service, and the population is encouraged to use community pharmacies to treat minor illness, therefore reserving GP appointments for more serious conditions. Community pharmacies are able to sell a wide range of medicines which are not available through other retail outlets, and give advice on when and how to use them. To further promote self-care, Newcastle Gateshead Clinical Commissioning Group (CCG) in conjunction with the Local Pharmaceutical Committee (LPC) launched its Minor Ailments scheme under the branding of Think Pharmacy First in August 2015.

Newcastle Gateshead CCG also commissions a number of pharmacies to stock an agreed list of medicines, specifically to support End of Life Care.

NHS England currently commissions community pharmacies to provide seasonal influenza vaccines to at risk patients.

4.1.4. Healthy Living Pharmacies

The Healthy Living Pharmacies (HLP) framework was launched in 2010 with the aim of promoting health, wellbeing and self-care which was adopted by Public Health England (PHE) to support the roll-out in pharmacies across the country. The 2015 PNA identified the potential to reinvigorate the HLP scheme in Gateshead and section 4.3 of this report provides further information on the current service.

4.2. Access to Pharmacy Services

4.2.1. Pharmacy Opening Hours.

NHS England is responsible for administering opening hours for all pharmacies in Gateshead via the Area Team (NHS England). Maps showing key opening times are attached in [Appendix 10](#).

Core hours: Each pharmacy is required to be open for 40 hours a week, unless a reduction is agreed by NHS England. The core hours are defined in the application and approval of the pharmacy contract and are provided as an 'essential' pharmacy service. There is one 100 hour pharmacy service contracted in Gateshead, and this pharmacy must be open for at least 100 hours per week.

Supplementary hours: These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability, i.e. they are additional to the core hours provided. Supplementary hours can be amended by giving NHS England 90 days' notice of the intended change.

The charts below show, by locality, the numbers of pharmacies open outside of Monday to Friday 9am to 5pm, pharmacies open during weekday evenings, pharmacies open on Saturdays, and pharmacies open on Sundays. Numbers are for total hours, i.e. including both core and supplementary hours.

(If a pharmacy's hours differed on one day of the week from the other four days this difference is ignored on the chart. For example, if a pharmacy is open four days of the week, until 6pm but closes one day at 5pm it is counted on the chart as being open until 6pm. Therefore if a pharmacy opens one evening per week to mirror a surgery's late opening this is not reflected in these tables.)

Chart 2: Number of pharmacies open after 5pm on weekdays

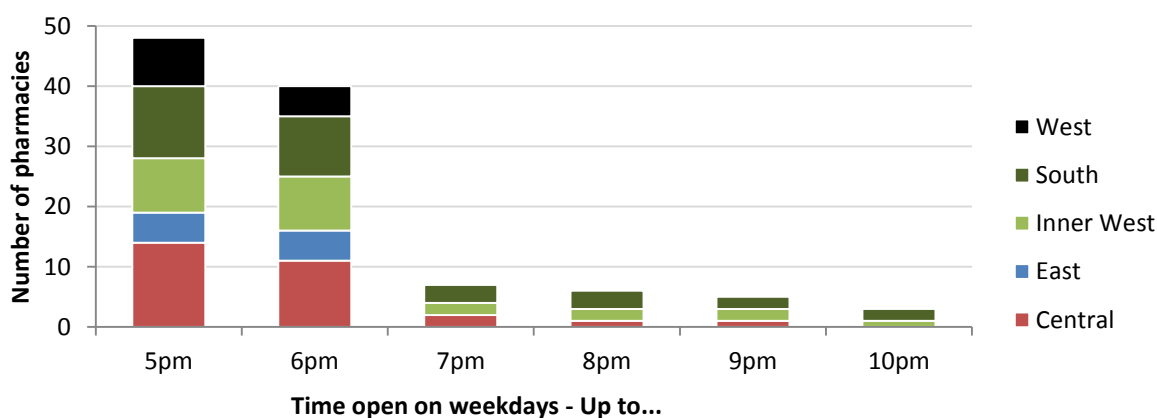


Chart 3: Number of pharmacies open on Saturdays

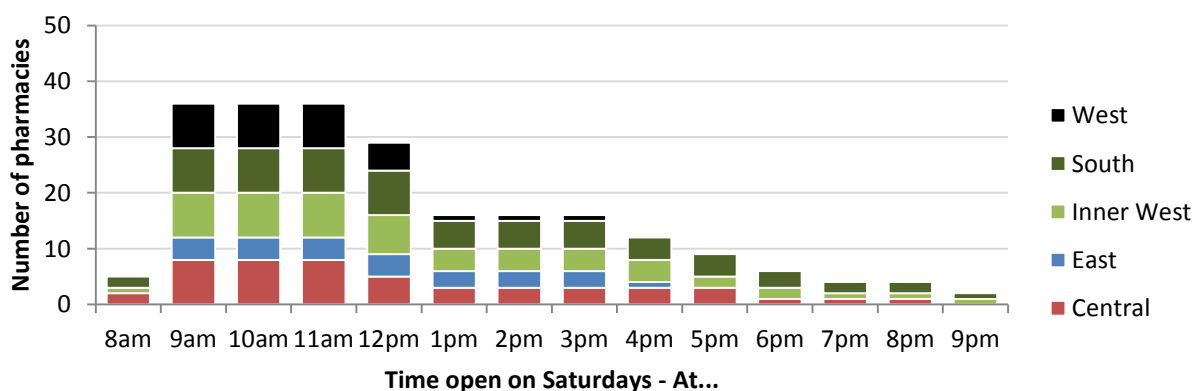
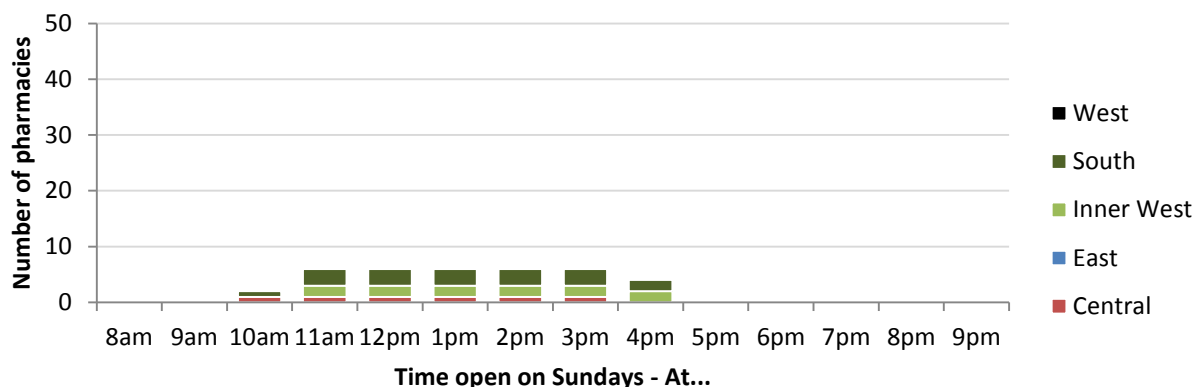


Chart 4: Number of pharmacies open on a Sunday



[Appendix 8](#) maps provide a visual account of the location and spread across Gateshead of the following;

- 8A: Pharmacies open before 9am on weekdays
- 8B: Pharmacies open throughout lunchtime on weekdays
- 8C: Pharmacies open after 5pm on weekdays
- 8D: Pharmacies open after 6pm on weekdays
- 8E: Pharmacies open on a Saturday
- 8F: Pharmacies open on a Sunday

Access to community pharmacy across Gateshead is well provided for during core hours:

- Most (86%) of the pharmacies in Gateshead open for more than the core contract hours with 40 (81%) being open until 6pm on weekday evenings;
- 35 (71%) of the pharmacies in Gateshead are open on Saturdays, of which 17 (34% of total pharmacies) remain open on Saturday afternoons;
- Only 6 (12%) of pharmacies are open on a Sunday and these tend to be those stores situated in supermarkets or shopping areas i.e. Metro Centre, Team Valley.

Therefore, there is access to community pharmacies for working residents, although it is recognised that this does rely to a large extent on the supplementary hours provided particularly by supermarket pharmacies and the 100 hour pharmacy. See section 4.2.2 regarding access to urgent care services

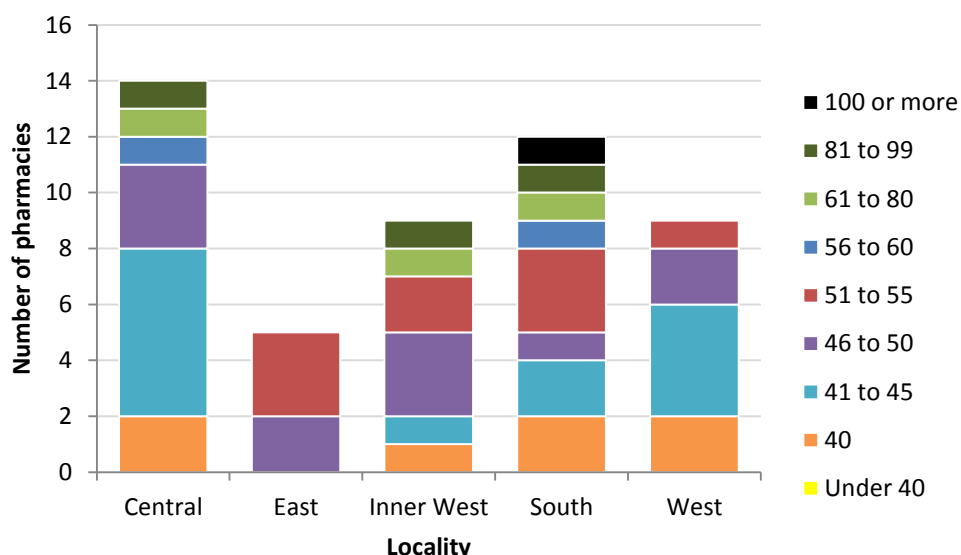
Table 3 illustrates how many Gateshead pharmacies provide supplementary hours (i.e. above 40) and the chart below shows how these are distributed across localities.

Table 3: Number of hours of pharmaceutical services available each week

Number of hours	Number of pharmacies	Percentage of pharmacies
Under 40	0	0%
40	7	14%
41 to 45	13	27%
46 to 50	11	22%
51 to 55	9	18%

56 to 60	2	4%
61 to 80	3	6%
81 to 99	3	6%
100 or more	1	2%
TOTAL	49	100%

Chart 5: Number of hours of pharmaceutical services available each week by locality



There are also pharmacies with extended opening hours in Newcastle and South Tyneside which patients in Gateshead could access. Due to the restrictions of Sunday opening hours, access to pharmaceutical services outside the hours of 10am to 5pm is limited.

Access to pharmacies that are open for longer during the day and the weekend is greater in the Central, Inner West and South localities of Gateshead with the East and West localities having limited Saturday morning and no Sunday access in the locality.

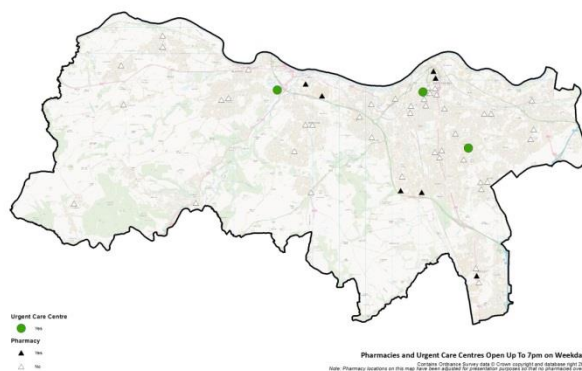
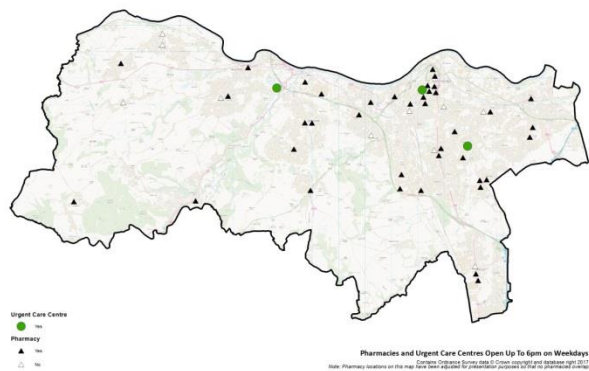
The areas of Gateshead that are within the 30% most deprived areas in the country account for 44% of the areas in Gateshead. However, they are found to benefit from 58% of the total available hours of pharmacy provision. (See Map 8D). From this information, although there is adequate access to community pharmacy services across the area, the east and west localities of Gateshead are less well served both with pharmacy premises and also the range of pharmacy opening hours.

Our survey showed that 48% of respondents would go to another pharmacy if their normal pharmacy was closed, and a further 35% would wait until it was open. Only 3% said they would go to hospital and no-one said they would go to a walk in centre.

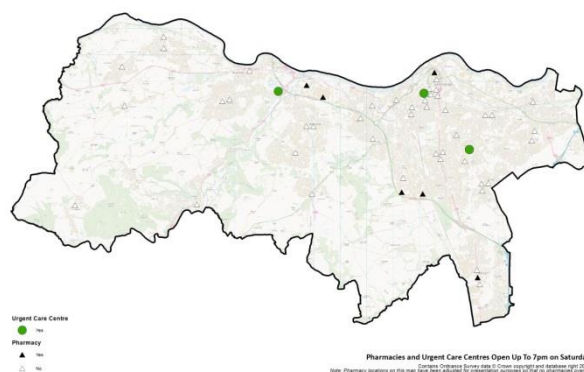
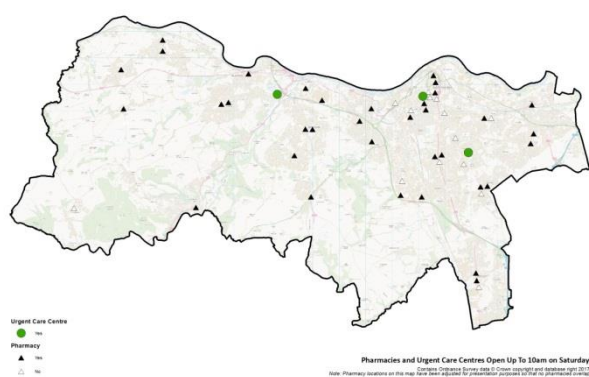
4.2.2. Urgent care

Gateshead urgent care services are based at the A&E department at Queen Elizabeth Hospital and walk in centres at Blaydon Walk In and Gateshead Health Centre. Although pharmacies are open and available to dispense prescriptions during the working day on weekdays and Saturday mornings the maps below show that this service diminishes after 6pm on weekdays after 6pm on Saturdays and the service which is less on a Sunday to the other days is further reduced after 4pm.

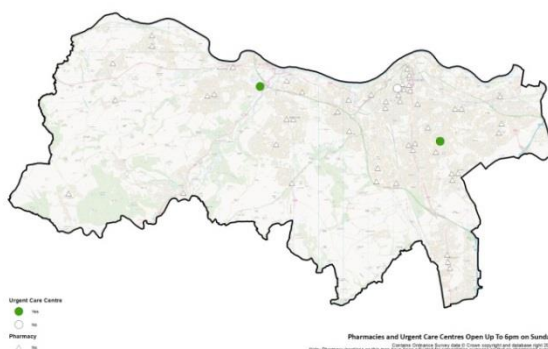
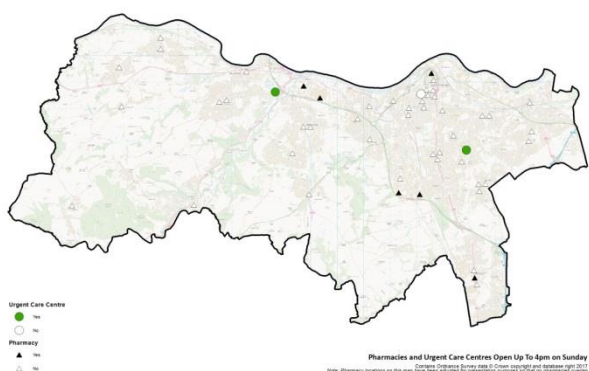
Pharmacy and Urgent Care opening times on a weekday



Pharmacy and Urgent Care opening times on a Saturday



Pharmacy and Urgent Care opening times on a Sunday



Note larger maps of pharmacy opening hours are available in Appendix 8.

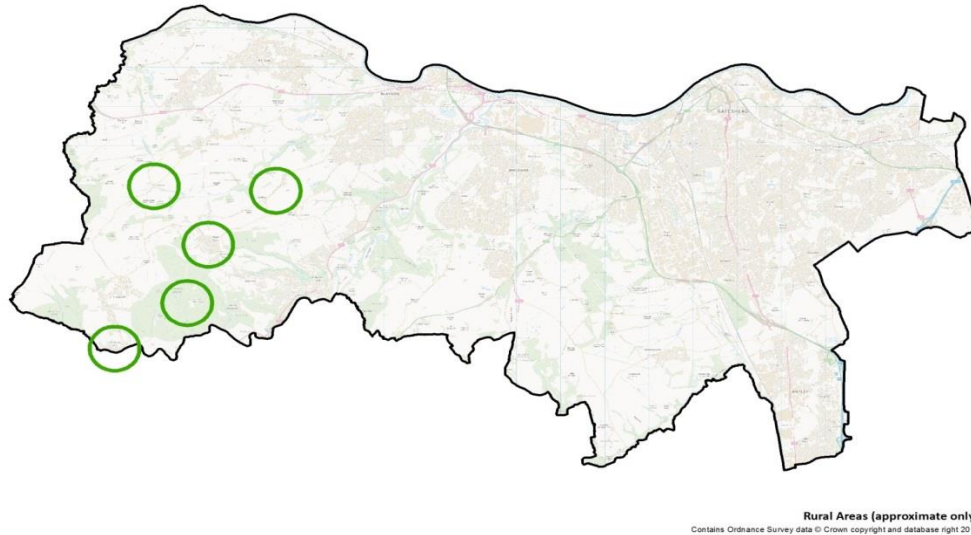
4.2.3. Dispensing Doctors

Some rural general practices provide dispensing services to some of their patients. Dispensing doctors can provide dispensing services to patients who live more than 1.6 kilometres (1 mile) away from a community pharmacy⁴. Two of Gateshead's 31 general practices (and additional 6 branch surgeries) provide dispensing services to some of their patients. There are controlled localities within the boundaries of

⁴ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

Gateshead, namely High Spen, Barlow, Blackhall Mill, Chopwell Wood and Coalburns. Special rules pertain to applications for new pharmacy premises within controlled localities. In rural areas, dispensing doctors contribute an important element to the provision of the network of medicines supply. The map below shows the settlements listed as controlled areas pin pointed on a map. However this is not a representation of the boundaries of the controlled localities, just an indication of the areas that might be affected. NHS England may wish to review the boundaries of the controlled locations at some future date.

Rural Areas (Controlled Localities)



4.2.4. Dispensing appliance contractors

Some patients may choose to have appliances supplied by appliance contractors. Although there are no dispensing appliance contractors located within Gateshead, these products are usually delivered to the patient's home, so distance to the dispenser is not an impediment to service. However, this may limit the ability of residents to access Appliance Use Review services to ensure that they get the most out of the appliances supplied.

4.2.5. Distance Selling Pharmacies

Currently there are two distance selling pharmacies registered in Gateshead ([Appendix 6](#)). Some pharmacies offer dispensing services which are available over the internet or by telephone. Delivery is then made by post, carrier or through a branch network. It is not known how many Gateshead residents currently use these services. As these pharmacies cannot provide face to face services, they cannot provide advanced and locally commissioned services.

It is difficult to measure the impact of these services on the overall community pharmacy service at present.

4.2.6. Essential Small Pharmacies

The nationally agreed financial support available for Essential Small Pharmacies (ESP) came to an end on the 31st March 2015. Previously in Gateshead, there was one essential small pharmacy KA & AO Limited ([Appendix 6](#)). An essential small pharmacy was, under the previous pharmacy regulations, a small pharmacy which was essential to a (usually) rural area but was only doing a small number of prescriptions – less than 26,400 per annum. KA & AO Limited is now open for 40 hours per week, and re-joined the pharmaceutical list when the ESP status ceased.

4.2.7. Practice pharmacists in GP practices

Newcastle Gateshead CCG commissions a practice medicines optimisation service into GP practices provided by a team of pharmacists and pharmacy technicians. The service does not provide the service described in the PNA although would work closely with community pharmacists, in particular in responding to issues identified in MUR or NMS services what may require response from the GP practice. The practice pharmacy service may also support other areas of care such as working with care homes in conjunction with the community pharmacy service.

4.2.8. Hospital services

NHS hospital trusts and private hospitals do not provide the type of pharmaceutical services which are in the scope of a PNA. NHS hospitals within Gateshead would like to work more closely with community pharmacists to improve care for discharged patients for a range of services such as discharge MUR's, stop smoking and other services.

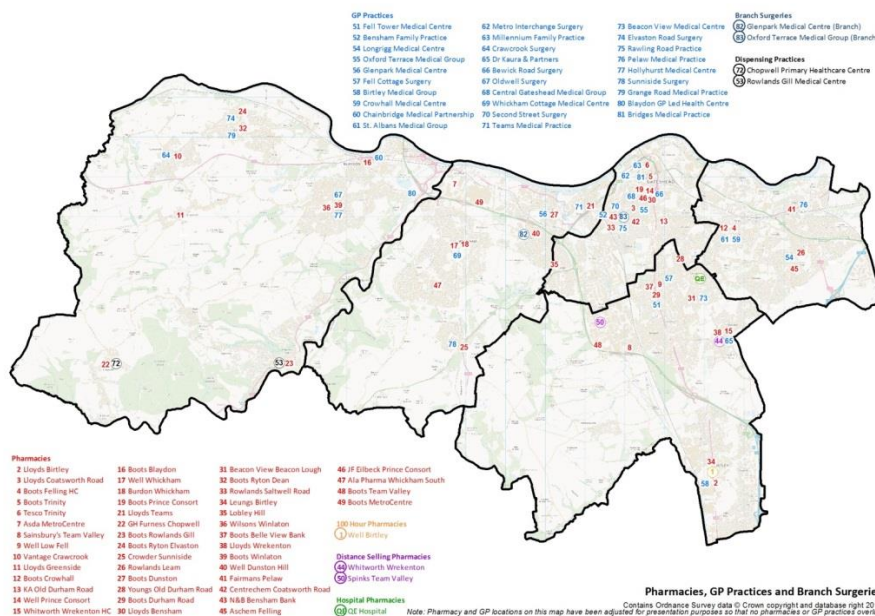
After considering all the elements of the PNA, Gateshead Council concludes that there continues to be adequate provision of NHS pharmaceutical services across most of Gateshead with the possible exception of the East locality, but recognises that services on Sundays and Bank Holidays are dependent on supermarket pharmacies opening and that the more rural areas in the west of the city are met by dispensing doctor services.

Response to the public survey indicated that 85% of respondents always or usually use the same pharmacy and more than 80% said it was easy to travel on foot or by public transport.

4.3. Current Provision of Essential Pharmacy Services

The map on the following page identifies the current provision of essential pharmaceutical services and will be used to determine any applications for new pharmacy contracts. This map is duplicated and enlarged in [Appendix 6](#).

Pharmacies, GP Practices and Branch Surgeries



Pharmacies in the surrounding areas of Northumberland, Newcastle, North Tyneside, South Tyneside, Sunderland and County Durham, which may provide services to residents of Gateshead, are shown in the map at [Appendix 7](#). This includes city centre pharmacies some of which open for extended hours.

There are 49 pharmacies in Gateshead, including one 100 hour pharmacy; three supermarket pharmacies open 60+ hours a week and two distance selling pharmacies. Pharmacies are located primarily in areas of higher population density, and close to doctors' surgeries. There is more than one pharmacy in most urban areas localities, allowing patient choice. There is a good choice of pharmacies between Monday and Friday. Services are more limited on Saturdays, but two thirds of pharmacies are open on Saturday mornings and a third are open on Saturday afternoons, allowing working residents to access pharmacy services. Sunday and evening provision across Gateshead is limited and mainly dependant on supermarket pharmacies.

Since the 2015 PNA there has been a movement of pharmacy ownerships and opening and closure of other premises resulting in a current total of 49 pharmacies.

Table 4: Average number of pharmacies per 100,000 population, May 2017

Sources: *Mid-Year Population Estimates 2015, Office for National Statistics (ONS) #Health and Social Care Information Centre *NHS England

Locality	No. of pharmacies	Population (mid-2015 resident population)*	Pharmacies per 100,000 population
Central	13	40,575	32.0
East	5	35,937	13.9
Inner West	9	34,444	26.1
South	13	45,026	28.9
West	9	45,014	20.0
Gateshead	49	200,996	24.4
England (2013)	#	54,786,327	
North East (2013)		2,624,621	+

The table above shows that Gateshead as a whole is well served by community pharmacies. Although East locality appears to have less pharmacies per 100,000 population, when considered with neighbouring pharmacies in Central and South Gateshead and South Tyneside, patients have ready access to community pharmacy services. As shown in the map below all residents in East locality have access to pharmacy services within 1.5 miles.

The map below shows that 99.8% of residential addresses in Gateshead are within 1.5 miles of a pharmacy (this map is duplicated and enlarged at [Appendix 9](#)) and this grows to 99.96% when dispensing doctors are taken into account. Within the localities, only the South and the West do not have 100% coverage, with 99.9% in the South and 99.3% in the West (note that the majority of residential addresses not covered by a pharmacy are in High Spen where there is a dispensing GP).

Responses to the public survey show that 87% of respondents always or usually use the same pharmacy. Half (51%) % travel to their pharmacy by car or taxi, 37% on foot, but just 7% by public transport. Despite this, more than 70% said it was easy to travel on foot or by public transport.

Residential Addresses Within 1.5 miles of a Gateshead Pharmacy

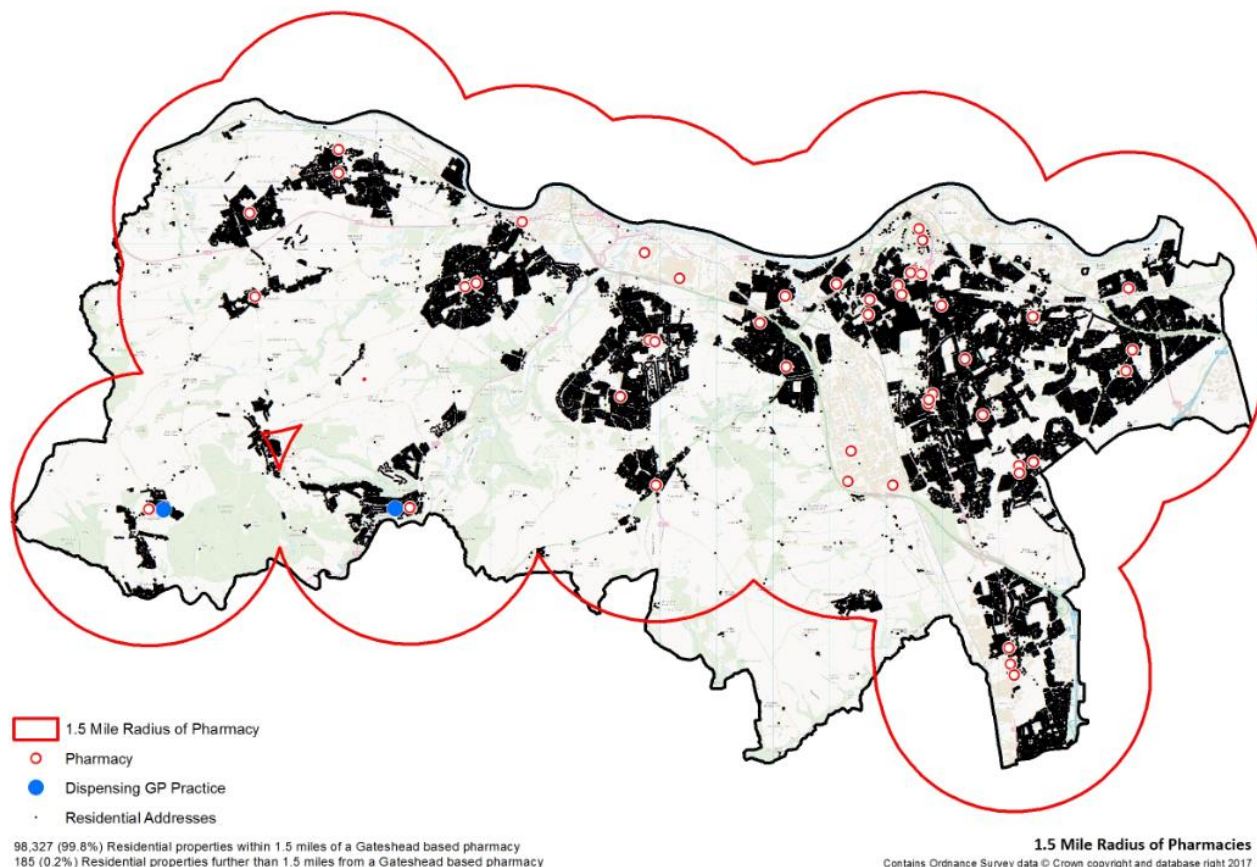


Table 5 below shows the number of prescriptions issued by practices for each locality. These figures do not take into account prescriptions issued by dentists.

Table 5: Average number of prescription items issued per pharmacy

Source: NHS Business Services Authority

[#]August 2016- July 2017 ⁺Practices have been assigned to a locality based on the location of the main surgery

Locality	No. of pharmacies	Number of Prescription items issued by practices ^{# +}	Average no. of prescription items per pharmacy per annum
Central	13	1,321,313	101,639
East	5	877,776	175,555
Inner West	9	869,354	96,595
South	13	1,317,598	101,354
West	9	1,137,764	126,418
Gateshead	49	5,523,805	112,731

Table 5 shows that pharmacies in the East locality issue more prescriptions per pharmacy than in the other areas which may be explained by the lower number of pharmacies per 100,000 population described previously in Table 4, although it should be highlighted that no parts of the East are more than 1.5 miles from a pharmacy. Access to pharmacy services out of core hours is also lower in this locality in comparison to others in Gateshead. However, when neighbouring pharmacies in Central and South Gateshead and South Tyneside are considered, patients have ready access to community pharmacy services.

4.3.1. Repeat dispensing

As part of the essential services component of the NHS contract, all pharmacies are contracted to provide a repeat dispensing service for patients who are considered by their GP to have a stable long term condition. The repeat dispensing service aims to increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber. The service helps to minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient and reduce the workload of General Medical Practices, by lowering the burden of managing repeat prescriptions. In Gateshead, all community pharmacies have the capability to deliver the electronic repeat dispensing (eRD) service.

The Health and Wellbeing Board considers that that the current number of pharmacies and overall number of hours is adequate to meet the needs of people accessing pharmacy services, with the possible exception of the East locality.

However, currently there is varied access to pharmacy services in the evenings and at weekends across the localities and it is therefore recommended that NHS England and the CCG work with the LPC to review availability of pharmacy services out of normal working hours and implement any required changes.

4.4. Current Provision of Advanced Pharmacy Services

Information and findings regarding the current provision of pharmacy services was collected via the survey of pharmaceutical service providers in [Appendix 3](#). All 49 providers responded to the survey.

All of the pharmacies in the Gateshead area now provide or are soon to provide the New Medicine Service and Medicines Use Review. In addition 38 pharmacies provide a Flu Vaccination Service with 6 other pharmacies intending to begin providing the service in the next 12 months. Also, whilst only 19 provide the NHS Urgent Medicine Supply Advanced Service, a further 13 intend to provide it within the next 12 months. There is currently a lower delivery of the appliance use review (AUR), and stoma appliance customisation service (SAC) with only 6 pharmacies providing these services.

A number of people said they would be likely to use health checks (35%), travel vaccinations (22%), and the adult flu vaccination (17%) if they were available at their pharmacy. 19% also said they would use the disposal of unwanted medicines service if available at their pharmacy, which suggests there may be some who are unaware of the full range of essential and additional services available at pharmacies.

4.4.1. Medicine Use Review (MUR)

A consultation room is essential to provide advanced services, e.g. Medicine Use Reviews (MURs) and many locally commissioned services. Standards for consultation rooms are specified in the service specification for MURs⁵. They include:

- clear designation as an area for confidential consultations
- distinct from the general public areas of the pharmacy premises
- an area where both the person receiving MUR services and the registered pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person.

⁵ http://psnc.org.uk/wp-content/uploads/2013/06/MUR-service-specification-2013-changes_FINAL.pdf

All of the pharmacies in Gateshead have a consultation area which is an improvement on the 2015 PNA when 45 had provision.

Most (38) of the pharmacies had unaided wheelchair access into the building with two additional pharmacies planning to address this in the next 12 months. However, 45 of the pharmacies had wheelchair access into the consultation room.

MURs aim to improve patient knowledge and use of their medicines by:

- Establishing the patient's actual use, understanding and experience of taking their medicines
- Identifying, discussing and resolving poor or ineffective use of their medicines
- Identifying side effects and drug interactions which may affect medicine use
- Improving clinical and cost effectiveness of prescribed medicines and reducing waste.

Each pharmacy can provide a maximum of 400 MURs per year and at least 70%⁶ of the reviews must be with patients who fall into one of the national target groups, namely:

- Patients taking high risk medicines
- Patients recently discharged from hospital who had changes to their medicines
- Patients taking respiratory medicines
- Patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines

The recent survey has identified that all 49 pharmacies provide MUR services which was not the case in the 2015 PNA where 44 out of 46 reported provision of MURs.

The number of MURs undertaken by pharmacies is generally driven by the fact that pharmacies can be paid for doing up to 400 MURs per year. If pharmacies do more than 400 MURs per year, there is no guarantee of being paid for the extra consultations performed. This places an unwelcome limit on the potential provision of this service locally, given the prevalence of LTCs and particularly the number of people experiencing more than one LTC.

A further development of the MUR is now termed as "prescription intervention MURs" or MUR plus Medicine Optimisation service. Both services involve the same consultation process. Regular MURs can be prompted pro-actively by identification of a certain group of patients (for example, those in the national target groups) that subsequently lead to an invitation for an MUR. A prescription intervention MUR is more reactive as it is the response to a significant adherence problem with a person's medication that subsequently leads to an MUR being conducted. The issue or issues that prompt the pharmacist to offer an MUR in this circumstance are likely to be highlighted as part of the dispensing process. Commonly the issues will highlight the need for the patient to develop their understanding of their medicines in order to improve their own use of the medicines.

The survey amongst pharmacy providers identified that one pharmacy currently provides a MUR plus service, one intends to provide it in the next 12 months and 33 (67%) would if this was a commissioned service.

4.4.2. New Medicines Services (NMS)

The New Medicines Service aims to help patients who have long term conditions get the best out of any new medicines which have been started particularly for those with the following conditions:

⁶ This service was reviewed and updated nationally in September 2011.

- Asthma or Chronic Obstructive Pulmonary Disease
- Type 2 diabetes
- Antiplatelet or anticoagulant therapy
- Hypertension.

The majority of pharmacies in Gateshead provide this service. Pharmacists must be qualified to provide MURs to provide NMS.

The pharmacy department at Queen Elizabeth Hospital would like to continue to work closely with community pharmacy to identify patients who are discharged from hospital who would benefit from more counselling about new medicines they have been prescribed while inpatients.

4.4.3. Appliance Use Review (AUR)

The Appliance Review Service is intended to help patients make best use of their appliances in the same way as the MUR helps make best use of medicines. Training for pharmacists to perform this service is difficult to access, and therefore when provided in a pharmacy it tends to be done by trained appliance specialists. Six pharmacies currently provide this service, and a further two intend to provide it within the next 12 months as shown in the chart in [Appendix 3](#).

4.4.4. Stoma Appliance Customisation (SAC)

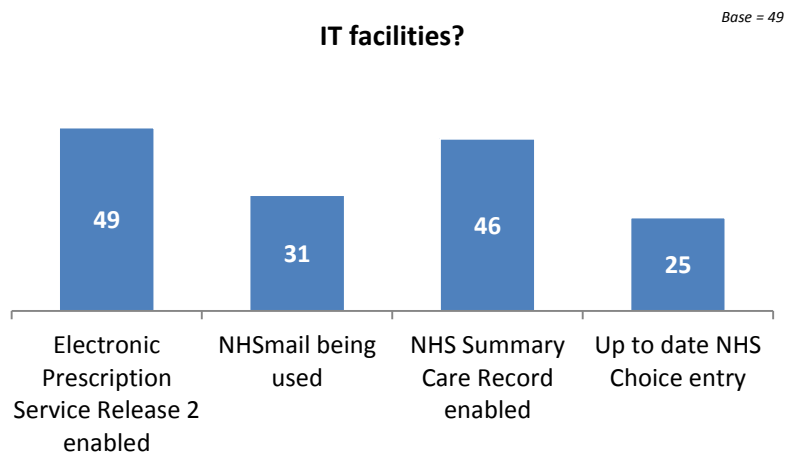
Stoma Appliance Customisation service ensures that stoma products are individually tailored to a patient's needs ensuring that a close fitting product is supplied. Extra training and specialisation is required to provide this service, and therefore it tends to be provided by specialist appliance companies. Six pharmacies currently provide this service in the Gateshead area.

The Health and Wellbeing Board recognises that there is currently good provision of the key advanced pharmacy services in particular regarding medicine use review (MUR) and new medicine service (NMS) via the majority of pharmacies in the locality.

4.4.5. Information Technology (IT) facilities in community pharmacy services

A number of strategies have been introduced to improve connectivity and governance around safe and effective information sharing across healthcare interfaces including the electronic transfer of prescriptions, access to NHS mail and NHS summary care records.

Chart 6 shows the status of the IT facilities recorded in the community pharmacies survey for Gateshead in August 2017.



4.4.6. Electronic Transfer of Prescriptions

Prescriptions can be sent directly from the GP's computer to computers in community pharmacies via a secure internet link. Eventually the paper prescription which is currently given to the patient will no longer be necessary and will cease to be the legal prescription. This will streamline the transfer of prescriptions from GP surgery to the pharmacy nominated by the patient. It will also encourage more GPs to use the

repeat dispensing scheme in the future as some GPs have complained about the awkwardness of using the paper based repeat dispensing system.

Release 1: In Electronic Prescription Service (EPS) release 1 the paper prescription form remained the legal prescription with a parallel electronic message flow linked via a barcode on the prescription which could be used to support the processing of the paper prescription with the aim of establishing the EPS infrastructure without the risk of disruption to the supply of medicines to patients.

Release 2: Release 2 supports the transmission of electronic prescriptions, e-repeat dispensing, patient nomination of their selected pharmacy, and the electronic submission of reimbursement claims to NHS Prescription Services.

The 2015 PNA identified that not all GP practices had been EPS release 2 enabled. The 2017 pharmacy services survey ([Appendix 3](#)) established that all pharmacy service in Gateshead are now EPS release 2 enabled.

4.4.7. NHS Mail and NHS Summary Records

NHS mail is a centrally funded and managed secure email and communications service which is approved by the NHS for exchanging patient data. The key benefit of the service is its security, which means it can be used for transmission of patient information between health professionals. Examples of the types of information that can be transmitted through the service include patient MUR information and hospital discharge communications.

31 (61%) of the pharmacies in Gateshead are using NHS mail with the remaining pharmacies being part of a roll out programme.

The NHS Summary Care Record (SCR) is an electronic summary of key clinical information (including medicines, allergies and adverse reactions) about a patient, sourced from the GP record. It is used by authorised healthcare professionals, with the patient's consent, to support their care and treatment. NHS Digital has been commissioned by NHS England to lead on the implementation of SCR into community pharmacies. Rollout has now commenced, and is forecast to be complete by autumn 2017.

46 (92%) of the pharmacy services in Gateshead are NHS SCR enabled with the remaining pharmacies part of the roll out programme.

The Health and Wellbeing Board recognises the need for effective and safe transfer of information across the healthcare interface to exchange patient data and recommends that this is fully implemented across the services. This includes ensuring that information regarding the services is maintained up to date to enable access to information regarding the broad range of services available from community pharmacies in the area.

4.5. Healthy Living Pharmacies (HLP)

The Healthy Living Pharmacy (HLP) concept was initially developed in Portsmouth and set out to recognise the significant role community pharmacies could play in helping reduce health inequalities by delivering consistent, high quality health and wellbeing services, promoting health and providing proactive health advice with a vision to to develop community pharmacies from being suppliers of medicines to become Healthy Living Centres providing self-care advice and treatment for common ailments and healthy lifestyle interventions. The three levels to the service delivery are described as Level 1: Promotion, Level 2: Prevention and Level 3: Protection although levels 2 and 3 are yet to be standardised

Participation in the Healthy Living Pharmacy scheme by pharmacy services across Gateshead places them in an ideal position to support the call in the NHS Plan for health services to scale up efforts on prevention for example in relation to the health and lifestyle challenges.

A key part of the local strategy is to roll out the Making Every Contact Count (MECC) approach that uses the many day-to-day interactions which organisations and individuals have with people as an opportunity to enhance health and wellbeing in respect of diet, physical activity, smoking, alcohol consumption and mental wellbeing. It aims to give front-line workers the skills to engage individuals in conversations about the benefits of behaviour change to boost physical and mental health and wellbeing. The Public Health Team has developed training packages and these are being made available to pharmacies and their staff

Most (45) of the pharmacies in Gateshead indicated that they had either achieved or working towards national self-accreditation level 1 HLP, 4 of the pharmacies were not. The HLP scheme firmly sets out to build the role of the community pharmacy in the healthcare forum, supporting people with their medicines and management of their health and wellbeing.

In addition, all but one of the pharmacies were found to be working towards or had 80% staff in patient facing roles who are now “dementia friends”.

The Health and Wellbeing Board recognises the benefits of Healthy Living Pharmacy (HLP) scheme and recommends that all pharmacies become HLP level 1 enabled to further participate in the health of the community.

The Health and Wellbeing Board recommends that pharmacies should support implementation of the MECC approach.

4.6. Community Pharmacy Quality Payment Scheme

From 1 December 2016 until 31 March 2018 a Community Pharmacy Quality Payments Scheme has been introduced and forms part of the Community Pharmacy Contract Framework (CPCF) by the Department of Health. The scheme encourages a range of activities to widen their role beyond dispensing to improving the quality of health care for patients while at the same time helping to ease demand on other areas of the health system.

Gateway inclusion criteria to the CPCF require the pharmacy service to meet:

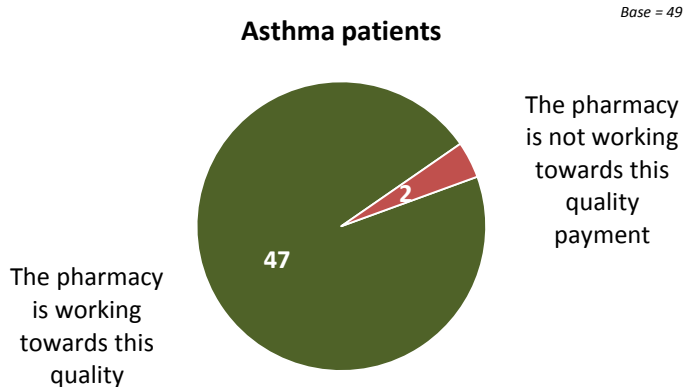
- provision of at least one specified Advanced Service;
- have their NHS Choices entry up to date;
- have the ability for staff to send and receive NHS Mail; and
- ongoing utilisation of the Electronic Prescription Service.

The scheme has established the community pharmacy sector development targets including:

- More effective treatment of asthma – referring asthma patients who have been dispensed too many short-acting reliever inhalers without any preventer inhaler for an asthma review;
- Better care for people with dementia; as part of the drive to ensure 80% of all pharmacy staff working in patient-facing roles takes part in the Alzheimer’s Society’s Dementia Friends training;

- Increased support for healthy living ensuring there is a Royal Society of Public Health trained health champion in every community pharmacy, and each community pharmacy obtains the Healthy Living Pharmacy Level 1 status.

In Gateshead, almost all (47) of the pharmacies responding to the survey identified that they could show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, being referred to an appropriate health care professional for an asthma review.



All pharmacies responding to the survey are either working towards or already have 80% of staff in patient facing roles who are now 'dementia friends'.

However, only 25 (51%) of the pharmacies in Gateshead were found to have up to date information on the NHS Choices page which is part of the gateway criteria for the scheme.

The finding described in this PNA is that there is improved delivery of Pharmacy Advanced Services since the PNA 2015. All pharmacies provide MUR and NMS and all are Healthy Living Pharmacies meeting community pharmacy quality payment scheme for asthma and dementia. Provision of support for people requiring Appliances and Stoma care is more limited in the area but this may be a reflection of the required needs of the local community. All pharmacies have electronic prescription transfer capability and most have or are working to NHS mail and care record capability. Only 25 out of the pharmacy premises had up to date information on NHS Choices

5. Hours of Provision of Medical Services in Gateshead

The basic GP contract requires GPs to offer appointments between 8.00am and 6.30pm Monday to Friday. To improve access, GPs have been required to provide more, routine appointments outside of these core hours. Pharmacy opening hours are not always required to mirror these extended surgery hours, as most appointments are pre-booked and the need for immediate provision of medicines is rare.

Additionally, the two Walk-in Centres at Blaydon and Queen Elizabeth hospital operate Monday to Sunday 8am to 10pm. The walk-in-centres are staffed and run by the Gateshead Health NHS Foundation Trust (Queen Elizabeth Gateshead). They are staffed primarily by nurses, and medicines are supplied from over labelled stock through the use of Patient Group Directions. (There are also three walk in centres in Newcastle operating from 8am to 8pm 7 days per week.)

Walk-in centres provide patients with medicines directly and do not require patients to use community pharmacy services.

Gateshead Doctors Out of Hours Service (GatDoc) provides home and centre visits between 6.30pm and 8am seven days a week, and 24 hour access at weekends and bank holidays. The out of hours provider has arrangements in place to ensure that they can access pharmaceutical advice, even within the out of hours period.

The arrangements for supply of drugs by the out of hours service utilises the network of community pharmacies with extended hours while they are open, with alternative arrangements when they are closed. The out of hours service is provided with up to date information on the extended opening hours of

pharmacies within Gateshead, and those that are convenient for patients with their own transport in neighbouring areas. Patients are provided with FP10 prescription forms when there are pharmacies open. When pharmacies are closed, the out of hours service provides patients with over-labelled medicines stocked in the centre or doctors bag. The cost of these medicines is reclaimed from the supplier by use of FP10 reconciliation forms.

Further work is currently ongoing with regarding emergency supply of medicines and direction to pharmacy services via NHS 111 services, see section 6.3.2

6. Commissioned Services

Since 2013, services are now commissioned from community pharmacies by several commissioners; namely Public Health teams within local councils, Clinical Commissioning Groups and NHS England. Some of these services are provided only through community pharmacies, some are part of a locality wide network of services which use multiple providers to improve patient accessibility. The following locally commissioned services are currently being commissioned either totally or in part from community pharmacies.

6.1. Services Commissioned by Gateshead Clinical Commissioning Group

6.1.1. Think Pharmacy First Minor Ailment Scheme

Think Pharmacy First Minor Ailment Scheme is a scheme targeted at those patients who would not normally purchase self-care medicines from their local pharmacy. These patients, and their families, are in receipt of a means tested benefit and would probably visit their surgery to have a medicine prescribed for a minor ailment because a prescription would be exempt from prescription charges. The current scheme pays for an extended consultation by the pharmacist as well as any medicines required from an approved formulary. The intention of the scheme is to reduce pressure on appointments within general practices and provide a more convenient service for patients, by providing simple remedies directly by consultation with a pharmacist. However, currently it is only intended to be available in pharmacies serving the most deprived parts of Gateshead. The most common interventions are for headlice treatments and paracetamol suspension for infants.

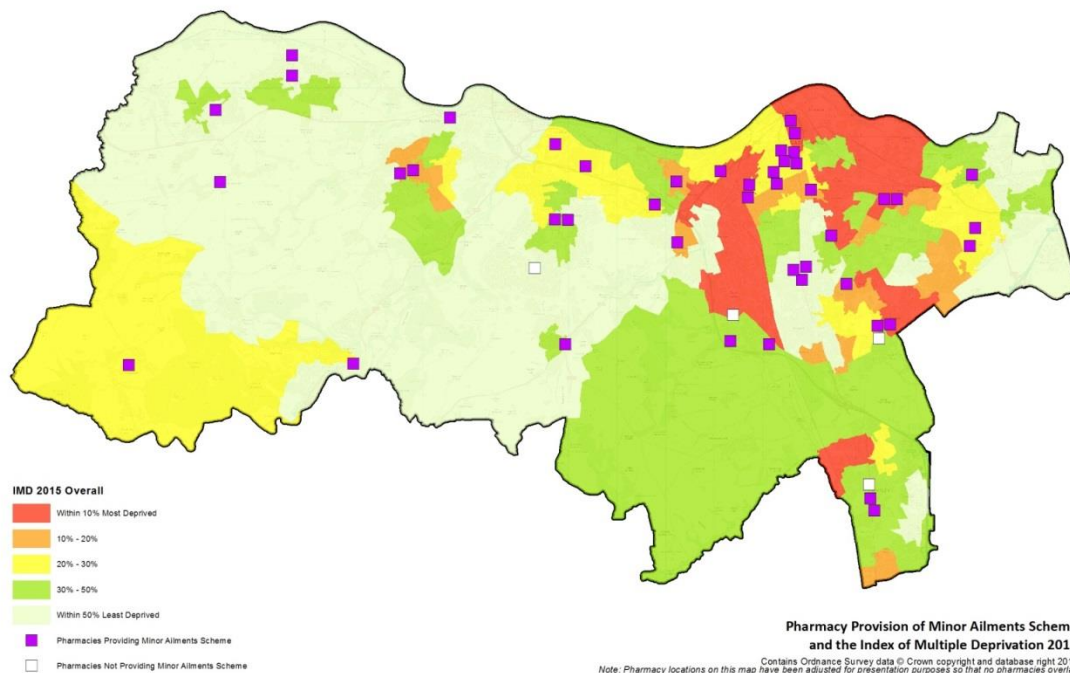
One of the strategic goals of the CCG to make better use of self-care and community pharmacists, reserving GP appointments for the more serious conditions which need medical input.

The 2015 PNA identified that only 11 pharmacies were providing the pharmacy minor ailment scheme and recommended that consideration be given to expanding this service.

The findings of the 2017 survey is that 45 of the pharmacist now provide the Think Pharmacy First Minor Ailment Scheme scheme with one further identifying that they would if commissioned and 2 expressing no interest to participate.

The map below shows the 45 pharmacies within Gateshead which provide medicines directly to patients through the Minor Ailment scheme, plotted against the index of multiple deprivation.

Index of Multiple Deprivation 2010 and Pharmacies Providing Minor Ailments Scheme



6.1.2. Specialist Drug Service

Some drugs are not routinely stocked in pharmacies because they are prescribed infrequently. To ensure that patients and professionals can access these drugs e.g. for terminal care, a few community pharmacies are commissioned by the CCG to hold them in readiness. The community pharmacies commissioned to provide this service are:

- RG Young, Deckham (Central)
- Asda MetroCentre (Inner West)
- Lloyds, Team Valley (South)
- Boots Pharmacy, Ryton (West)
- Boots Pharmacy, Rowlands Gill (West)
- Well Pharmacy, Birtley (Inner West)

There is adequate provision of the Specialist Drug Service across Gateshead with many other pharmacies willing to provide the service if commissioned

6.2. Services Commissioned by Gateshead Council Public Health Team

6.2.1. Drug Misuse: Harm Reduction Service (Needle exchange)

Gateshead Public Health Team have commissioned the substance misuse services from 'change, grow, live (cgl)' since November 2014 provided under the local service name of Gateshead Evolve. This company is responsible for ensuring that there is adequate provision of needle exchange locations, and sufficient high quality providers of supervised opiate consumption. The aim of the drug misuse service is to reduce the harm done to patients by:

- reducing the risks associated with illegal drug use
- reducing the numbers of people who use illegal drugs

- promoting the responsible use of alcohol.

The key aim of the needle exchange service is to reduce the transmission of blood borne viruses and other infections caused by sharing injecting equipment. Services have been commissioned from community pharmacies and other providers, to provide needle exchange services, which encourage those who still use illegal drugs, to use them as safely as possible by providing access to clean needles and syringes. Appendix 8 map 8j shows the locations of the Pharmacy provision of supervised consumption services.

Needle exchange is currently provided by the Drug and Alcohol Treatment Service at Jackson Street as well as by 8 community pharmacies. A further pharmacy is expecting to provide this service within 12 months.

A further 13 pharmacies expressed an interest in the provider service to providing this service if commissioned

There are sufficient providers of needle exchange services to meet current demand for the service.

6.2.2. Drug misuse: supervised consumption of opiate substitutes

Services have been commissioned from community pharmacies to provide a supervised consumption scheme for methadone for those individuals who have made the decision to reduce their illegal opiate use. Substance misuse services prescribe an opiate substitute, tailoring the dose to the individual's needs. When a pharmacist supervises the patient's consumption of the methadone in the pharmacy, it will not end up being traded on the street, or accidentally being taken by children in the home. This also reduces the potential for criminal activity.

41 pharmacies are commissioned to provide supervised consumption services and are spread across localities as shown in the table below. There is a further pharmacy expecting to provide this service within 12 months and another pharmacy who would like to provide this service [Appendix 8](#) map 8J shows the locations of these services.

Locality	Number of pharmacies providing supervised administration of opiate substitutes service
Central	13
East	5
Inner West	6
South	8
West	9
Gateshead	41

The majority of pharmacies provide a daily contact which allows the pharmacy staff to get to know their clients, and provides opportunities for health messages to be re-enforced. The staff may also react to other cues about the client's health status, sign-posting to other relevant services. It is important that pharmacies providing supervised consumption services are linked into the support services offered by the Public Health team, so that the pharmacy receives relevant updates and alerts. It is also important that pharmacies serving larger numbers of clients have sufficient trained staff to serve all customers' health needs.

There is adequate provision of the supervised consumption of opiate substitutes service across Gateshead where it is needed. In many communities there is a choice of provider.

6.2.3. Emergency Hormonal Contraception (EHC)

To meet public health targets to reduce teenage pregnancy, a locally commissioned service was developed to make EHC more readily available. Although EHC is available without prescription the retail cost (around

£25) means it is unaffordable for many of the target group, and it is not licensed for women under 16. Pharmacists providing the service undergo extra training, and provide treatment against a Patient Group Direction in an attempt to reduce unintended pregnancies and subsequent terminations. Pharmacies can offer this service without the need for an appointment.

Pathways are in place for an immediate referral to community Sexual Health Services or Primary Care for Emergency Intrauterine Contraception as the first line option in response to Emergency Contraception. Pharmacists are trained in prioritising and advising of the optimal pathway. There are also pathways that have been developed to support ongoing reliable contraception and processes that have been implemented to enable pharmacists to refer women into specialist contraceptive services for ongoing advice, treatment and support.

[Appendix 8](#) Map 8H demonstrates the pharmacy provision of EHC across the Gateshead area

- Consultation
- Consultation + EHC
- Consultation + chlamydia screening kit
- Consultation + EHC + chlamydia screening kit

In 2014 1,209 packs of EHC were dispensed through the scheme, however, only 24 (2%) of consultations resulted in chlamydia screening kits being given out. Responsibility for the chlamydia screening element was taken over by South Tyneside NHS Foundation Trust from 1 April 2015.

Appendix Map 8L shows the locations of services which can provide EHC, together with teenage pregnancy “hotspots” (wards which are significantly higher than the England average). There is widespread availability of pharmacies offering EHC across Gateshead. Some people prefer the anonymity associated with supermarkets, rather than using local pharmacies where they may be known.

When considered with GP surgeries, the current service is adequate. Community pharmacies which are open at the weekends, and outside regular service hours during weekdays, are seen to offer a needed service.

6.2.4. Stop smoking services

Gateshead Public Health team has a well-developed NHS Stop Smoking service which is available from GP surgeries and community pharmacies. Pharmacies provide one of the locations for active intervention smoking cessation services and complement the services provided in general practice. The map in Appendix 8 map 8i shows the locations of these services.

A number of pharmacies that are contracted to deliver the stop smoking service (called Active Intervention) are at full capacity, seeing about 6-8 smokers a day, and therefore have to run waiting lists, a particular problem in the East of Gateshead where there is also the highest rates of prevalence. Additionally some of the pharmacies across the Gateshead do not fully deliver the contracted service as they don't have staff trained to do so.

When considered with other providers of stop smoking services, coverage across Gateshead is adequate. However, this service could be further improved with increased participation and training of staff within community pharmacies. Pharmacies with longer opening hours have the opportunity to provide the service to the working population who may not be able to access other services in normal working hours.

6.2.5. Healthy Start Vitamins

Public Health is in the process of exploring, with the LPC, the feasibility of a localised scheme across

Gateshead to provide a universal offer of healthy start vitamins to all pregnant women, women with a child under 12 months and children from six months old to four (i.e. up to their fifth birthday).

6.3. Services Commissioned by NHS England

6.3.1. Seasonal Influenza Vaccination

This service is commissioned to help meet national targets to immunise the over 65s and those at risk from influenza. Pharmacists undergo extra training to deliver this service, but can provide the service privately to those clients who do not qualify for NHS vaccines. Pharmacists have access to influenza vaccine over and above the vaccines ordered by GPs at the beginning of the seasonal campaign.

27 of the pharmacies in the 2017 survey were found to currently provide the influenza vaccination service with a further 5 planning to do so in the future and 4 not planning to provide this service.

6.3.2. Community Pharmacy Referral service

NHS England is currently working with community pharmacy representatives to develop services which they will then commission across the North East as the Community Pharmacy Referral Service (CPRS) with the aim of increasing capacity and relieve pressure on existing urgent care services and deliver care closer to home in the community. The service plans to enable NHS111 to refer patients to community pharmacies across the North East with the pilot planning to commence in December 2017.

7. Non Commissioned Services

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by Gateshead Council, the Clinical Commissioning Group or NHS England. These services are often very valuable for special patient groups e.g. the housebound, but are provided at the discretion of the pharmacy owner.

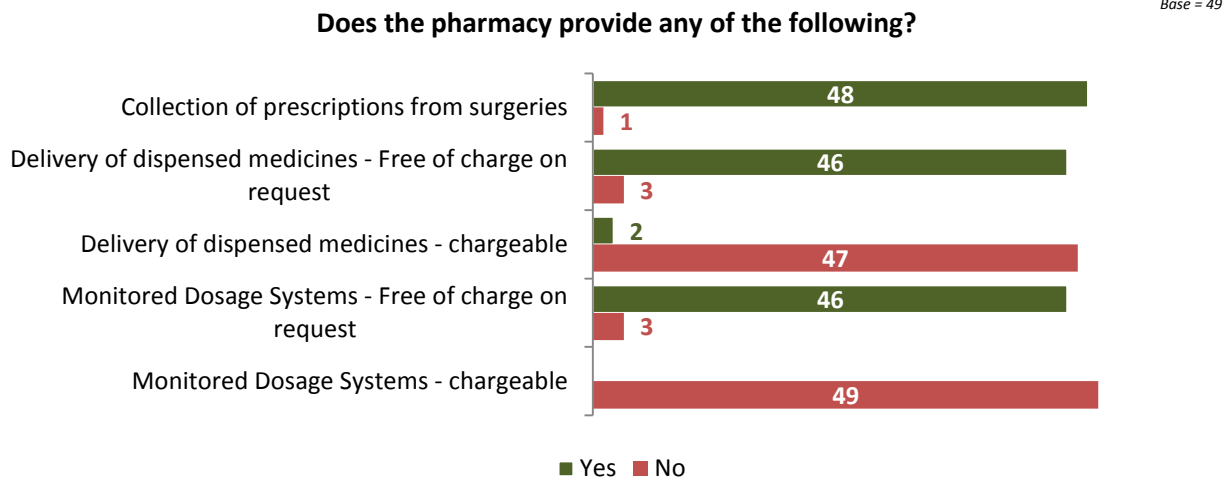
As these services are not reimbursed by the NHS, the decision to provide the service is often a commercial one, especially when the service increases the pharmacy's overhead costs. Non-commissioned services identified in the pharmaceutical needs assessment questionnaire are detailed in the chart below.

[Appendix 4](#) demonstrates that pharmacies offer a wide range of non NHS services. Some of the services are not aligned with the strategic priorities of the CCG or the council, but may be fulfilling a customer generated demand for non NHS services. In addition the response from the pharmacy providers demonstrated that there is considerable appetite for further extension of the pharmacy role within the community

The Health and Wellbeing Board recognises the appetite by community pharmacists in the area for further utilisation of pharmacy services as part of community healthcare provision
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7.1. Collection and delivery services

Two of the services which customers find extremely useful are the prescription collection from the surgery and home delivery services. Patients are often surprised to find that these are not NHS services.



48 pharmacies in Gateshead provide prescription collection services. As electronic prescriptions become more widely used the need for prescription collection services will diminish, as the prescriptions will be sent electronically to the pharmacy which the patient has chosen.

Most pharmacies (48) provide a prescription home delivery service.

Some pharmacies do put a limit on this service with regard to distance, and some only provide this service to housebound patients. Pharmacists are continually trying to balance the desire of customers to have their medicines delivered to their home, with the need to personally advise patients on their medicines.

7.2. Monitored Dosage Systems

Pharmacies are expected to make suitable arrangements or “reasonable adjustment” for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor in line with the Equality Act 2010. This will sometimes require the use of monitored dose systems (MDS) to help patients take complicated drug regimens these are often seen as weekly or monthly cassettes with medication placed in boxes relating to the day and time of the day that the medicine is to be taken.

Family or carers may ask for medicines to be dispensed in MDS, without any assessment of whether this is the most appropriate way of providing the help that the patient needs to safely take their medicines. This is an ideal opportunity for the pharmacy service to engage with the person or their representative to ascertain the most appropriate delivery system for medicines to suit their needs.

NICE guidance NG67⁷ published in March 2017 recognised the role that pharmacists play in supporting people in the community and recommended that “use of a monitored dosage system should only be when an assessment by a health professional (for example, a pharmacist) has been carried out”.

All of the pharmacies responding in the survey were found to provide medicines in MDS, sometimes free of charge or chargeable. Some pharmacies insist on an assessment by GP, social services or other suitable professional before agreeing to provide this service.

⁷ <https://www.nice.org.uk/guidance/ng67>

8. Similar Local Authorities Provision for Pharmaceutical Needs

Chartered Institute of Public Finance and Accountancy Nearest Neighbours Model 2014

The Chartered Institute of Public Finance and Accountancy (CIPFA) nearest neighbours model groups local authority areas with similar characteristics together based on population, age, council tax bands, unemployment, retail premises, housing benefit, people born outside of the UK, standardised mortality rate, and a number of other indicators.

Tables 6 & 7 below demonstrate how Gateshead pharmacy services compare with the nearest neighbours.

Table 6 & 7: How do the CIPFA nearest neighbours compare with Gateshead?

No.

	Darlington (2015)	Halton (2018)	Knowsley (2015)	St. Helens (2015)	Stockton-on-Tees (2015)	Gateshead (2018)	Rochdale (2015)	Tameside (2015)	Barnsley (2015)	Salford (2017)	Stoke-on-Trent (2014)	Rotherham (2015)	Sunderland (2015)	Newcastle upon Tyne (2015)	Doncaster (2015)	Wakefield (2015)	
Total population	105,400	126,500	147,200	177,600	194,800	201,000	214,200	221,700	239,300	245,600	251,600	260,800	277,200	292,900	304,800	333,800	
Total pharmacies	23	34	36	49	41	49	51	60	53	59	71	69	67	65	79	75	
Population per pharmacy	4583	3721	4089	3624	4751	4102	4200	3695	4515	4163	3544	3780	4137	4506	3858	4451	
Provide distance selling	1	3	0	2	0	2	2	5	1	0	2	6	1	0	2	2	
Pharmacies open...	For 100 hours per week	5	7	5	7	9	1	6	13	5	8	3	8	5	2	12	10
	Before 9am (weekdays)	11	15	17	14	25	22	28	32	28	22	-	-	-	30	-	-
	After 6pm (weekdays)	6	13	21	17	16	10	23	26	18	21	-	-	-	12	-	-
	On Saturday	20	22	24	30	36	35	27	42	21	29	-	-	38	47	54	-
	On Sunday	7	7	5	8	15	6	9	15	8	11	-	-	9	10	15	-
Pharmacies offer...	Supervised consumption	17	20	27	30	26	41	14	-	10	39	47	58	38	57	72	48
	Nicotine Replacement Therapy	20	20	33	41	-	45	-	-	0	15	-	-	-	-	-	-
	Stop smoking	12	24	33	31	18	37	33	-	-	56	27	-	54	42	0	9
	Health checks	6	0	0	0	-	15	0	-	0	8	-	0	3	-	-	-
	Emergency hormonal contraception	16	19	27	30	35	44	17	-	19	51	49	33	20	52	50	15

%

	Darlington	Halton	Knowsley	St. Helens	Stockton-on-Tees	Gateshead	Rochdale	Tameside	Barnsley	Salford	Stoke-on-Trent	Rotherham	Sunderland	Newcastle upon Tyne	Doncaster	Wakefield	
Provide distance selling	4%	9%	0%	4%	0%	4%	4%	8%	2%	0%	3%	9%	1	0%	3%	3%	
Pharmacies open...	For 100 hours per week	22%	21%	14%	14%	22%	2%	12%	22%	9%	14%	4%	12%	7%	3%	15%	13%
	Before 9am (weekdays)	48%	44%	47%	29%	61%	46%	55%	53%	53%	37%	-	-	-	46%	-	-
	After 6pm (weekdays)	26%	38%	58%	35%	39%	20%	45%	43%	34%	36%	-	-	-	18%	-	-
	On Saturday	87%	65%	67%	61%	88%	70%	53%	70%	40%	49%	-	-	57%	72%	68%	-
	On Sunday	30%	21%	14%	16%	37%	12%	18%	25%	15%	19%	-	-	13%	15%	19%	-
Pharmacies offer...	Supervised consumption	74%	59%	75%	61%	63%	84%	27%	-	19%	66%	66%	84%	57%	88%	91%	64%
	Nicotine Replacement Therapy	87%	59%	92%	84%	-	92%	-	-	0%	25%	-	-	-	-	-	-
	Stop smoking	52%	71%	92%	63%	44%	76%	65%	-	-	95%	38%	-	81%	65%	0%	12%
	Health checks	26%	0%	0%	0%	-	31%	0%	-	0%	14%	-	0%	4%	-	-	-
	Emergency hormonal contraception	70%	56%	75%	61%	85%	90%	33%	-	36%	86%	69%	48%	30%	80%	63%	20%

The population per pharmacy in Gateshead is slightly less but comparable to the direct neighbours in Newcastle, Sunderland and Darlington, with the pharmacies providing a similar spread of opening hours. However, Gateshead has a relatively low provision of 100 hour pharmacy services, having only one provider with Newcastle also only having a noticeably low provision (2 providers) in comparison to other neighbouring areas. However, the data suggests that Gateshead pharmacy services provide a more consistent availability of services, in particular regarding emergency hormonal contraception and stop smoking/ nicotine replacement therapies.

9. Future Provision

A number of reports and publications produced recently are expected to have an impact on the future of pharmacy services in the community:

The pharmacy white paper (April 2008) and the Royal Pharmaceutical Society's 2014 report *Now or Never: Shaping pharmacy for the future*⁸ gave a clear direction of travel for pharmacy services, shifting the emphasis from dispensing medicines to the provision of a wider range of services from community pharmacies, making better use of pharmacists' clinical skills.

Pharmacists are health professionals who have, and are recognised to have, a specific expertise in the use of medicines. To date, their clinical knowledge and expertise in the use of medicines has been underutilised within community pharmacy. These skills must be harnessed to ensure that patients have the same level of pharmaceutical care in the community as they currently receive within hospital settings. This would make a step change in the long-term conditions agenda.

In July 2015, as part of the NHS Five Year Forward View⁹ a new three year initiative to fund, recruit and employ clinical pharmacists in GP surgeries was launched by NHS England.

The benefits patients can expect include extra help to manage long-term conditions, specific advice for those with multiple medications and better access to health checks.

The scheme is focussed on areas of greatest need where GPs are under greatest pressure, and aims to build on the success of GP practices already employing pharmacists in patient-facing roles. The roll out of the clinical pharmacists in General Practice was set to commence from April 2017.

The Pharmacy Integration Fund (PhIF) has been created through the community pharmacy review that is led by the Department of Health as part of the package of proposals under consideration to transform the way pharmacy and community pharmacy services are commissioned from 2016/17 and beyond.¹⁰ In December 2015 the joint letter from the Department of Health and NHS England announced that a consultation would take place on how the Fund should be used. The Pharmacy Integration Fund is the responsibility of NHS England and is separate to any negotiations related to the Community Pharmacy Contractual Framework (CPCF).

The PhIF will be used to commission and evaluate activities that bring about clinical pharmacy integration within the NHS and the community demonstrating improvements in health outcomes for patients and the public in primary care and in the community and will be an important means of driving transformation of the pharmacy sector. It will aim to shift the balance of funding from dispensing activity towards clinical activity, putting pharmacists' skills, as well as those of other pharmacy professionals and their teams, to better use in line with calls from various commentators within the sector over the years to make better use of pharmacies, pharmacists and the wider pharmacy skill set.

Public Health England is developing a "value proposition" to inform the local commissioning of community pharmacy services by local authorities and NICE is expected to publish a guideline in 2018 about the role of community pharmacy in promoting health and well-being. This work is separate to the PhIF but will inform the future local commissioning of services for public health services from community pharmacy.

In September 2016 NHS England published *The Framework for Enhanced Health in Care Homes*. This describes an enhanced health in care homes (EHCH) care model that has come out of the six EHCH vanguards in England. The following areas have been identified for development:

- Mapping the range of services provided by community pharmacies to care homes and how they are commissioned;

⁸ Royal Pharmaceutical Society *Now or Never: Shaping Pharmacy for the Future*

⁹ NHS Five Year Forward View <https://www.england.nhs.uk/five-year-forward-view/>

¹⁰ <https://www.gov.uk/government/publications/putting-community-pharmacy-at-the-heart-of-the-nhs>

- Deployment of pharmacy professionals into care homes and evaluation of the models of integrated clinical pharmacy that achieve the best outcomes for patients.

The intention is to develop the new models of integrated clinical pharmacy for people looked after in their own homes.

Gateshead is one of only six areas nationally to be awarded Vanguard status by NHS England for its work to improve the health of patients living in care homes. The Vanguard bid, which is also backed by Gateshead Council, aims to build on the success of the area's care home initiative, which has already reduced non-elective admissions to hospital from people living in care homes by 9% in two years. The initiative sees individual GP practices each allocated to a specific care home, providing greater continuity of care and more effective prevention of illness through regular home visits.

The EHCH should provide further opportunity for pharmacists to support the vanguard initiative and to enhance the pharmacists role in multidisciplinary working.

In December 2016 The Murray Report¹¹ was published. The report commissioned by the Chief Pharmaceutical Officer to review Community Pharmacy Clinical Services. The report is a comprehensive review of the available evidence, points the way to a more clinical future for community pharmacists and pharmacy technicians which will help patients to benefit from their expertise as clinical healthcare professionals.

The report concluded In the future evolving Sustainability and Transformation Plans (STPs) may be able to provide the broader, whole-health economy oversight that would enable the system to unlock the potential of community pharmacy.

The Murray Report recommended:

- Services
 - Full use of the electronic repeat dispensing service
 - The MUR service should be redesigned to include on-going monitoring and regular follow-up with patients as an element of care pathways
 - Minor ailment schemes should be locally commissioned across the whole of England
 - Consideration should be given to smoking cessation services becoming an element of a national contract
- New models of care
 - Existing Vanguard programs and resources should be used, in conjunction with the PhIF to develop the evidence base for community pharmacists within new models of care.

A significant element includes overcoming barriers presented by the current complexities in the commissioning landscape that can in part be seen in the current provision of enhanced services.

Pharmacies provide a convenient and less formal environment for people to access readily available professional advice and help to deal with everyday health concerns and problems. The role of pharmacies in promoting self-care will become even more important as the healthcare budget becomes stretched, and GPs have less time to spend on those with more minor health conditions.

The pharmacy white paper quotes a survey showing that 84% of adults visit a pharmacy at least once a year. Our local survey found that 12% of respondents visited a pharmacy once a week and a further 49% visited at least once a month. Moreover, 38% said that they always visited the same pharmacy and a further 49% said that they mostly visited the same pharmacy. This gives the opportunity for pharmacists to have a complete picture of patients' health needs. Pharmacists in Gateshead are accessible and many offer extended opening times (late into the evenings or at weekends) to suit patients and customers.

¹¹ Independent Review of Community Pharmacy Clinical Services. The Murray Report 2016

9.1. Potential future roles

Newcastle Gateshead Clinical Commissioning Group envisages seamless care for patients across the whole healthcare system, which would mean all elements of pharmacy, hospital, community and primary care working together to optimise the use of medicines and deliver better care for patients. The CCG principles for medicines are to ensure safe prescribing, reduce waste medicines, increase cost effective prescribing and ensure patient satisfaction.

The local Making Every Contact Count (MECC) approach uses the many day-to-day interactions which organisations and individuals have with people as an opportunity to enhance health and wellbeing in respect of diet, physical activity, smoking, alcohol consumption and mental wellbeing. It aims to give front-line workers the skills to engage individuals in conversations about the benefits of behaviour change to boost physical and mental health and wellbeing. The Public Health Team has developed training packages and these are being made available to community pharmacies and their staff.

Gateshead's practice medicines optimisation team have shown that pharmacists can have an important role in reviewing medication within the care home setting. If there was even closer working between the practice pharmacist team and community pharmacists who supply medicines to care homes, then greater gains could be made in reducing waste and supporting care homes in using medicines more effectively.

The CCG would like to see community pharmacists giving more support to housebound patients with targeted MURs. As respiratory disease is higher than the national average within Gateshead, causing frequent admissions to hospital, the CCG would like to see a focus on improving inhaler technique within this population.

Gateshead Health NHS Foundation Trust would also like to engage with community pharmacists, to take forward the project currently being supported by the Academic Health Sciences Network (AHSN) which identifies patients who would benefit from a discharge MUR or new medicines intervention to help recently discharged patients get the most from new medicines prescribed while in hospital. The Queen Elizabeth hospital has a particular interest in referring patients admitted to hospital for smoking related exacerbations, to community pharmacy smoking cessation services, when the patient may be highly motivated to quit smoking.

9.2. Potential future services

The Healthy Living Pharmacy scheme will have engagement by the majority of pharmacy services across Gateshead which should provide clear benefits around the health promotion agenda, in relation to the lifestyle challenges in Gateshead. There is therefore great opportunity for the pharmacy to act as source of health promotion activities and knowledge within that community; a one stop shop, gaining the trust and support of local residents and increasing footfall.

The majority of the community pharmacies are engaged in the provision of most of the advanced services, in particular MUR and NMS as well as local commissioned services by Gateshead Council and the CCG. This therefore places the community pharmacy service in prime position to support the community in the current health needs.

In addition, response from the pharmacy survey undertaken for the PNA demonstrates further appetite to engage in other services across the locality.

There may also be opportunities to enhance NHS health awareness through pharmacy and it is of note that many of the people responding to the public survey identified services what they would use if they were available, perhaps not realising that some of these were already being provided. Consideration could

therefore be made regarding how services are promoted to the general public and other health care services to ensure maximum benefit is gained from these services an example of which is the Community pharmacy referrals Service scheme planned to be piloted in December 2017.

The potential for further integration across the healthcare community, as outlined in the White Paper and Murray report as well as the implementation of the Pharmacy integration fund and enhanced services into care homes demonstrate recognition of the potential for community pharmacy services both in the important role to play in promoting the safe and effective use of medicines and in reducing inappropriate hospital admissions but also in the further development of clinical skills and implementation in the community setting.

Community pharmacists in Gateshead are ideally placed, and have the potential, to make a significant contribution to the delivery of services to meet the health needs of the population of Gateshead.

10. Reflection on PNA 2015 recommendations

The 2015 PNA concluded that there was adequate provision of pharmacies across Gateshead Monday to Friday 9am to 5pm. Services are more limited on Saturdays and that the pharmacies that opened on Saturday mornings and afternoons were sufficient for working residents to access pharmacy services. Sunday and evening provision across Gateshead was found to be limited and mainly dependant on supermarket pharmacies.

The population of Gateshead was found to have increased by less than 1% since the previous PNA and therefore, despite the fact that there is one less pharmacy provision, the current provisions continues to be considered adequate across the most of Gateshead, with the possible exception of the East locality.

Concerns were raised about the accessibility of pharmacy services outside normal hours and therefore recommendations were made to review the pharmacy services in the out of hours period.

There does not appear to have been a review, and accessibility of pharmacy services remains largely unchanged since the previous PNA. It is therefore recommended that NHS England and the CCG work with the LPC to review availability of pharmacy services out of normal working hours and implement any required changes.

There was recognition that the role of the Pharmacy Minor Ailments scheme was being reviewed and that with only 11 pharmacies participating at the time, there was willingness for further provision.

The re-launched Pharmacy First minor ailment scheme is now provided across the majority (45) of community pharmacies in Gateshead.

There was adequate support for the specialist drug access services, services for drug users: needle exchange and supervised emergency contraception services and smoking cessation although there was appetite identified within pharmacy services for further involvement in these schemes.

This continues to be the case in 2017.

There was also recognition to the potential to reinvigorate the Healthy Living Pharmacy scheme. By encouraging pharmacies to sign up there will be clear benefits around the health promotion agenda, in relation to the lifestyle challenges in Gateshead

11 of the pharmacies in Gateshead are now registered and a further 33 working towards the Healthy Living Pharmacies Scheme level 1.

11. Conclusions and Recommendations

There are 49 pharmacies in Gateshead, located primarily in areas of higher population density with 99.8% of residential addresses being within 1.5 miles of a community pharmacy. There is more than one pharmacy in most towns and urban areas, allowing patient choice and capacity to provide enhanced services.

There is adequate provision of pharmacies across Gateshead Monday to Friday 9am to 5pm. Services are more limited on Saturdays, but two thirds of pharmacies are open on Saturday mornings and a third are open on Saturday afternoons, allowing working residents to access pharmacy services. Sunday and evening provision across Gateshead is limited and mainly dependant on supermarket pharmacies. The two dispensing GP practices make a valuable contribution to the dispensing of prescriptions in very rural areas. It may be desirable for NHS England to review controlled localities, in order that new maps may be produced.

Response to the public survey indicated that 87% of respondents always or usually use the same pharmacy and more than 70% said it was easy to travel on foot or by public transport

The Health and Wellbeing Board considers that the current number of pharmacies and overall number of hours is adequate to meet the needs of people accessing pharmacy services, with the possible exception of the East locality.

However, currently there is varied access to pharmacy services in the evenings and at weekends across the localities and it is therefore recommended that NHS England and the CCG work with the LPC to review availability of pharmacy services out of normal working hours and implement any required changes. Should gaps in service be identified through that review a supplementary statement will be added to this Pharmaceutical Needs Assessment.

All pharmacies in Gateshead currently provide a number of advanced services including Medicine Use Review (MUR) and New Medicine Service. The majority of pharmacies in Gateshead are or are working to being an accredited with the Health Living Scheme which would contribute to the management of long term conditions and supporting people in the community including working into target groups such as those at risk of falls, dementia care, asthma and people with multimorbidity and multiple medications such as those residing in care homes.

In addition, a number of initiatives are expected to offer opportunity to further develop the clinical pharmacist role within the community setting, in particular in supporting residents in care homes.

The Health and Wellbeing Board recognises the benefits of Healthy Living Pharmacy (HLP) scheme and recommends that all pharmacies become HLP level 1 enabled to further participate in the health of the community.

The Health and Wellbeing Board recommends that pharmacies should support implementation of the MECC approach.

The majority of the pharmacy services in Gateshead are working towards the Community Pharmacy Quality Scheme which will set out to widen their role beyond dispensing to improving the quality of health care for patients while at the same time helping to ease demand on other areas of the health system. A key element of this service delivery is ensuring robust communication across the healthcare interface using electronic systems, currently in place planned for implementation by the majority of the pharmacy services.

The Health and Wellbeing Board recognises the need for effective and safe transfer of information across the healthcare interface to exchange patient data and recommends that this is fully implemented across the services. This includes ensuring that information regarding the services is maintained up to date to enable access to information regarding the broad range of services available from community pharmacies in the area.

With regard to the locally commissioned services provided by community pharmacies, the Pharmacy Minor Ailments (Pharmacy First) having been reviewed is now provided by the majority (94%) of pharmacies in the area.

There is adequate participation in the Gateshead Council commissioned services by pharmacies across the locality including: services for drug users - needle exchange and supervised consumption, emergency contraception is available from 63% (31 out of 49) of the pharmacies across Gateshead and all GP practices and smoking cessation treatment is available from 81% (39 out of 49) of the pharmacies. There may be further opportunities such as a localised service to supply healthy start vitamins to all pregnant women with a child under 12 months and children from six months old to four (i.e. up to their fifth birthday).

The Health and Wellbeing Board considers that provision of the locally commissioned services is adequate. However, some of these services such as smoking cessation could be further improved with increased participation and training of staff within community pharmacies. Pharmacies with longer opening hours have the opportunity to provide the service to the working population who may not be able to access other services in normal working hours.

38 community pharmacists have already been commissioned by NHS England to provide flu vaccine to target groups and a further 5 are undergoing training which will contribute to Gateshead reaching more of the target at risk population.

There are no gaps in the provision of specialist drug access services across Gateshead within the current network across South of Tyne with 6 pharmacy services, spread across the whole locality providing this service.

The Health and Wellbeing Board recognises the benefit of active participation of the pharmacy services in the locally commissioned services and also that other pharmacies expressed appetite in further provision of services.

After considering all the elements of the PNA, the Health and Wellbeing Board concludes that, with the possible exception of the East Locality, there is adequate provision of NHS pharmaceutical services across Gateshead.

Appendix 1: Glossary of Abbreviations

AUR	Appliance Use Review
BME	Black or Minority Ethnic group
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CIPFA	Chartered Institute of Public Finance and Accountancy
COPD	Chronic Obstructive Pulmonary Disease
CPCF	Community Pharmacy Contract Framework
EHCH	Enhanced Health in Care Homes scheme
EPS	Electronic Prescription Service
ESP	Essential Small Pharmacy
GatDoc	Gateshead Doctors Out of Hours Service
GP	General Practitioner
HLP	Healthy Living Pharmacies
HWB	Health and Wellbeing Board
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Health Needs Assessment
LPC	Local Pharmaceutical Committee
LSOA	Lower Layer Super Output Area
LTC	Long Term Conditions
MDS	Monitored Dosage System
MUR	Medicines Use Review
NDTMS	National Drug Treatment Monitoring System
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NMS	New Medicine Service
NUMAS	NHS Urgent Medicine Supply
PCO	Primary Care Organisation
PHE	Public Health England
PhIF	Pharmacy Integration Fund (PhIF)
PNA	Pharmaceutical Needs Assessment
POPPI data	Projection Older People Population Information
SCR	Summary Care Records
STI	Sexually Transmitted Infection
SAC	Stoma Appliance Customisation Service

Appendix 2: Consultation on the Draft Pharmaceutical Needs Assessment

The formal consultation on the draft PNA for Gateshead will run from 23rd October 2017 to 22nd December 2017 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) the following stakeholders will be consulted during this time:

- Gateshead Local Pharmaceutical Committee
- Gateshead Local Medical Committee
- All persons on the pharmaceutical lists and all dispensing doctors list in Gateshead
- LPS chemists in Gateshead with whom NHS England has made arrangements for the provision of any local pharmaceutical services;
- Gateshead Clinical Commissioning Group
- Gateshead Healthwatch
- Gateshead Health NHS Foundation Trust, and Northumberland, Tyne & Wear Mental Health NHS Foundation Trust
- NHS England
- Neighbouring HWBs in Newcastle, Durham, Gateshead, South Tyneside and Sunderland.
- General Practitioners

Letters are to be sent to all consultees informing them of the web site address which contained the draft PNA document.

Findings of consultation:

To be completed after consultation process

Appendix 3: Survey of Pharmaceutical Service Providers

Survey of Pharmaceutical Service Providers

Pharmaceutical Needs Assessment 2018 *(Key Questions)*

Access

Does the pharmacy entrance allow for unaided wheelchair access?

- Yes
- No
- No - Plans in place to address in the next 12 months

Consultation facilities

Consultation areas should meet the standard set out in the contractual framework to offer advanced services

Is there a consultation area?

- Available (including wheelchair access) on the premises
- Available (without wheelchair access) on premises
- Planned within next 12 months
- No consultation room available
- Other (please specify)

IT facilities

IT facilities?

- Electronic Prescription Service Release 2 enabled
- NHS Mail being used
- NHS Summary Care Record enabled
- Up to date NHS Choice entry

Community Pharmacy Quality Payments Scheme

National self-accreditation Level 1 HLP Award

Select the option that applies:

- The pharmacy has achieved HLP status
- The pharmacy is working towards HLP status
- The pharmacy is not currently working towards HLP status

Dementia friends

Select the one that applies:

- The pharmacy is working towards this quality payment, or 80% of staff in patient facing roles are now dementia friends
- The pharmacy is not working towards this quality payment

Asthma patients

The pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, being referred to an appropriate health care professional for an asthma review.

Select the one that applies:

- The pharmacy is working towards this quality payment
- The pharmacy is not working towards this quality payment

Services

Advanced services

Please give details of the Advanced Services provided by your pharmacy:

	Yes Currently providing	Soon Intending to begin within the next 12 months	No Not intending to provide
Medicines Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicine Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Urgent Medicine Supply Advanced Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services (Enhanced, Commissioned and Private)

Use this section to record which Local services you currently deliver or would like to deliver at your pharmacy. These can be Enhanced Services, commissioned by the NHS England Area Team, Public Health Services commissioned by a Local Authority, CCG services or private services.

Please tick the box that applies for each service:

	Currently provide	Intend to provide within 12	Willing to provide	Not intending to provide	Offer
privately					
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-viral Distribution Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraception Service (not an EHC service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten Free Food Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment & Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUR Plus/Medicines Optimisation Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management (adults and children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of hours services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sharps Disposal Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disease specific Medicines Management Service:

Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Screening Services:

Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vaccinations:

Seasonal Influenza Vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at risk workers or patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CCG Commissioned Services:

Think Pharmacy First Minor Ailments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active Intervention Stop Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Hormonal Contraception Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration of methadone, buprenorphine etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Health Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the pharmacy provide any of the following?

	Yes	No
Collection of prescriptions from surgeries	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of dispensed medicines - Free of charge on request	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of dispensed medicines - chargeable	<input type="checkbox"/>	<input type="checkbox"/>

Monitored Dosage Systems - Free of charge on request

Monitored Dosage Systems - chargeable

Results of Survey of Pharmaceutical Service Providers

Survey of Pharmacies

When We Consulted

17 July 2017 – 11 August 2017

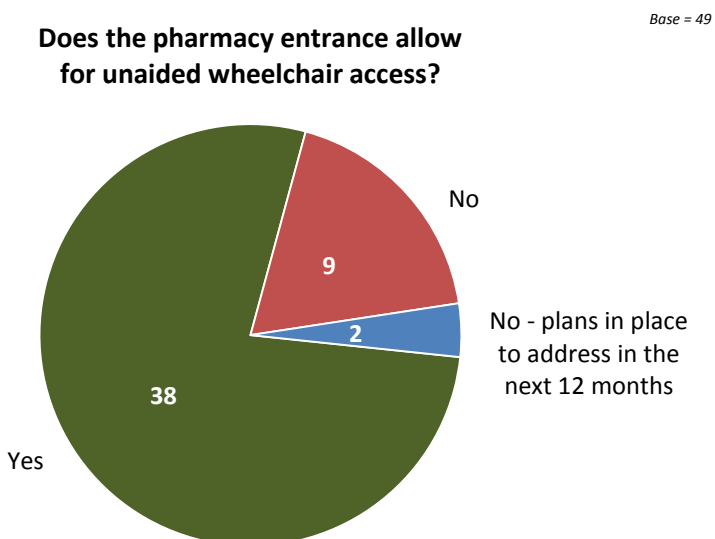
How We Consulted and Who Responded

A survey was built on-line using the PharmOutcomes website and circulated to all Gateshead pharmacies by the Local Pharmaceutical Committee Members on the PNA Steering Group.

All 49 pharmacies in Gateshead responded to the survey.

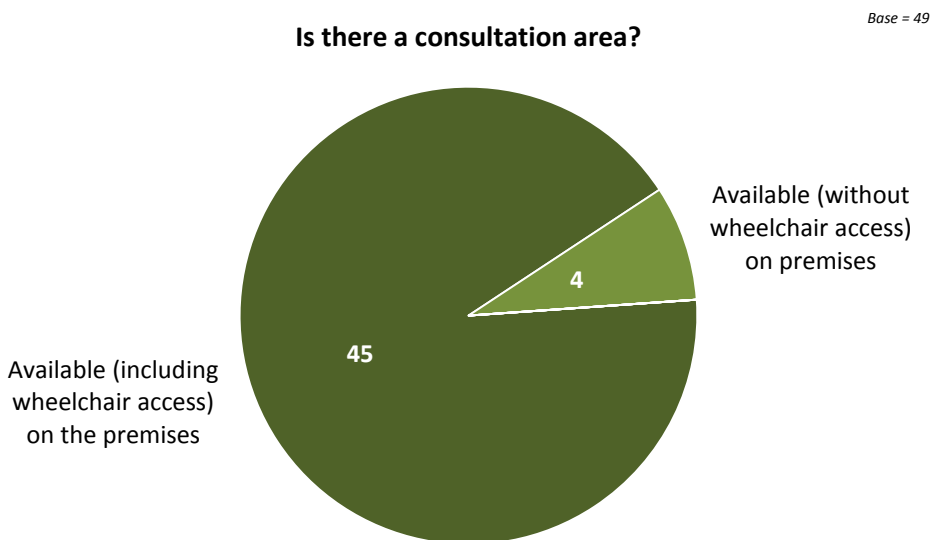
Survey Results

Most (38) pharmacies have unaided wheelchair access into their building and two additional pharmacies are planning to address this in the next 12 months. However, nine pharmacies do not have unaided wheelchair access.



All 49 of the pharmacies responding to the survey had a consultation area.

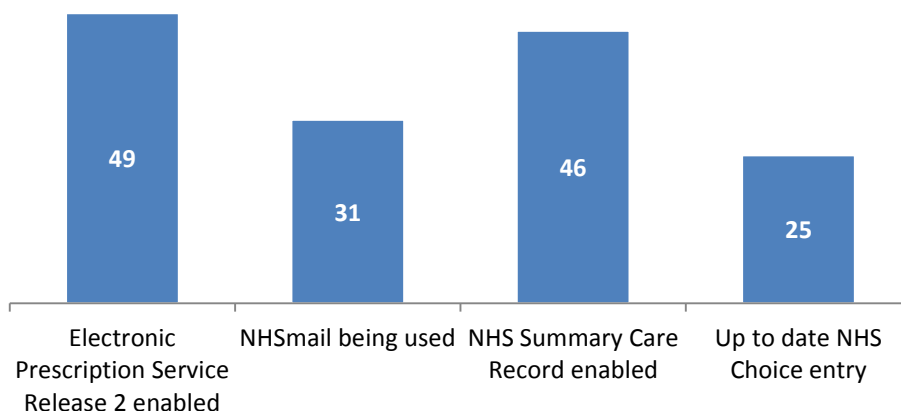
45 of these had wheelchair access into the consultation area.



All pharmacies are EPS Release 2 enabled, and 46 are NHS Summary Care Record enabled. 31 are using NHS Mail and 25 have an up to date NHS Choices entry.

Base = 49

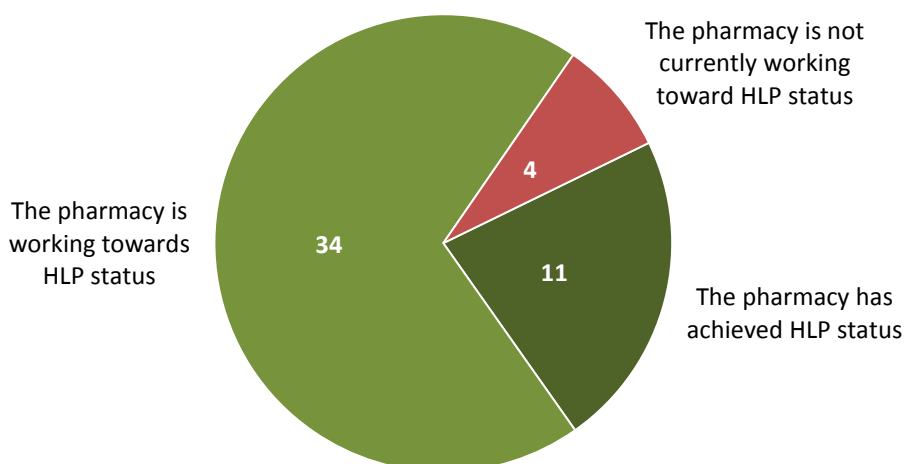
IT facilities?



Most of the pharmacies responding to the survey have either achieved national self-accreditation level 1 HLP status (11), or are working towards it (34). Only 4 pharmacies are not working toward HLP status.

Base = 49

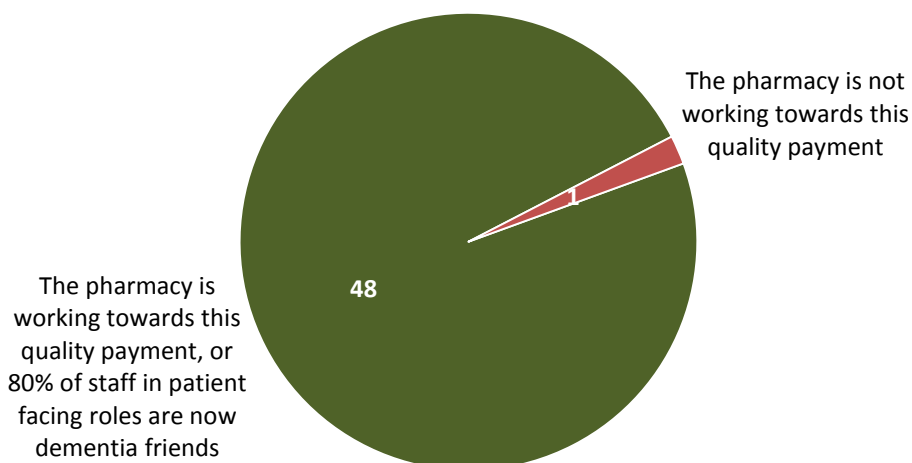
National self-accreditation Level 1 HLP Award



48 pharmacies responding to the survey are either working towards or already have 80% of staff in patient facing roles who are now 'dementia friends'. Only one pharmacy is not working towards this quality payment.

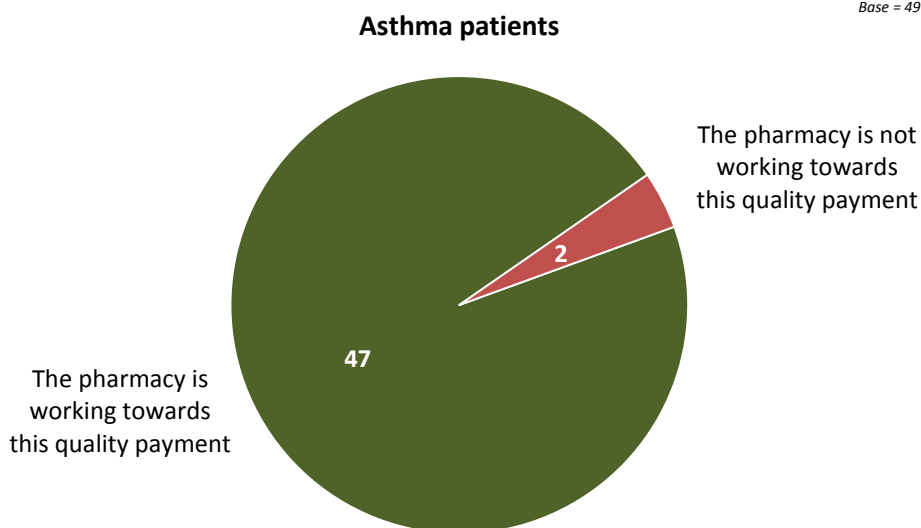
Base = 49

Dementia friends



Almost all (47) of the pharmacies responding to the survey can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, being referred to an appropriate health care professional for an asthma review.

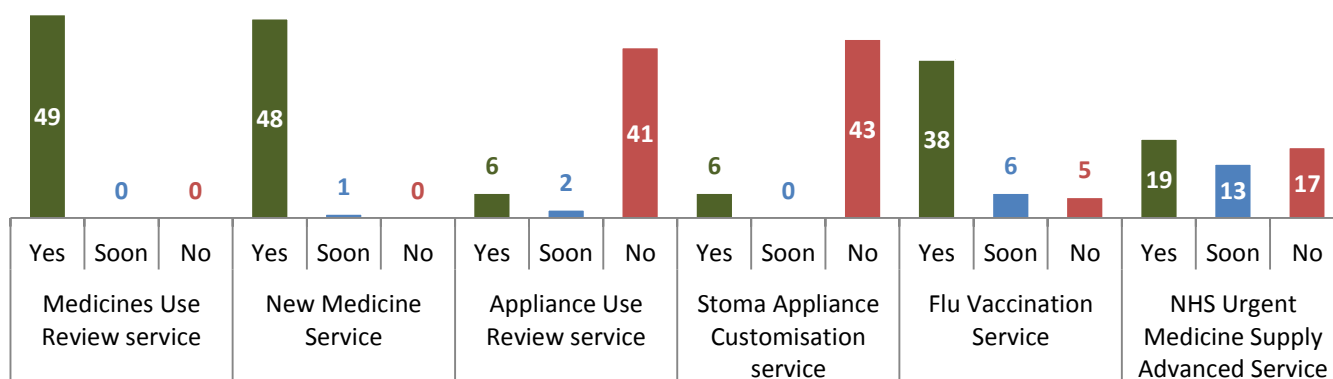
Base = 49



Very few pharmacies provide a stoma appliance customisation service (6) or appliance use review (6). However all, or almost all, provide the New Medicine Service (48) and Medicines Use Review (49). In addition 38 pharmacies provide a Flu Vaccination Service with 6 intending to begin providing the service in the next 12 months. Also, whilst only 19 provide the NHS Urgent Medicine Supply Advanced Service, 13 intend to provide it within the next 12 months.

Base = 49

Please give details of the Advanced Services provided by your pharmacy:



Do you provide these services?

Base = 48

	Currently provide	Intend to provide within next 12 months	Would provide if commissioned	Not intending to provide	Offer privately
Anticoagulant Monitoring Service	3	1	28	17	0
Anti-viral Distribution Service	0	0	28	20	1
Care Home Service	6	0	22	17	4
Chlamydia Testing Services	12	1	26	10	0
Chlamydia Treatment Service	0	1	35	13	0
Contraception Service (not an EHC service)	5	1	33	10	0

	Currently provide	Intend to provide within next 12 months	Would provide if commissioned	Not intending to provide	Offer privately
Emergency Supply Service	28	5	14	2	0
Gluten Free Food Supply Service	4	0	31	14	0
Home Delivery Service (not appliances)	37	1	2	3	6
Independent Prescribing Service	0	0	21	28	0
Supplementary Prescribing Service	0	0	18	31	0
Language Access Service	0	0	24	25	0
Medication Review Service	8	1	32	8	0
Medicines Assessment & Compliance Support Service	2	1	33	13	0
MUR Plus/Medicines Optimisation Service	1	1	33	14	0
Needle and Syringe Exchange Service	8	1	13	27	0
Obesity management (adults and children)	0	0	36	13	0
Not Dispensed Scheme	1	0	30	17	1
Out of hours services	1	0	21	26	1
Phlebotomy Service	0	0	23	24	2
Prescriber Support Service	0	0	31	18	0
Sharps Disposal Service	3	0	26	20	0
Schools Service	1	0	32	16	0
Patient Group Direction Service	10	1	27	8	3

Disease specific Medicines Management Service:	Currently provide	Intend to provide within next 12 months	Would provide if commissioned	Not intending to provide	Offer privately
Allergies	0	2	34	13	0
Alzheimer's/dementia	0	0	36	13	0
Asthma	3	1	32	13	0

Disease specific Medicines Management Service:	Currently provide	Intend to provide within next 12 months	Would provide if commissioned	Not intending to provide	Offer privately
CHD	0	0	34	15	0
COPD	3	0	33	13	0
Depression	0	0	36	13	0
Diabetes type I	0	0	36	13	0
Diabetes type II	1	0	35	13	0
Epilepsy	0	0	36	13	0
Heart Failure	0	0	35	14	0
Hypertension	1	0	35	13	0
Parkinson's disease	0	0	36	13	0

Screening Services:	Currently provide	Intend to provide within next 12 months	Would provide if commissioned	Not intending to provide	Offer privately
Alcohol	2	0	31	15	0
Cholesterol	4	1	32	12	0
Diabetes	7	1	30	10	1
Gonorrhoea	1	0	28	19	1
H. pylori	0	0	32	17	0
HbA1C	0	0	33	16	0
Hepatitis	0	0	30	18	1
HIV	0	0	25	23	1

Vaccinations:	Currently provide	Intend to provide within next 12 months	Would provide if commissioned	Not intending to provide	Offer privately
Seasonal Influenza Vaccination	27	5	6	4	7
Childhood vaccinations	2	1	33	12	1

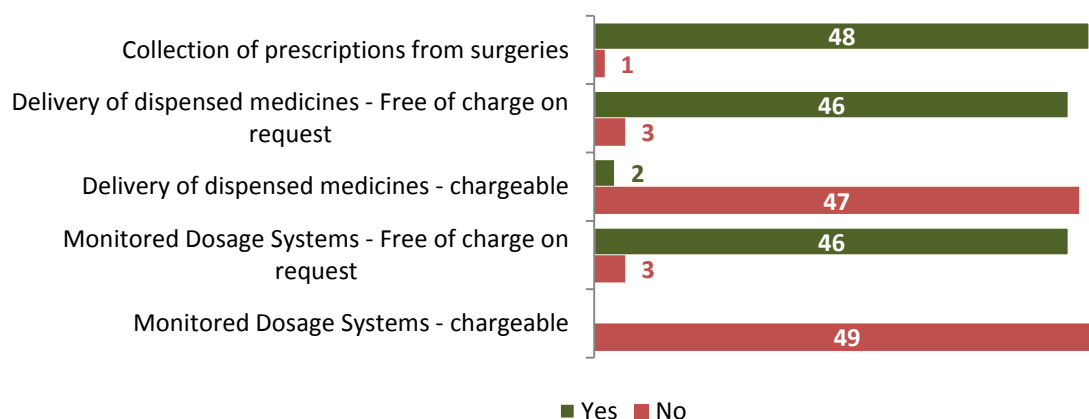
Vaccinations:	Currently provide	Intend to provide within next 12 months	Would provide if commissioned	Not intending to provide	Offer privately
Hepatitis(at risk workers or patients)	0	1	32	15	1
HPV	1	1	31	15	1
Travel vaccines	1	3	33	11	1

CCG Commissioned Services:	Currently provide	Intend to provide within next 12 months	Would provide if commissioned	Not intending to provide	Offer privately
Think Pharmacy Fist Minor Ailments	45	1	1	2	0
On Demand Availability of Specialist Drugs Service	4	1	32	12	0
NRT Supply Service	39	4	4	2	0
Active Intervention Stop Smoking	23	6	12	8	0
Emergency Hormonal Contraception Service	31	9	7	2	0
Supervised Administration of methadone, buprenorphine etc.	40	1	1	7	0
NHS Health Checks	5	6	24	14	0

Almost all (48) pharmacies collect prescriptions from surgeries. Almost all (48) pharmacies deliver dispensed medicines, but only 46 do so free of charge, the other 2 charge for this service. None of the pharmacies responding to the survey charged for monitored dosage systems, but only 46 provided the service free of charge.

Base = 49

Does the pharmacy provide any of the following?



Appendix 4: Public Survey and Analysis Results

How do you use your local pharmacy?

We'd like your help to improve what is on offer in our local pharmacies by answering a few questions about the way you use them.

Your responses will help us to write a local Pharmaceutical Needs Assessment, which will help to ensure that your local pharmacy provides the services you need both now and in the future.

Once you've answered the questions below just hand it to a member of staff behind the counter. Alternatively, take this form away with you and visit www.gateshead.gov.uk/consultationsnew to complete it online.

Thank you for your help - **Gateshead Health and Wellbeing Board**



Complete it online at
www.gateshead.gov.uk/consultationsnew

How you use pharmacies

1. How often do you visit this or any other pharmacy?

(Please tick one box only)

- At least once a week
- At least monthly
- At least every three months
- At least every six months
- At least once a year
- Less than once a year

2. Do you always visit the same pharmacy?

(Please tick one box only)

- Always
- Usually
- No

3. Think about the pharmacy you visit most often, how do you usually get there?

(Please tick one box only)

- On foot
- Public transport
- Car or taxi
- Other

4. Thinking about the same pharmacy, is it easy or difficult to get there on foot or by public transport?

(Please tick one box only in each column)

- | | On foot | Public transport |
|------------|--------------------------|--------------------------|
| Easy | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficult | <input type="checkbox"/> | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> | <input type="checkbox"/> |

5. Again, thinking of the same pharmacy, what type of pharmacy is it?

(Please tick one box only)

- On the High street
- In a supermarket
- In a Doctor's surgery
- Other

6. Have you ever needed something from a pharmacy but found it was closed at the time?

(Please tick one box only)

- Yes No (Go to Q9) Don't know

7. What did you need?

8. What did you do when you realised it was closed?

(Please tick one box only)

- Went to another pharmacy Went to a walk-in centre
 Waited until the pharmacy was open Went to a hospital
 Other

9. When you visit a pharmacy, which services do you use and are there any that you would be likely to use if they were available?

(Please tick all that apply)

	I use this	Likely to use if available		I use this	Likely to use if available
General Pharmacy Services			Sexual Health		
Dispensing of prescriptions	<input type="checkbox"/>		Pregnancy testing	<input type="checkbox"/>	<input type="checkbox"/>
Buying over the counter medicines	<input type="checkbox"/>		Chlamydia screening/treatment	<input type="checkbox"/>	<input type="checkbox"/>
Advice from your pharmacist (e.g. medicines/lifestyle)	<input type="checkbox"/>		Emergency hormonal contraception (morning after pill)	<input type="checkbox"/>	<input type="checkbox"/>
Disposing of old or unwanted medicines	<input type="checkbox"/>		Erectile dysfunction service	<input type="checkbox"/>	<input type="checkbox"/>
Medicine review/check	<input type="checkbox"/>		Substance Misuse/ Palliative Care		
Smoking, Alcohol and Weight Management			Needle exchange or safe disposal of needles/syringes	<input type="checkbox"/>	<input type="checkbox"/>
Stop smoking service	<input type="checkbox"/>	<input type="checkbox"/>	Specialist drugs service (e.g. palliative care drugs or supervised consumption of methadone)	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol advice	<input type="checkbox"/>	<input type="checkbox"/>	Checks/Screening/ Monitoring		
Weight management	<input type="checkbox"/>	<input type="checkbox"/>	Anti-coagulant monitoring (e.g. warfarin)	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinations			Health check (e.g. blood pressure, cholesterol or glucose check)	<input type="checkbox"/>	<input type="checkbox"/>
Children's nasal flu vaccination	<input type="checkbox"/>	<input type="checkbox"/>	Other		
Adult flu vaccination	<input type="checkbox"/>	<input type="checkbox"/>	NHS minor ailments scheme (free over the counter medicine for those not paying for prescriptions)	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia vaccination	<input type="checkbox"/>	<input type="checkbox"/>			
Travel vaccinations	<input type="checkbox"/>	<input type="checkbox"/>			
Hair loss service	<input type="checkbox"/>	<input type="checkbox"/>			

10. Is there anything else you'd like to tell us about the pharmacy that you use?

11. Please tell us your age?

12. Are you...?

(Please tick one box only)

- Male
 Female
 Transgender

13. What is your postcode?

(Your postcode does not identify your individual address)

14. What is your ethnicity?

(Please tick one box only)

- White British White Other Mixed Asian Black Other

Results of Survey of Pharmacy Customers/Public

Survey of Pharmacy Customers/Public

When We Consulted

17 July – 6 August 2017

How We Consulted and Who Responded

A short paper survey was circulated to all Gateshead pharmacies by the Local Pharmaceutical Committee Members on the PNA Steering Group. Pharmacies were asked to display the survey on their counters and encourage customers to complete it. An on-line version of the survey was also built and accessible via the Council’s website.

225 people responded to the survey. There was at least one response from every ward in Gateshead. The spread of responses from each locality is shown in the table.

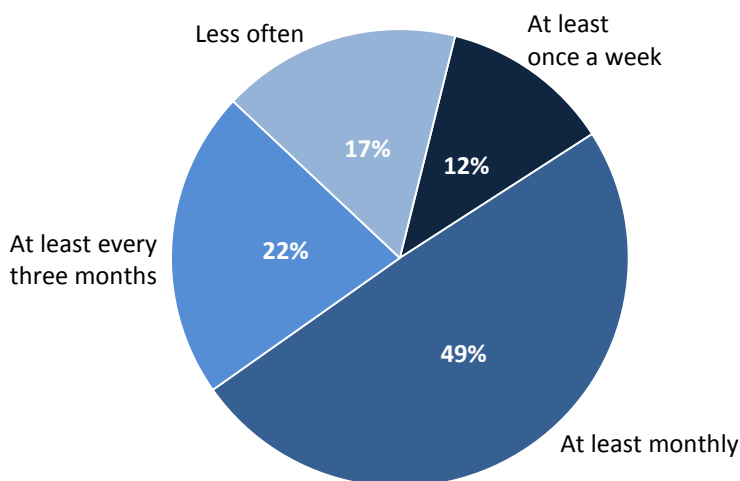
Locality	Number of people
Central	29
East	27
Inner West	38
South	56
West	51
Not in Gateshead	3
Unknown	21

Survey Results

Many (61%) respondents to the survey were regular pharmacy users – monthly or more often. Around a fifth (22%) use pharmacies at least every three months, and the remainder (17%) less often.

How often do you visit a pharmacy?

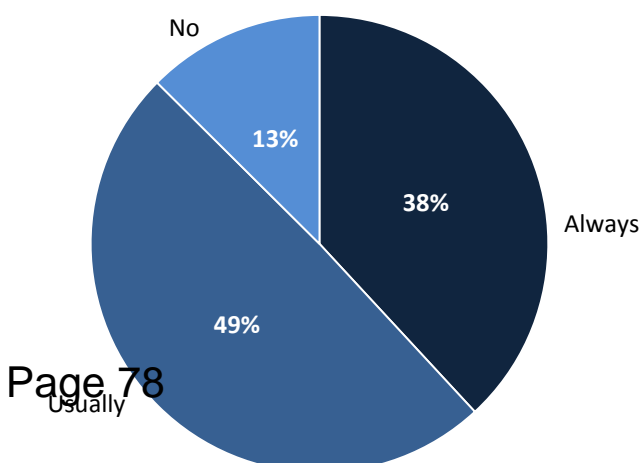
Base = 225



87% of respondents either always or usually visit the same pharmacy.

Do you always visit the same pharmacy?

Base = 223

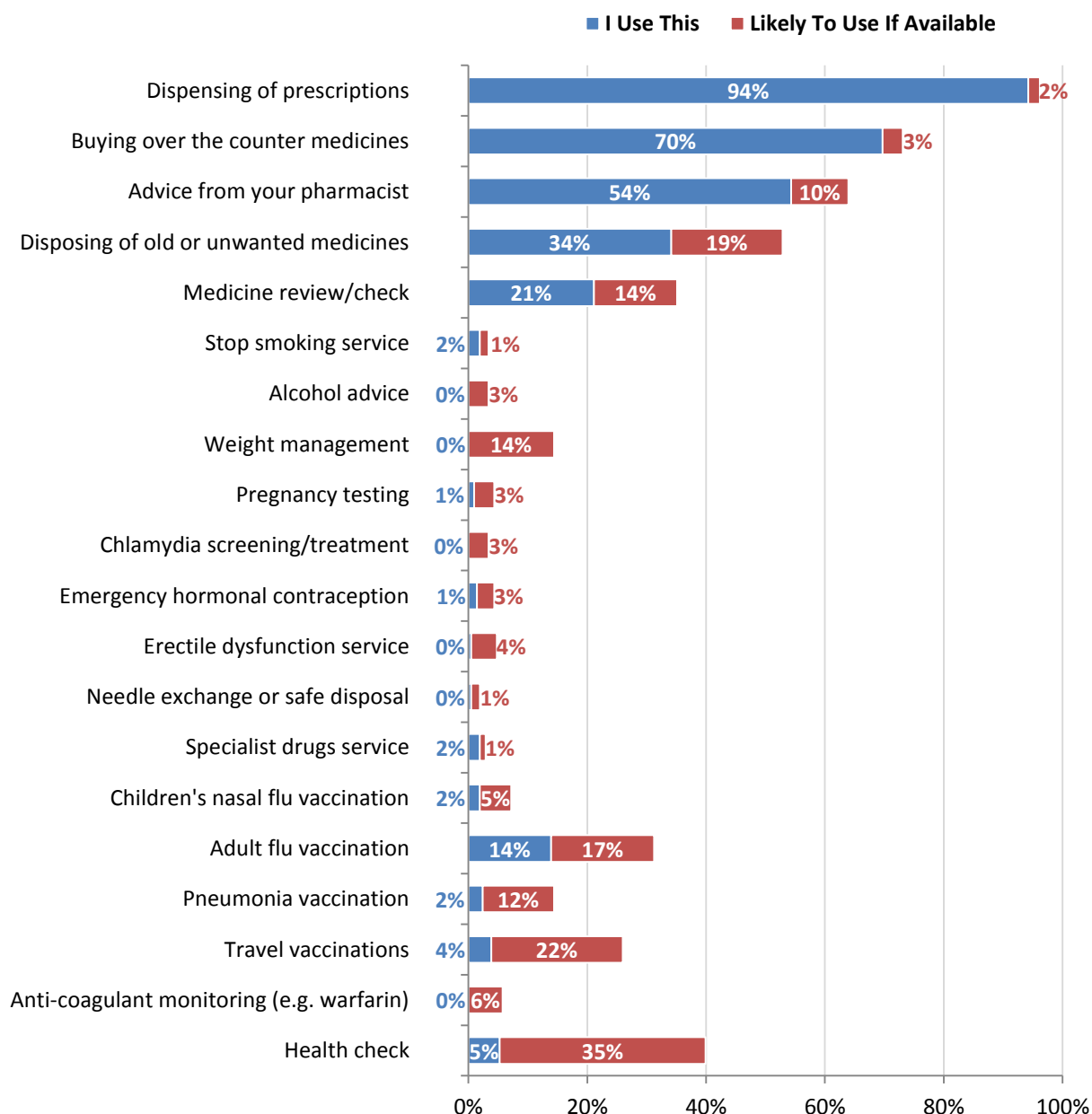


As would be expected, many respondents use pharmacies to collect prescriptions (94%) and buy over the counter medicines (70%). There was also a large proportion using them for advice (54%) and disposing of old or unwanted medicines (34%) as well as for their medicine review/check (21%).

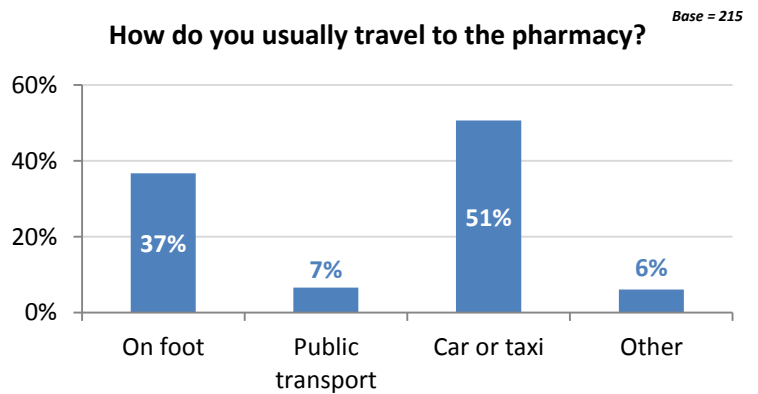
A number of people said they would be likely to use health checks (35%), travel vaccinations (22%), and the adult flu vaccination (17%) if they were available at their pharmacy. 19% also said they would use the disposal of unwanted medicines service if available at their pharmacy, which suggests there may be some who are unaware that this is an 'essential' service available at all pharmacies.

Base = 208

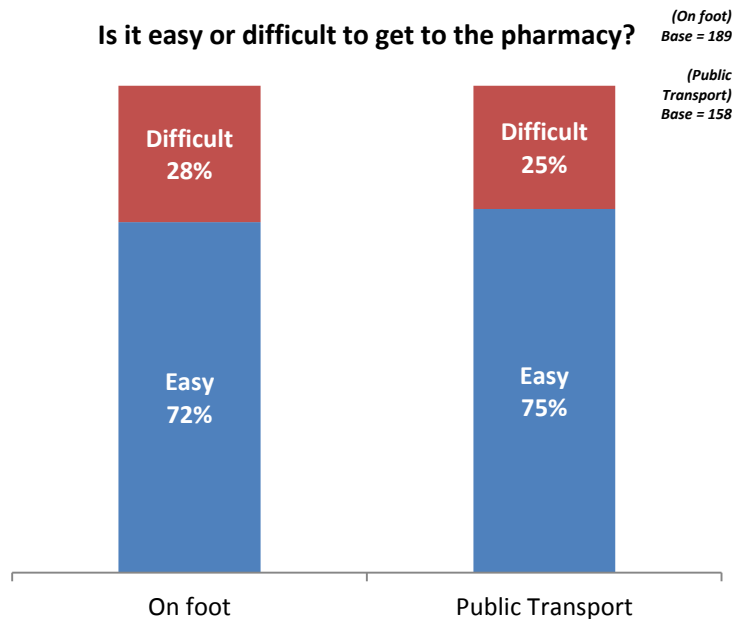
When you visit a pharmacy , which services do you use and are there any that you would be likely to use if they were available?



Half (51%) of respondents travel to their pharmacy by car or taxi. A large proportion (37%) travel on foot. Relatively few use public transport (7%).



When asked about ease of travelling to their usual choice of pharmacy on foot or by public transport, 28% said it was difficult to get to on foot and 25% said it was difficult on public transport.

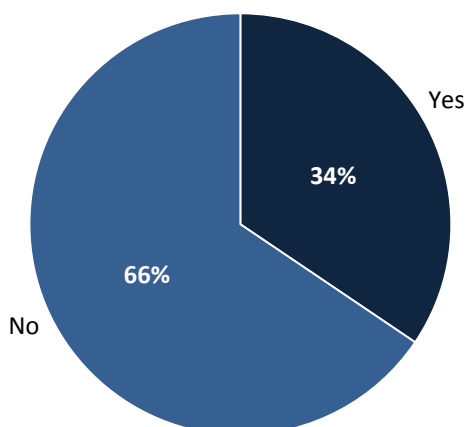


Over a third (34%) of respondents said they have needed something from a pharmacy in the past but found the pharmacy was closed at the time.

Of 56 respondents who said yes and could remember what they needed, 46% had wanted a prescription, 43% over the counter medicine, and 11% wanted medicine although they did not define whether it was prescribed or not.

Have you ever needed something from a pharmacy but found it was closed at the time?

Base = 209



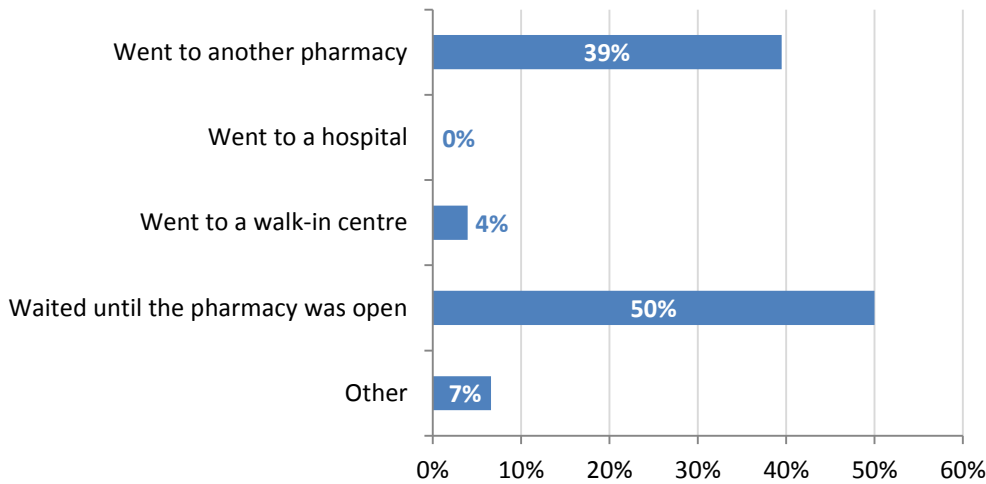
What did you need?

	No. people	% people
Prescription	26	46%
Over the counter medicine	24	43%
Medication – unknown type	6	11%

What did you do when you realised the pharmacy was closed?

Base = 76

Half (50%) of respondents, on realising that the pharmacy was closed, waited until it was open. Over a third (39%) went to another pharmacy.

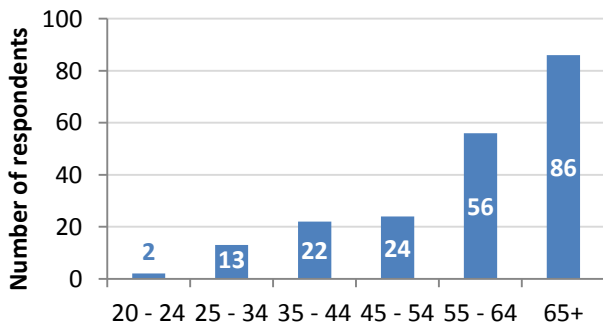


More than a third of the additional comments provided specifically mentioned high levels of satisfaction with the service provided by pharmacies without being prompted (although around 1 in 10 mentioned being dissatisfied). Around 1 in 10 respondents said they valued the delivery service and a similar number said their pharmacy had good links with their local GP practice.

However, 1 in 10 also said they have experienced issues with either the days or times that pharmacies are open, or being able to collect a prescription when the pharmacist was out.

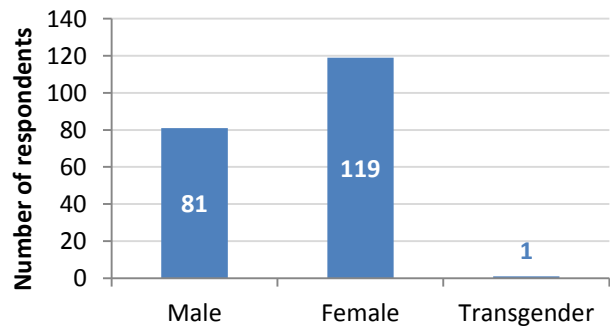
Age profile of respondents

Base = 203

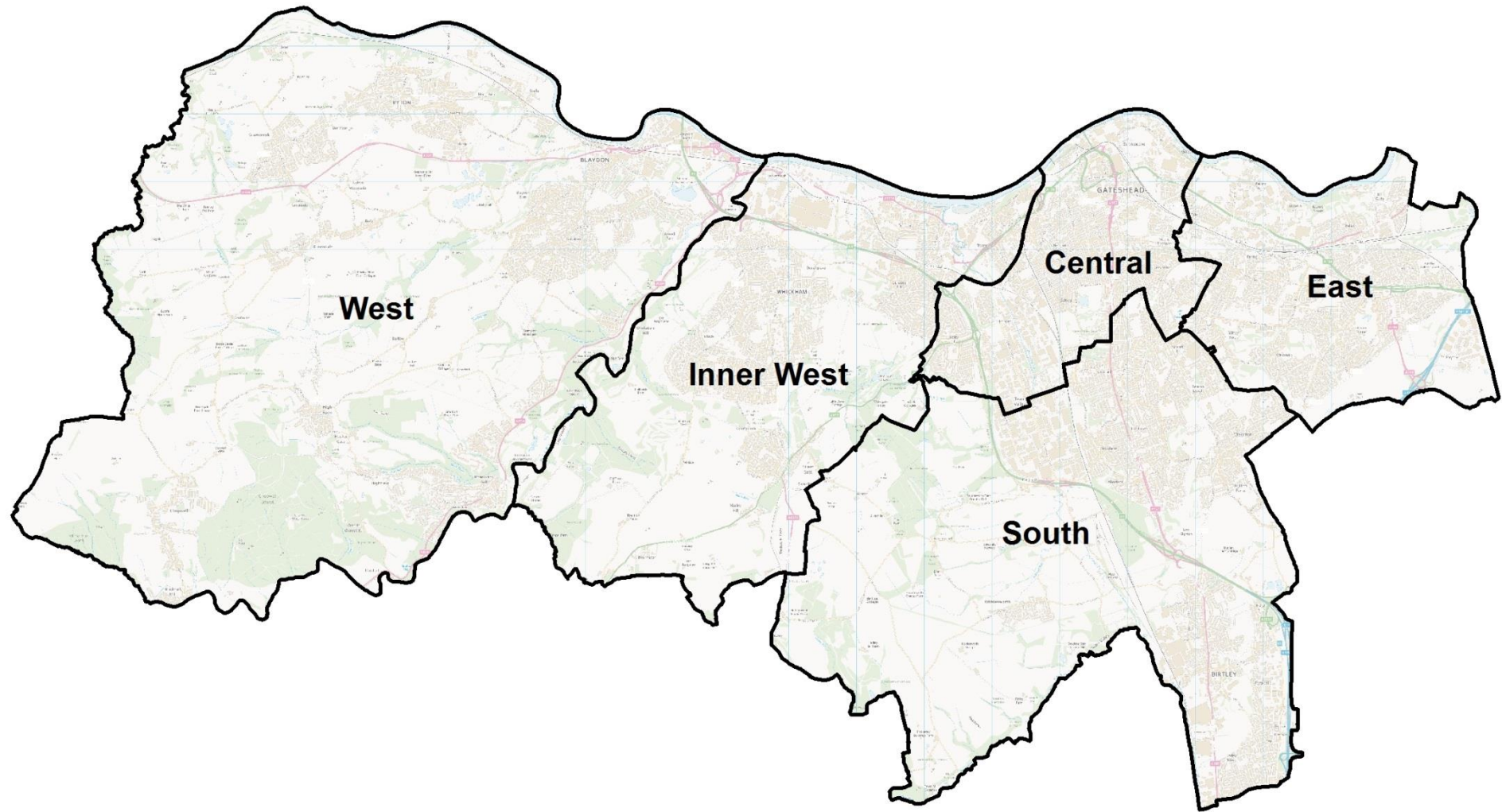


Gender of respondents

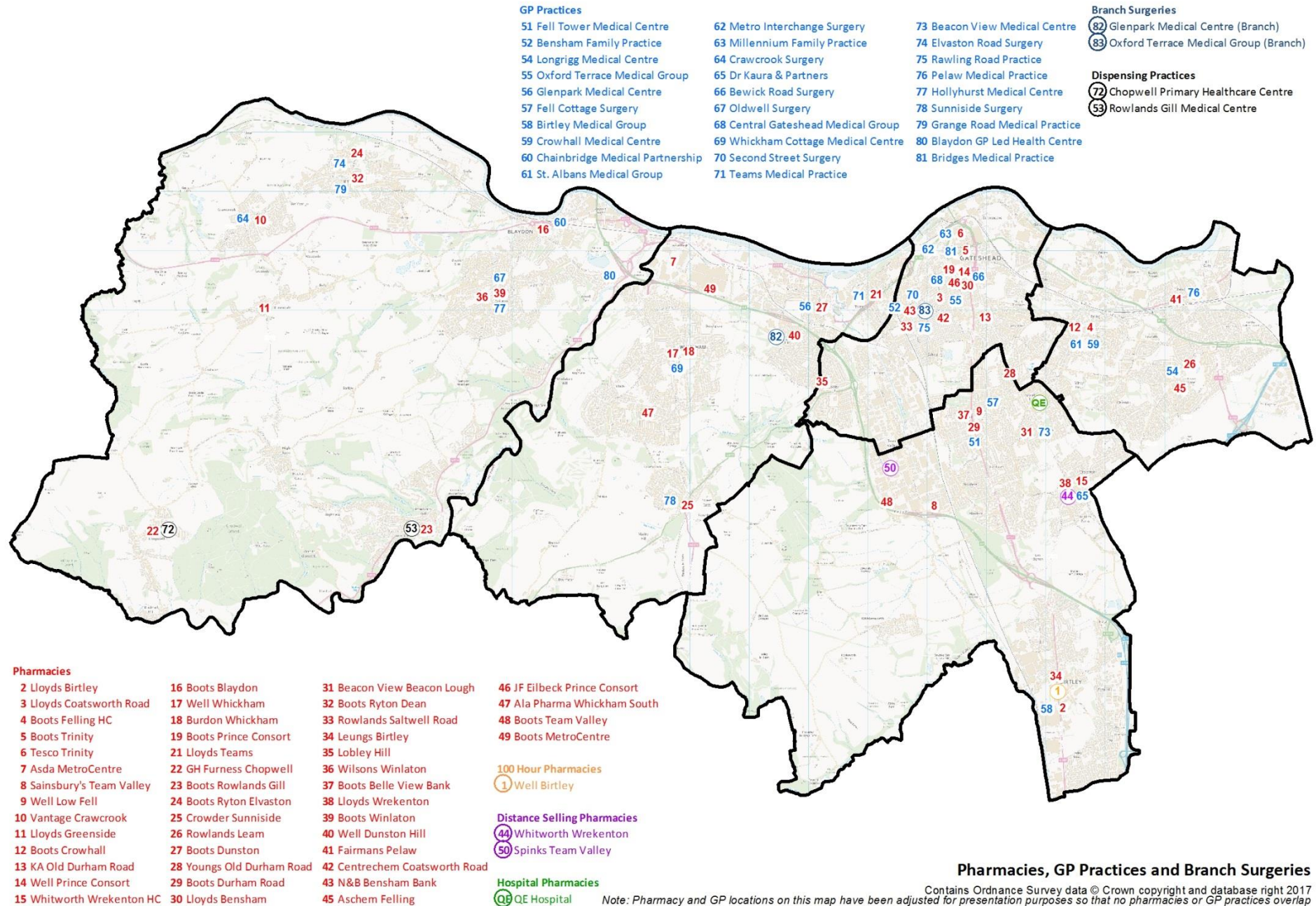
Base = 201



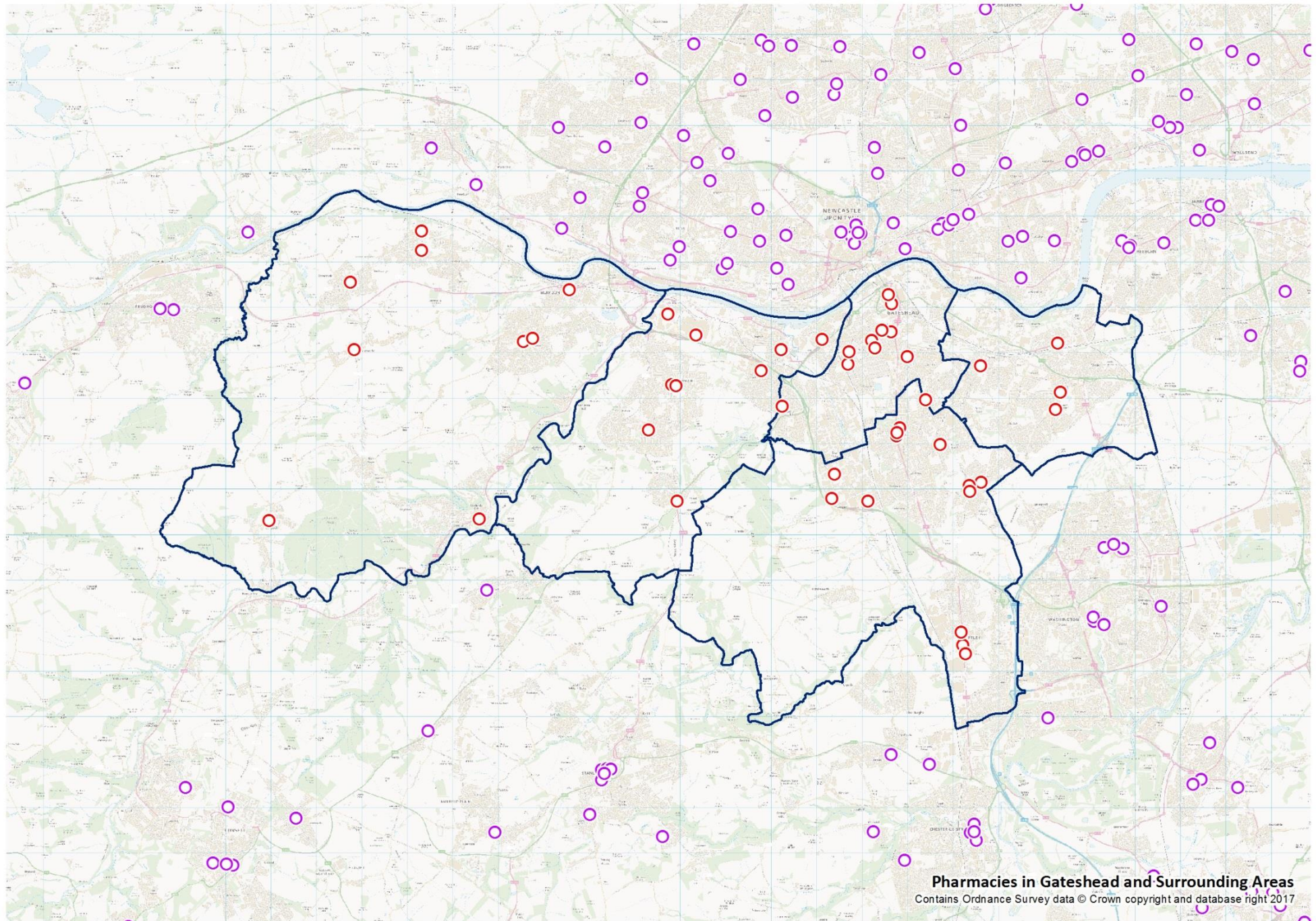
Appendix 5: Gateshead Localities



Appendix 6: Pharmacies, GP Practices and Branch Surgeries

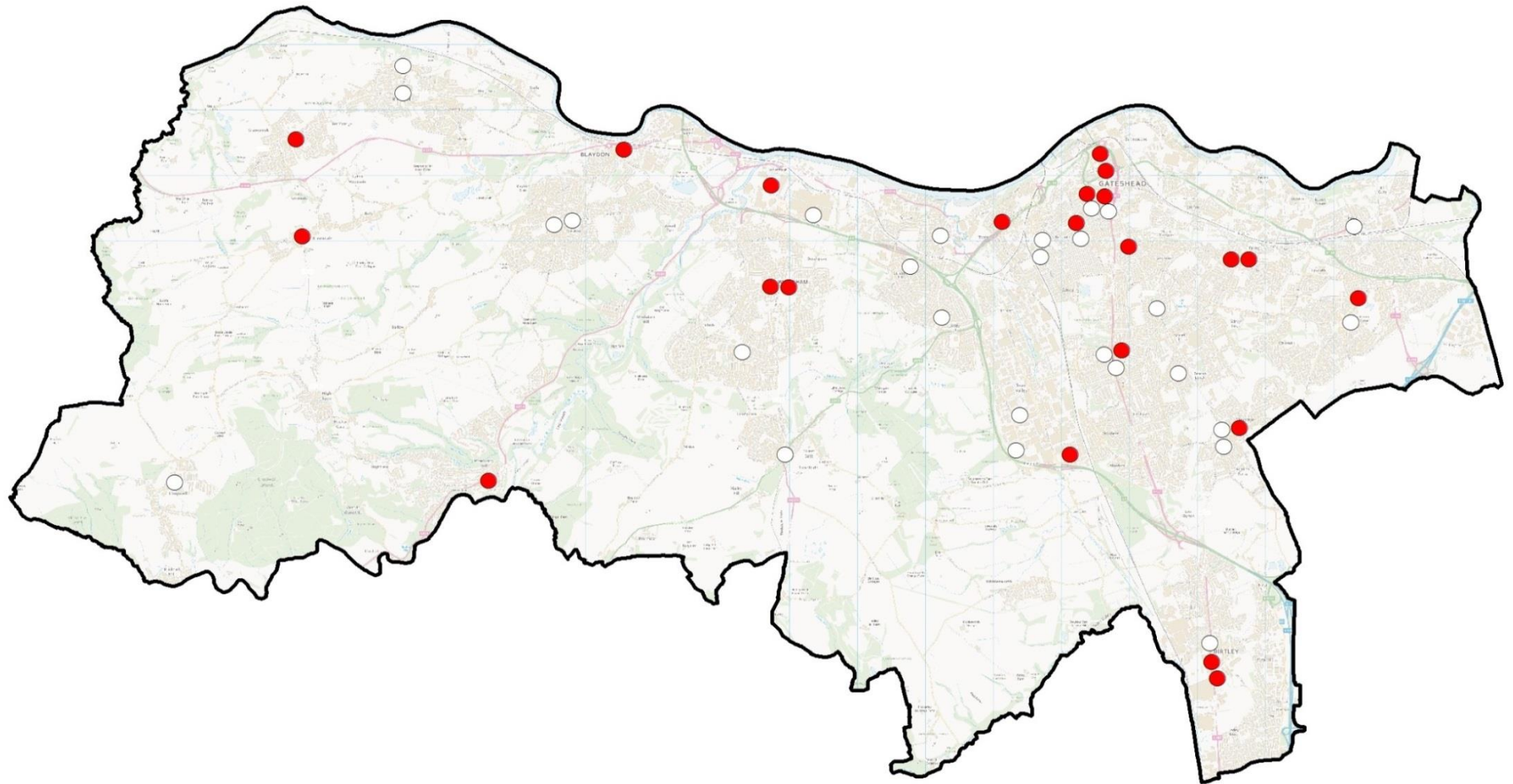


Appendix 7: Pharmacies in Gateshead and Surrounding Areas



Appendix 8: Maps of Pharmacy Opening Times and Commissioned Services

Map 8A:

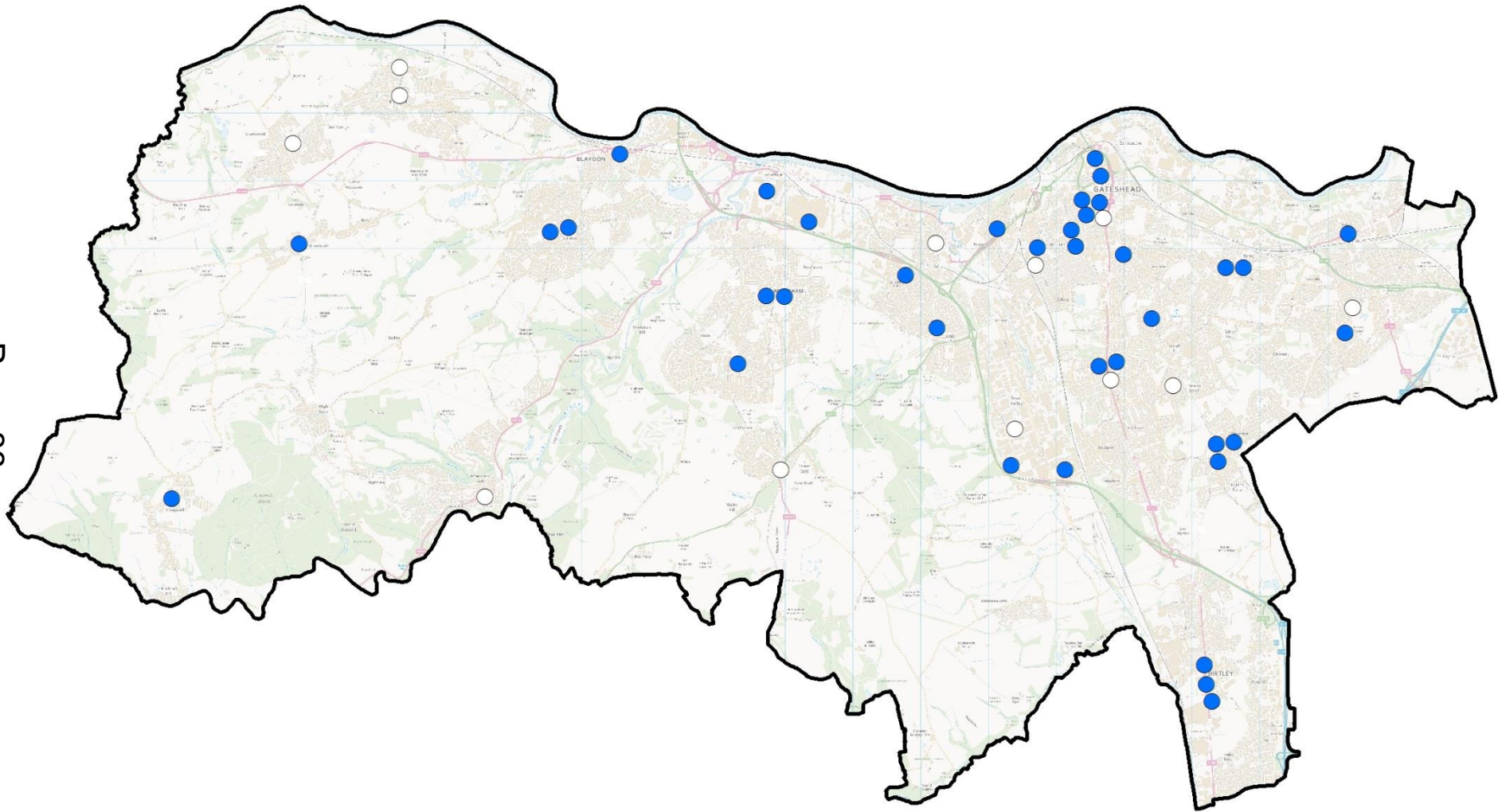


- Open before 9am
- Not open before 9am

Pharmacies Open Before 9am on Weekdays

Contains Ordnance Survey data © Crown copyright and database right 2017
Note: Pharmacy locations on this map have been adjusted for presentation purposes so that no pharmacies overlap

Map 8B:

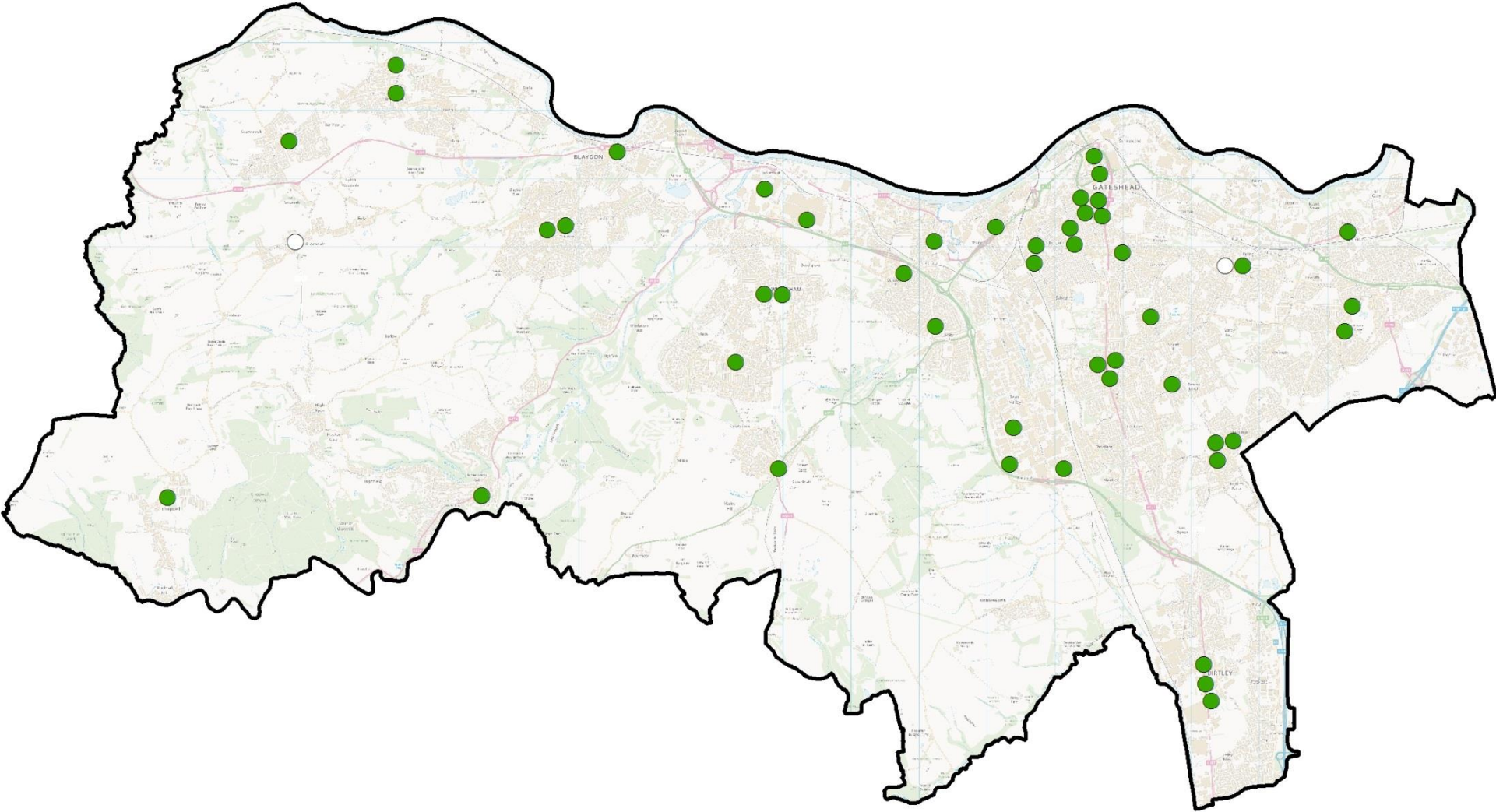


- Open throughout lunchtime
- Close at some point during lunchtime

Pharmacies Open Throughout Lunchtime on Weekdays

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Note: Pharmacy locations on this map have been adjusted for presentation purposes so that no pharmacies overlap

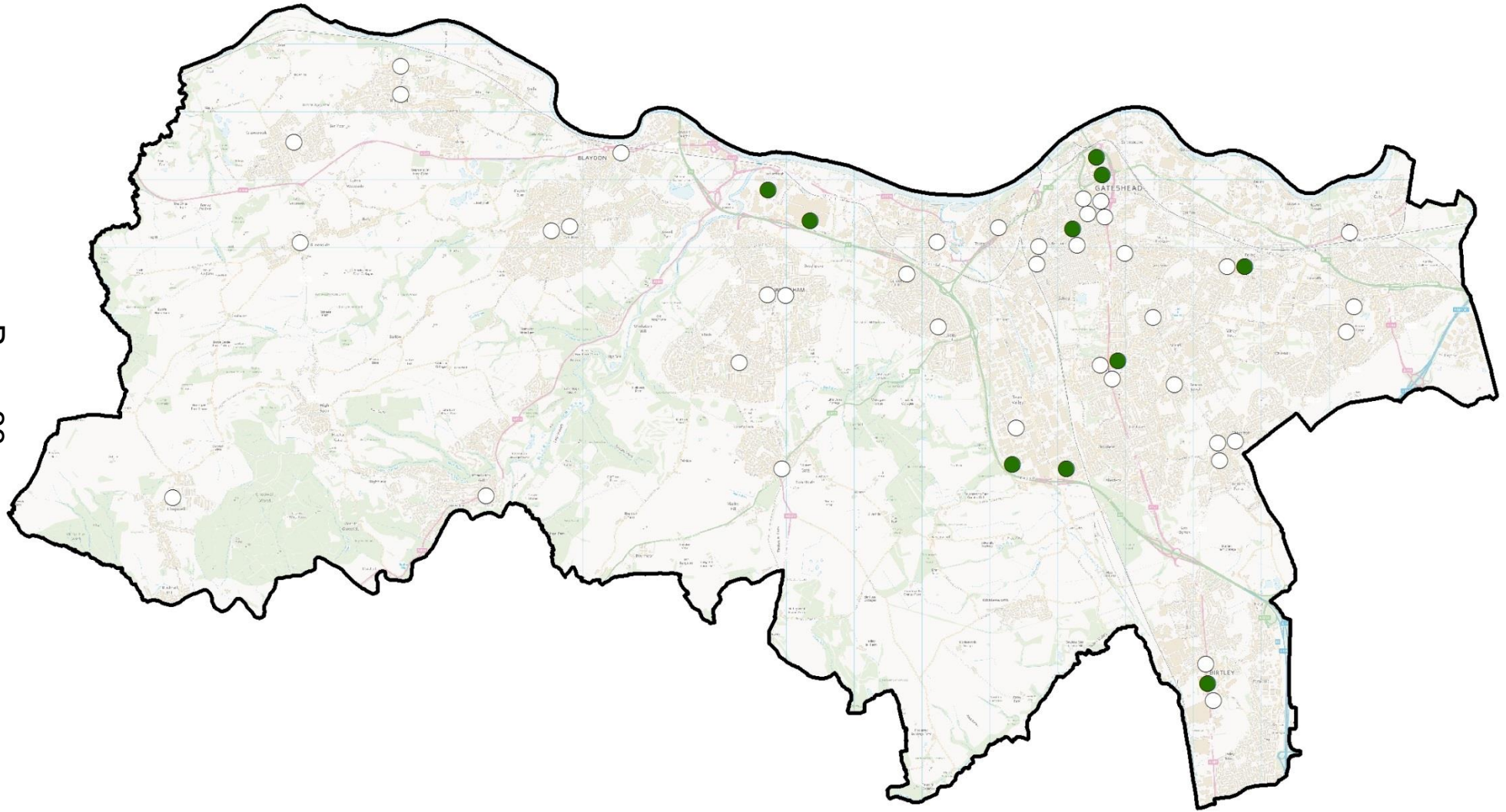
Map 8C:



- Open after 5pm
- Not open after 5pm

Pharmacies Open After 5pm on Weekdays

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Note: Pharmacy locations on this map have been adjusted for presentation purposes so that no pharmacies overlap

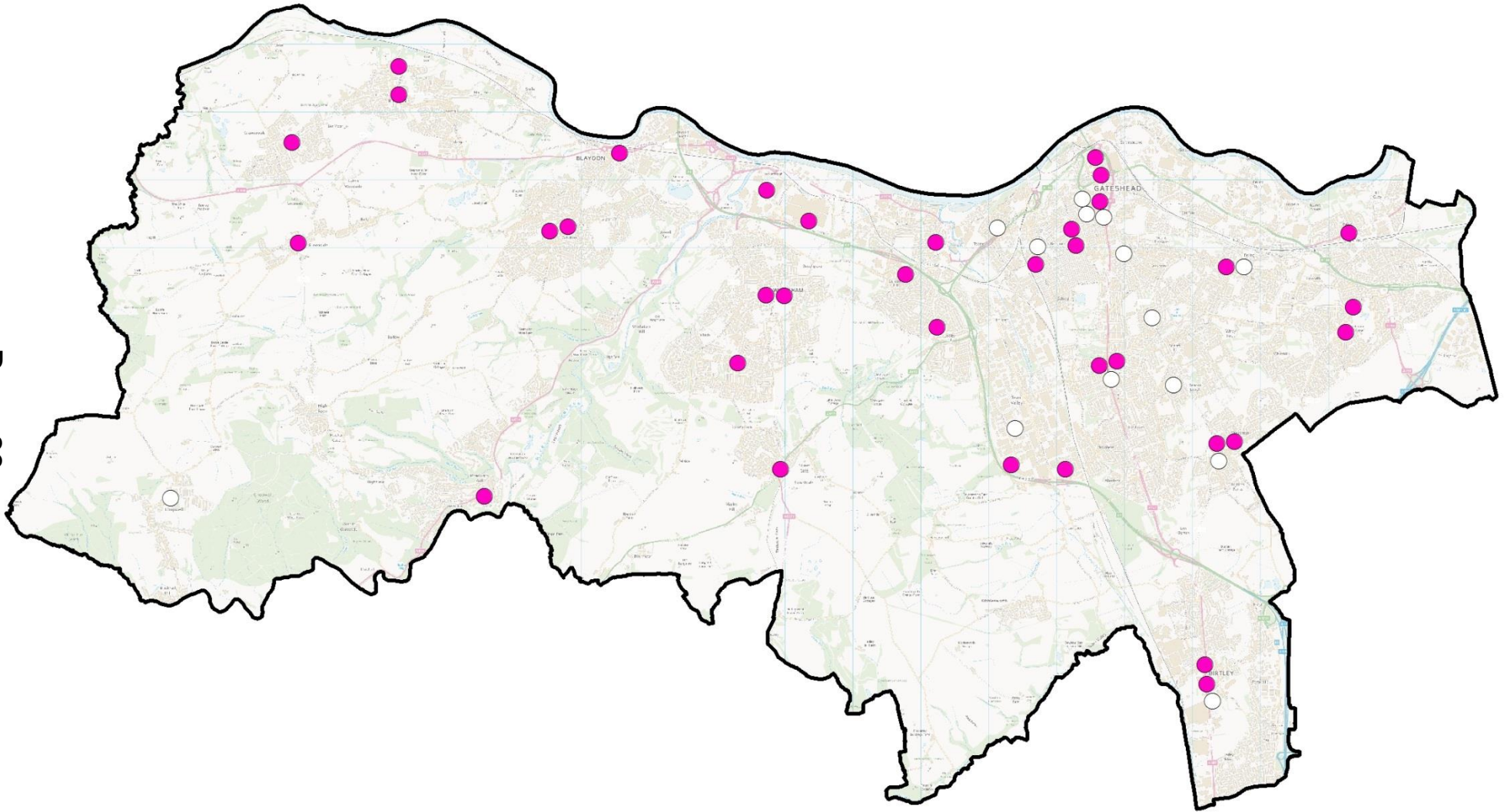


- Open after 6pm
- Not open after 6pm

Pharmacies Open After 6pm on Weekdays

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Note: Pharmacy locations on this map have been adjusted for presentation purposes so that no pharmacies overlap

Map 8E:

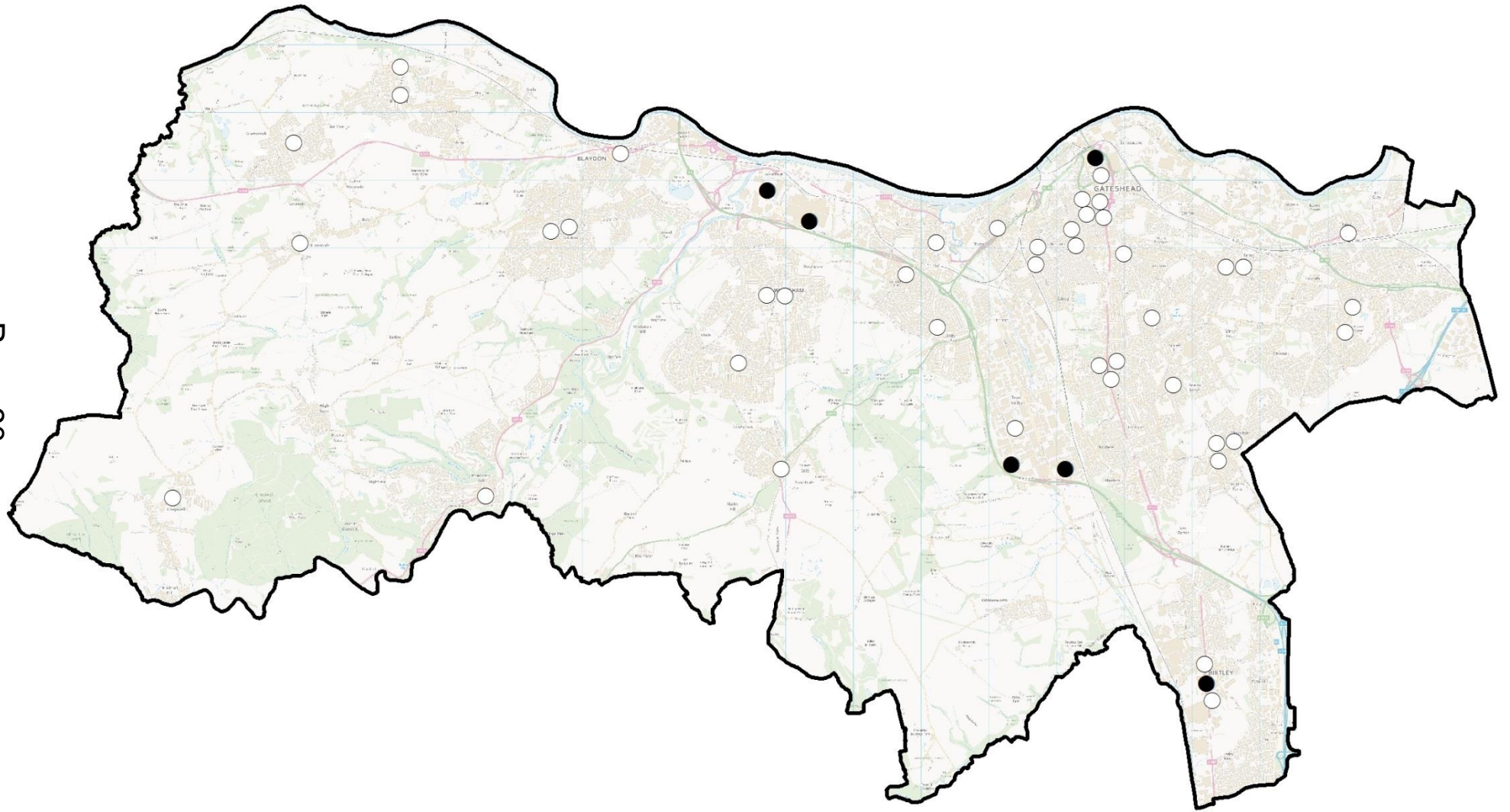


- Open on a Saturday
- Not open on a Saturday

Pharmacies Open on a Saturday

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Note: Pharmacy locations on this map have been adjusted for presentation purposes so that no pharmacies overlap

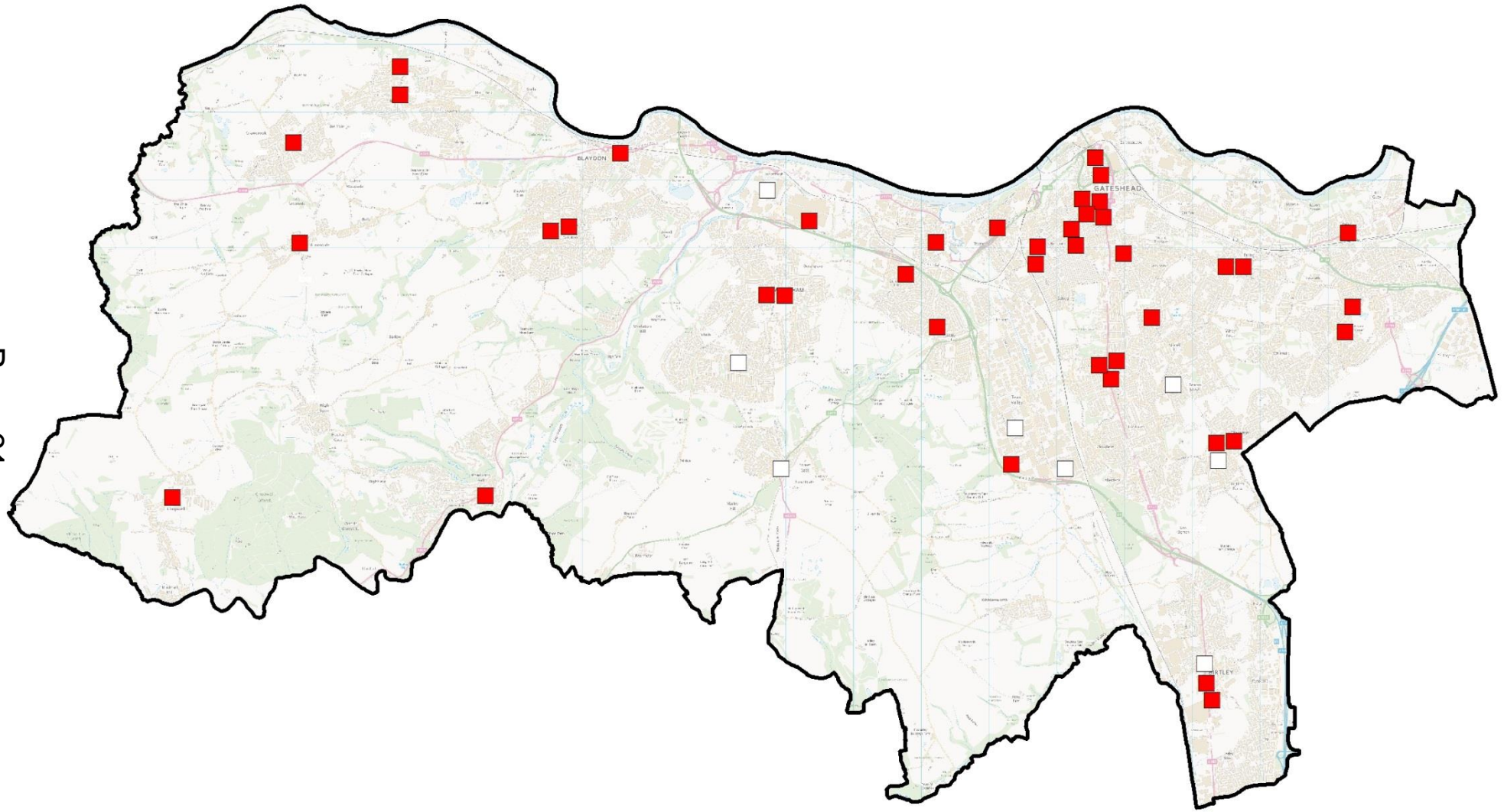
Map 8F:



- Open on a Sunday
- Not open on a Sunday

Pharmacies Open on a Sunday

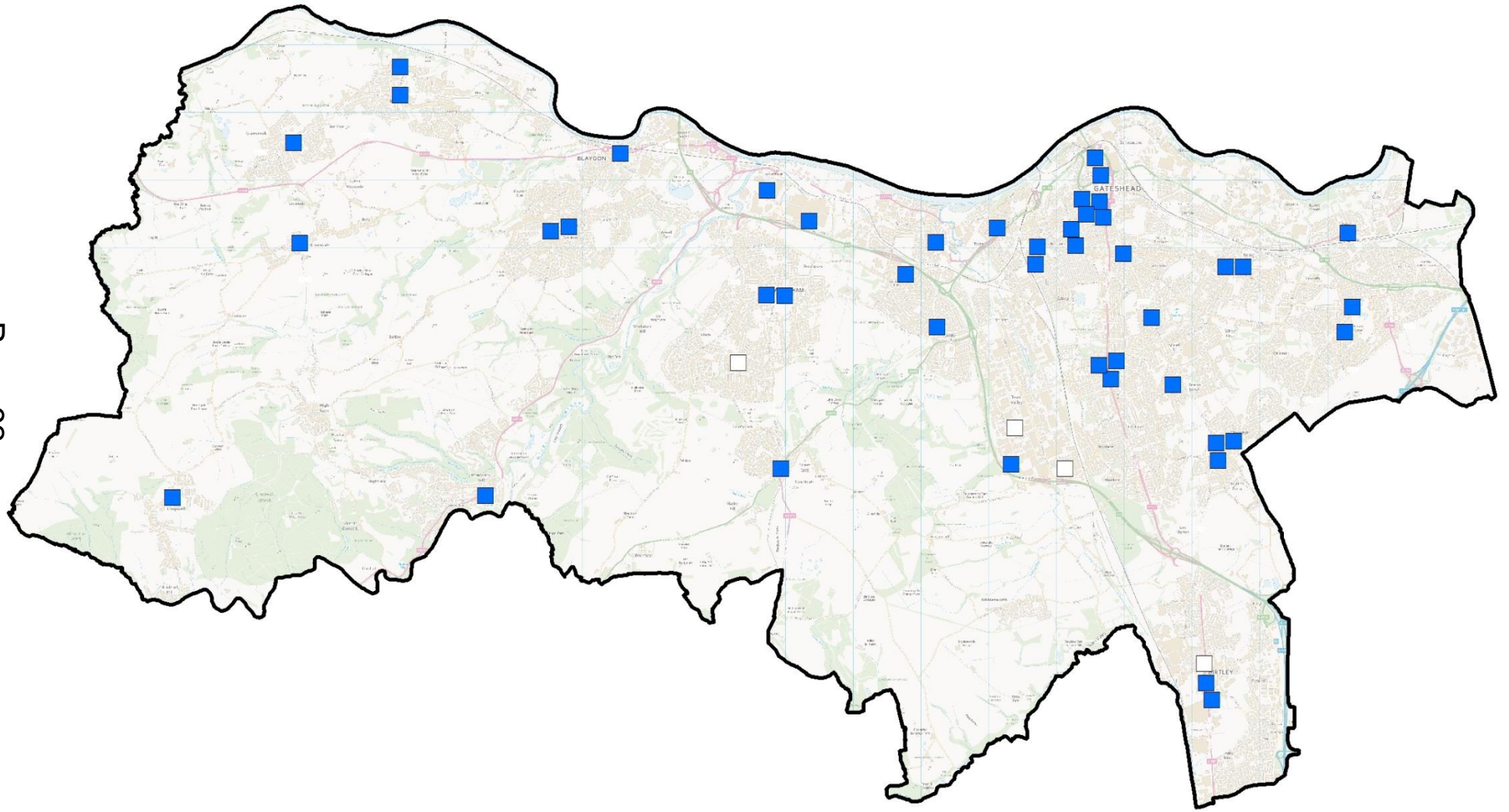
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Note: Pharmacy locations on this map have been adjusted for presentation purposes so that no pharmacies overlap



- Pharmacies Providing Supervised Consumption
- Pharmacies Not Providing Supervised Consumption

Pharmacy Provision of Supervised Consumption

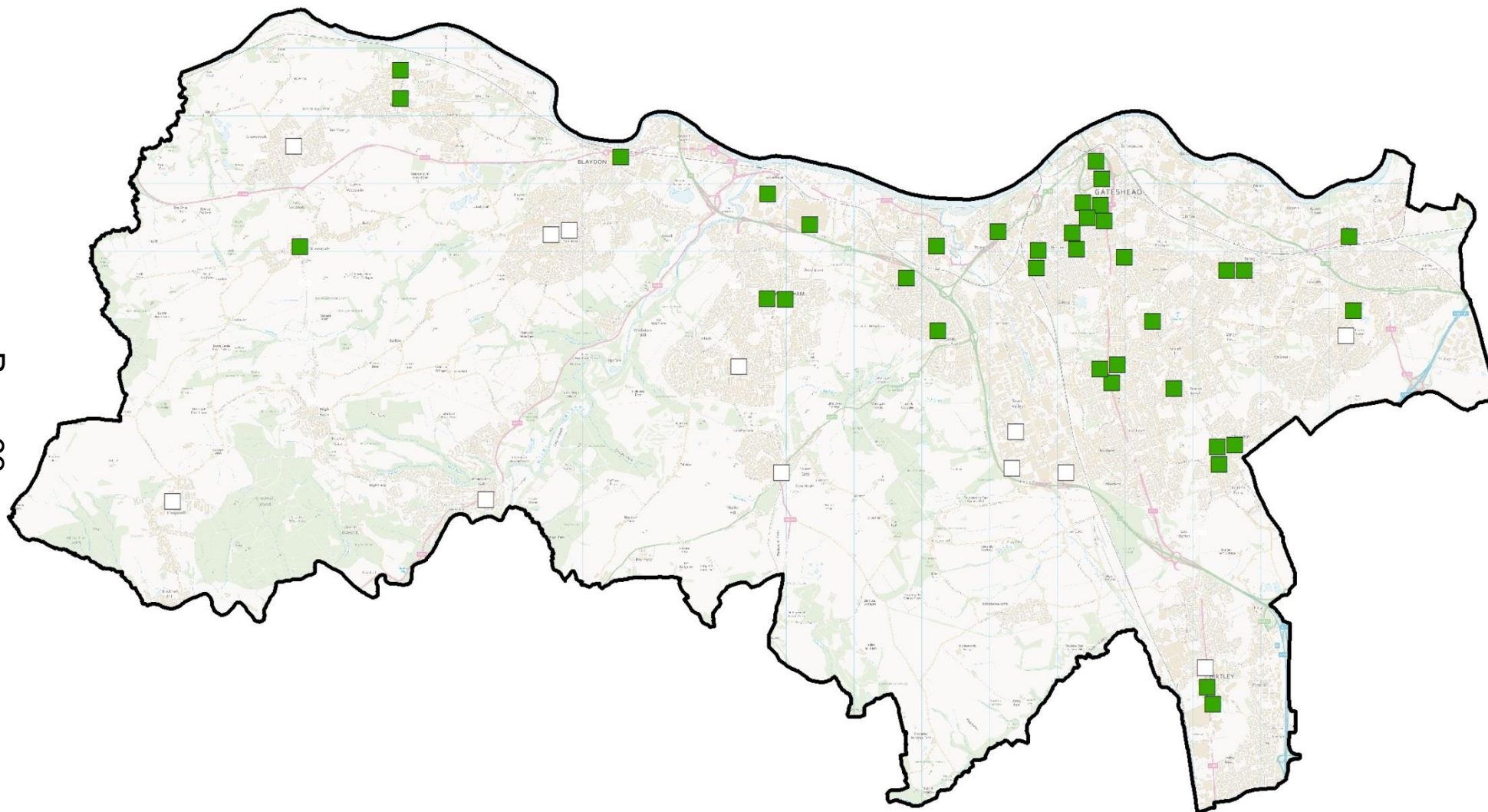
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Note: Pharmacy locations on this map have been adjusted for presentation purposes so that no pharmacies overlap



- Pharmacies Providing NRT
- Pharmacies Not Providing NRT

Pharmacy Provision of Nicotine Replacement Therapy (NRT)

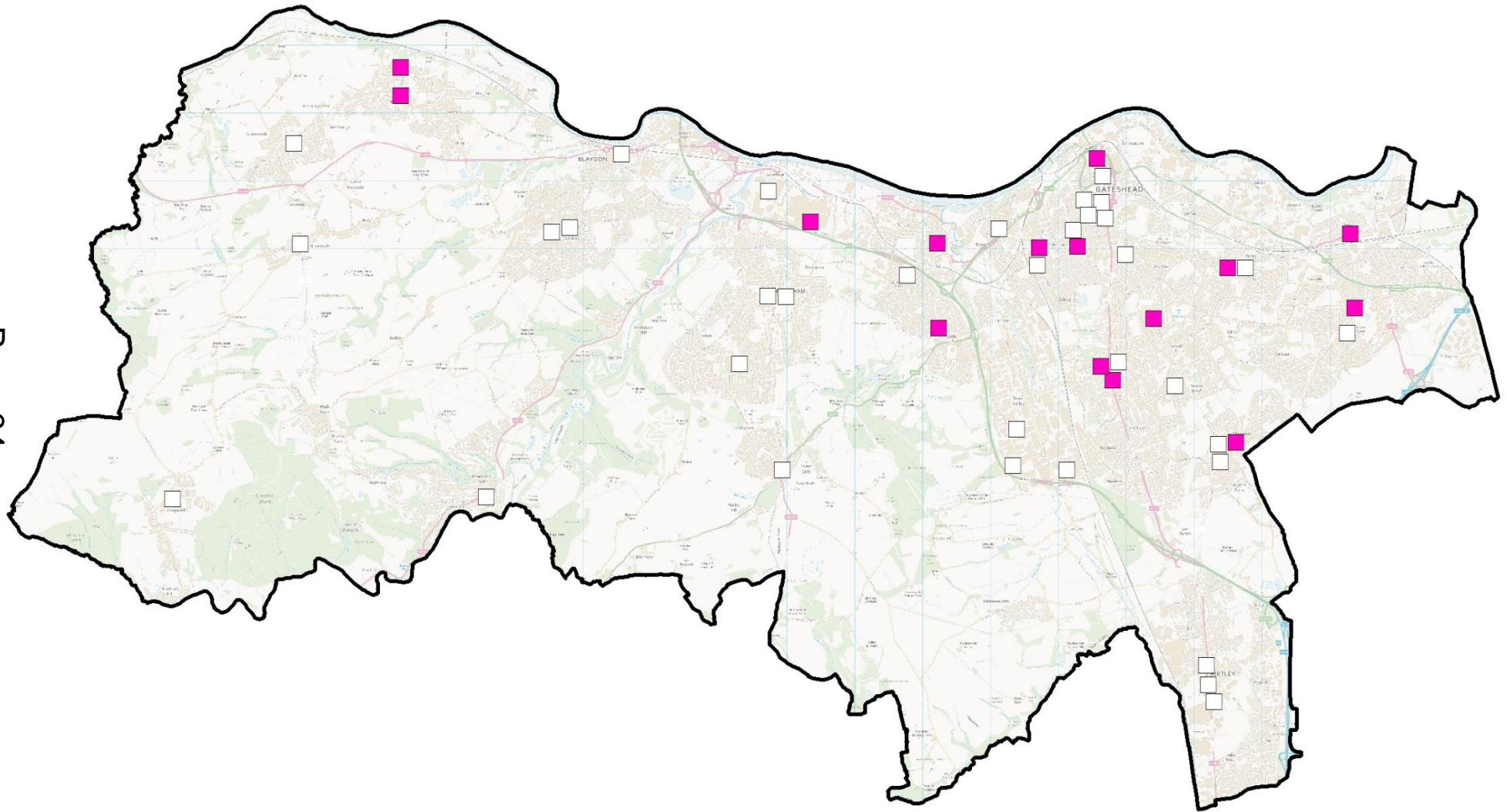
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Note: Pharmacy locations on this map have been adjusted for presentation purposes so that no pharmacies overlap



- Pharmacies Providing Stop Smoking Intervention
- Pharmacies Not Providing Stop Smoking Intervention

Pharmacy Provision of Stop Smoking Intervention

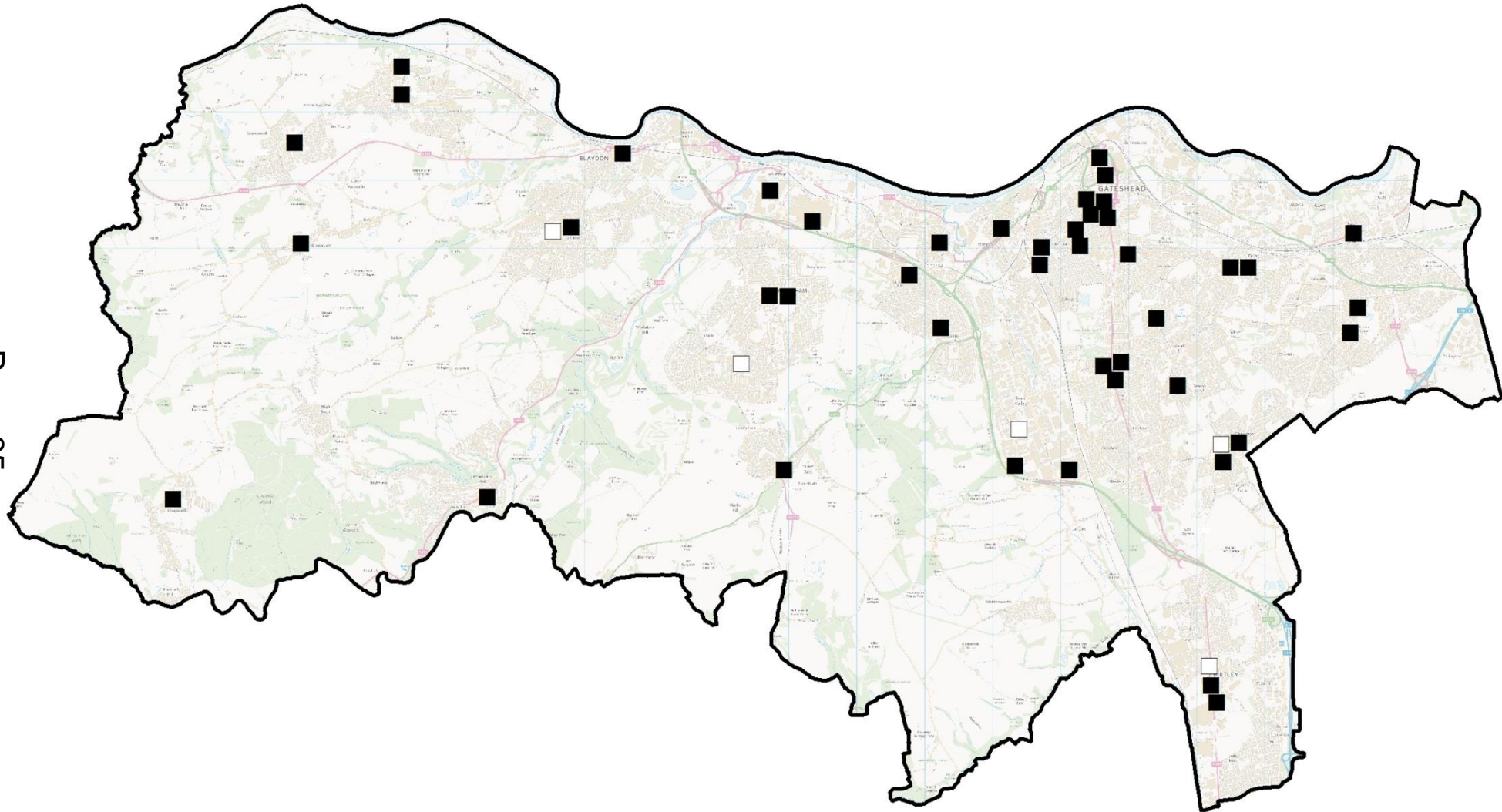
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Note: Pharmacy locations on this map have been adjusted for presentation purposes so that no pharmacies overlap



- Pharmacies Providing Health Checks
- Pharmacies Not Providing Health Checks

Pharmacy Provision of Health Checks

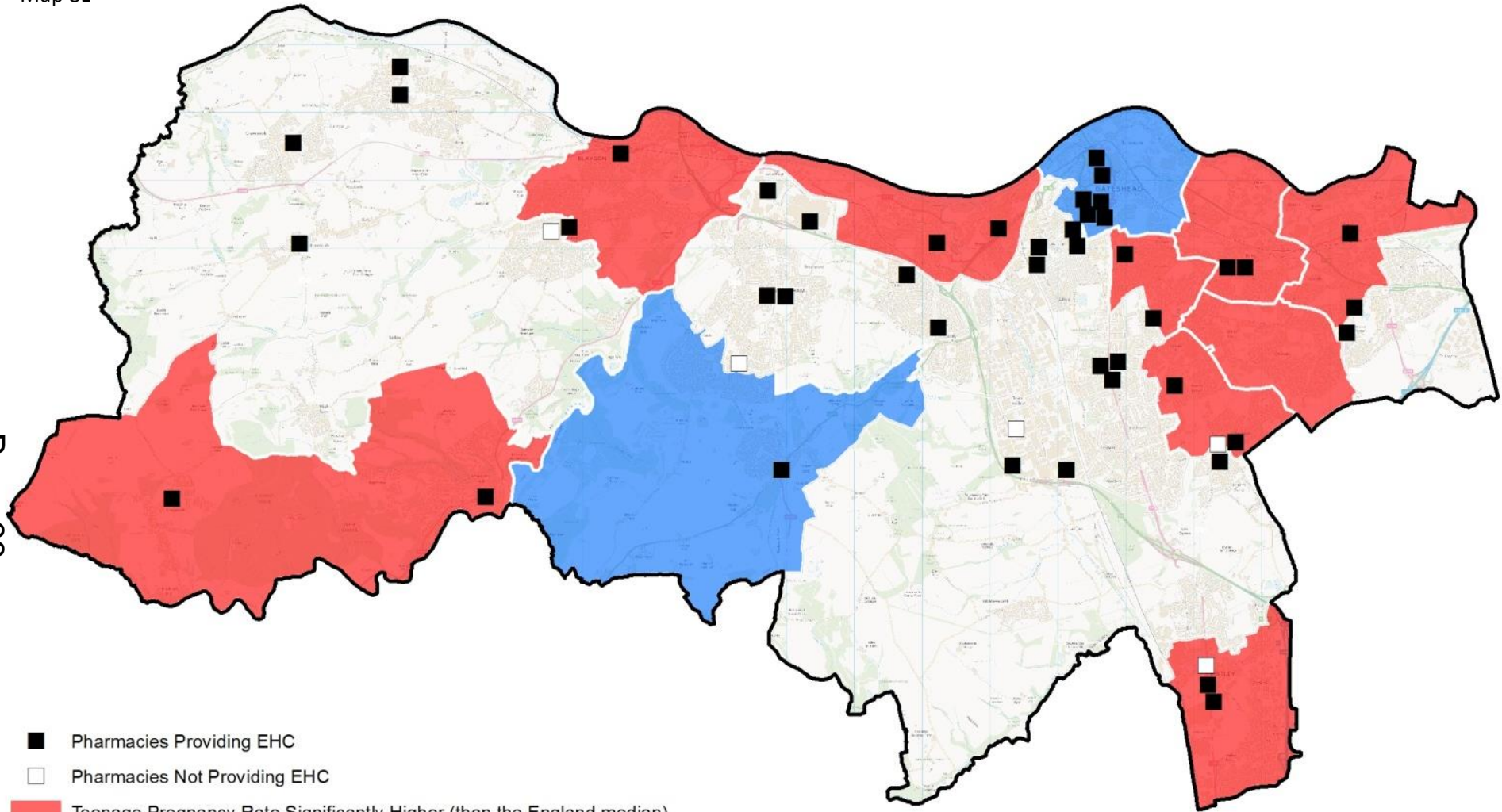
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Note: Pharmacy locations on this map have been adjusted for presentation purposes so that no pharmacies overlap



- Pharmacies Providing EHC
- Pharmacies Not Providing EHC

Pharmacy Provision of Emergency Hormonal Contraception (EHC)

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Note: Pharmacy locations on this map have been adjusted for presentation purposes so that no pharmacies overlap



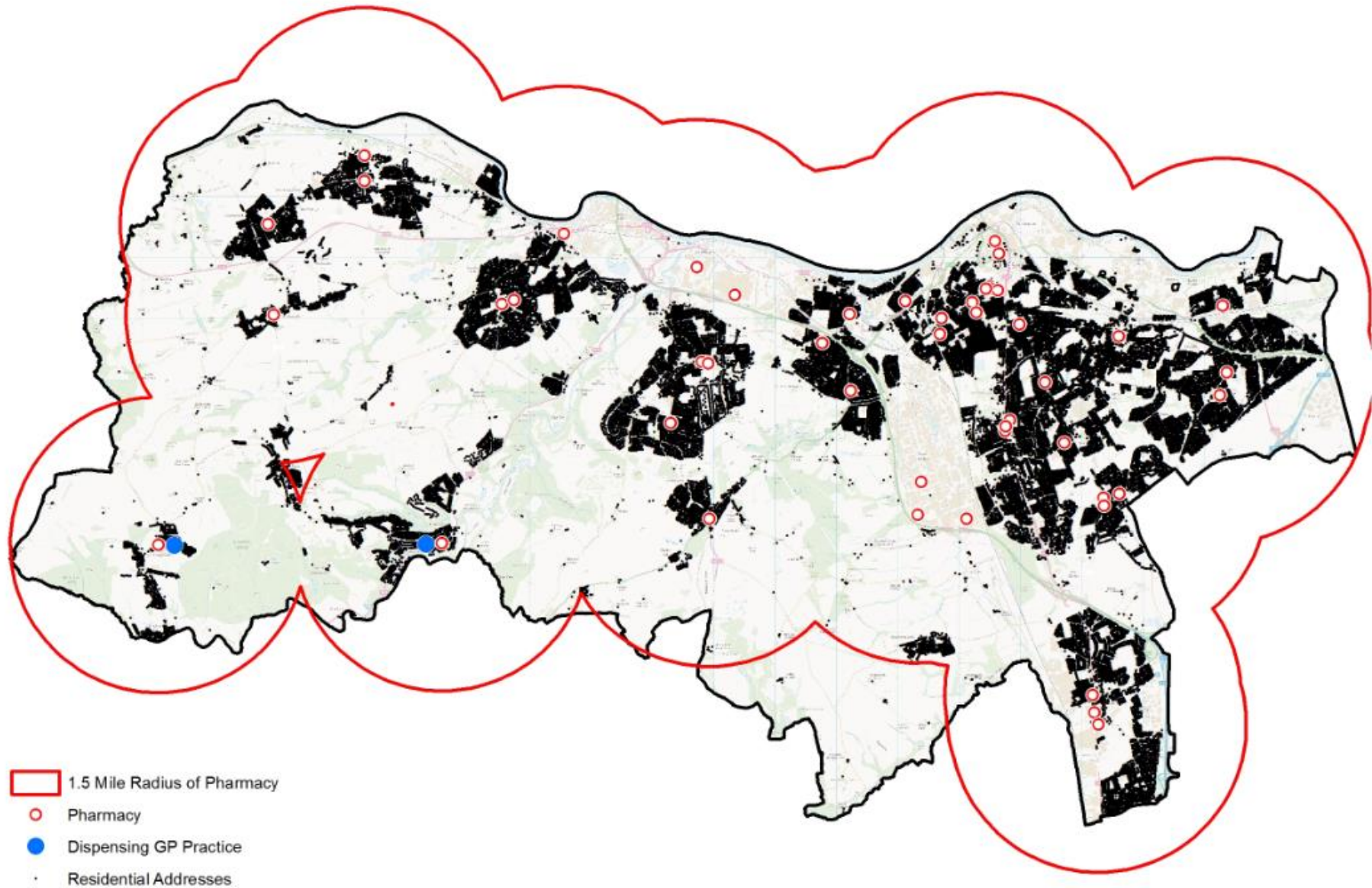
- Pharmacies Providing EHC
- Pharmacies Not Providing EHC
- Teenage Pregnancy Rate Significantly Higher (than the England median)
- Teenage Pregnancy Rate Not significantly different (from the England median)
- Teenage Pregnancy Rate Significantly Lower (than the England median)
- Data Suppressed (fewer than 5)

**Pharmacy Provision of Emergency Hormonal Contraception (EHC)
& Teenage Pregnancy in Gateshead Wards 2012-14**

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Note: Pharmacy locations on this map have been adjusted for presentation purposes so that no pharmacies overlap

Appendix 9: Residential Addresses Within 1.5 Miles of a Pharmacy

Page 97



98,327 (99.8%) Residential properties within 1.5 miles of a Gateshead based pharmacy
185 (0.2%) Residential properties further than 1.5 miles from a Gateshead based pharmacy

1.5 Mile Radius of Pharmacies

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Appendix 10: Pharmacy List. Service Offer, opening Times an Other Service Provider Summary

All Pharmacies

Total number of pharmacies: 49

FWW14	Bestway Panacea Healthcare Limited, Well, Co-operative Food Store, Arndale House, Durham Road, Birtley, DH3 2PG (Tel: 410 3135)
FEX02	Lloyds Pharmacy Limited, Lloyds Pharmacy, 9 Harras Bank, Birtley, Chester Le Street, DH3 2PE (Tel: 410 2198)
FR474	Lloyds Pharmacy Limited, Lloyds Pharmacy, 181 Coatsworth Road, Gateshead, Tyne & Wear, NE8 1SQ (Tel: 477 1616)
FMF20	Boots UK Limited, Your Local Boots Pharmacy, Felling Health Centre, Stephenson Terrace, Felling, Gateshead, NE10 9QG (Tel: 438 4300)
FGH89	Boots UK Limited, Boots, 13-15 Ellison Street, Trinity Square, Gateshead, NE8 1BF (Tel: 477 1306)
FD563	Tesco Stores Limited, Tesco Instore Pharmacy, 1 Trinity Square, Gateshead, Tyne & Wear, NE8 1AG (Tel: 693 9931)
FVM83	Asda Stores Ltd, Asda Pharmacy, Maple Row, Metrocentre, Gateshead, NE11 9YA (Tel: 461 9510)
EMG80	Lloyds Pharmacy Limited, Lloydspharmacy, Eleventh Avenue, Team Valley Trading Estate, Gateshead, NE11 0NJ (Tel: 487 6960, 451 9008)
EVR27	Bestway National Chemists Limited, Well, 14 Beaconsfield Road, Low Fell, Gateshead, NE9 5EU (Tel: 487 5927)
FN492	Lloyds Pharmacy Limited, Lloyds Pharmacy, Pattinson Drive, Crawcrook, Ryton, NE40 4US (Tel: 413 2234)
FN48	Lloyds Pharmacy Limited, Lloyds Pharmacy, Rockwood Hill Road, Greenside, Ryton, NE40 4AX (Tel: 413 2484)
FW369	Boots UK Limited, Your Local Boots Pharmacy, 3 The Hub, Crowhall Lane,, Felling, Gateshead, NE10 9PW (Tel: 438 1378)
FAF46	K A & A O Limited, K & A Pharmacy, 292 Old Durham Road, Gateshead, Tyne & Wear, NE8 4BQ (Tel: 477 2797)
FME56	Bestway National Chemists Limited, Well, 105 Prince Consort Road, Gateshead, Tyne & Wear, NE8 1LR (Tel: 477 5349)
FFR49	Whitworth Chemists Limited, Wrekenton Health Centre, Springwell Road, Wrekenton, Gateshead, NE9 7AD (Tel: 487 8733)
FMK83	Boots UK Limited, Your Local Boots Pharmacy, 9-10 The Precinct, Wesley Court, Blaydon, Gateshead, NE21 5BT (Tel: 414 3194)
FC155	Bestway National Chemists Limited, Well, 2-3 St Mary's Green, Whickham, Newcastle upon Tyne, NE16 4DN (Tel: 488 5296)
FML40	M D & A G Burdon Ltd, Whickham Pharmacy, 30-32 Front Street, Whickham, Gateshead, Tyne & Wear, NE16 4DT (Tel: 488 0956)
FQC72	Boots UK Limited, Your Local Boots Pharmacy, 127 Prince Consort Road, Gateshead, Tyne & Wear, NE8 1LR (Tel: 477 1140)
FAX07	Lloyds Pharmacy Limited, Lloyds Pharmacy, Teams Medical Centre, Watson Street, Teams Estate, Gateshead, NE8 2PQ (Tel: 460 7497)
FE708	G H Furness Ltd, 13 Derwent Street, Chopwell, Tyne & Wear, NE17 7HU (Tel: 01207 561 266)
FYK96	Boots UK Limited, Your Local Boots Pharmacy, 34 Station Road, Rowlands Gill, Tyne & Wear, NE39 1PZ (Tel: 01207 544 103)
FCF93	Boots UK Limited, Your Local Boots Pharmacy, 6 Elvaston Road, Ryton, Tyne & Wear, NE40 3NT (Tel: 413 2479)
FK304	M R Crowder Ltd, M R Crowder Ltd, 9 Dewhurst Terrace, Sunniside, Newcastle upon Tyne, NE16 5LP (Tel: 488 5638)

FFE13	L Rowland & Company (Retail) Limited, Rowlands Pharmacy, Former Five Star Batteries, Leam Lane, Meresyde, Gateshead , NE10 8PE (Tel: 469 2410)
FL974	Boots UK Limited, Your Local Boots Pharmacy, Ravensworth Road, Dunston, Gateshead, Tyne and Wear, NE11 9FJ (Tel: 460 9366)
FAE19	R G Young Pharmacy Limited, , 33 Sheriffs Highway, Old Durham Road, Gateshead, NE9 5PJ (Tel: 482 6457)
FV555	Boots UK Limited, Your Local Boots Pharmacy, 544 Durham Road, Low Fell, Gateshead, NE9 6HX (Tel: 487 6519)
FDL28	Lloyds Pharmacy Limited, Lloyds Pharmacy, 13 Bewick Road, Gateshead, Tyne & Wear , NE8 4DP (Tel: 477 4456)
FCX29	Beacon View Pharmacy Limited, , Beacon View Health Centre, Beacon Lough Road, Gateshead, NE9 6YS (Tel: 487 2121)
FV192	Boots UK Limited, Your Local Boots Pharmacy, 2 Dean Terrace, Ryton, Tyne & Wear, NE40 3HQ (Tel: 413 2130)
FP214	L Rowland & Company (Retail) Limited, Rowlands Pharmacy, 76-78 Saltwell Road, Gateshead, Tyne & Wear , NE8 4XE (Tel: 477 1665)
FV468	Mr Simon Leung, Vantage Chemist, 2 Imperial Buildings, Durham Road , Birtley, Chester Le Street, DH3 1LG (Tel: 410 2125)
FG334	Lobley Hill Pharmacy Limited, Lobley Hill Pharmacy, 72 Malvern Gardens, Lobley Hill, Gateshead, NE11 9LL (Tel: 420 0213)
FJE40	Dalhart Pharmacy Ltd, R W Wilson, 50 Front Street, Winlaton, Gateshead, NE21 6AD (Tel: 414 2378)
FF805	Boots UK Limited, Boots, 479 Durham Road, Low Fell, Gateshead, NE9 5EX (Tel: 482 3776)
FRH52	Lloyds Pharmacy Limited, Lloyds Pharmacy, 1 Springwell Road, Wrekenton, Gateshead, NE9 7JN (Tel: 487 4258)
FLA85	Boots UK Limited, Your Local Boots Pharmacy, 16 Front Street, Winlaton, Tyne & Wear, NE21 4RE (Tel: 414 2472)
PWJ68	Bestway National Chemists Limited, Well, 17 The Crescent, Dunston, Gateshead, NE11 9SJ (Tel: 460 4687)
FX287	Fairmans Chemist Limited, Fairmans Pharmacy, 5 Brookfield Terrace, Pelaw, Gateshead, NE10 0QU (Tel: 469 2124)
SYN79	Centrechem Ltd, , 217 Coatsworth Road, Gateshead, Tyne & Wear , NE8 1SR (Tel: 477 1480)
FJA23	N & B Chemists Ltd, , 1 Liddell Terrace, Bensham, Gateshead, NE8 1YN (Tel: 477 6742)
FEM15	Whitworth Chemists Limited, , 7 Wrekenton Row, Gateshead, Tyne & Wear , NE9 7JD (Tel: 487 7007)
FRG71	Ashchem Limited, Ashchem Chemists, 11 Fewster Square, Leam Lane Estate, Felling, Gateshead, NE10 8XQ (Tel: 469 3018)
FPQ41	Ashchem Limited, Ashchem Chemists, The Health Centre, Prince Consort Road, Gateshead, Tyne & Wear, NE8 1NR (Tel: 477 2280)
FK744	Ala Pharma Ltd, Oakfield Pharmacy, 96 Oakfield Road, Whickham, Newcastle upon Tyne, NE16 5QU (Tel: 488 5640)
FNK51	Boots UK Limited, Boots, Unit 9, Team Valley Trading Est, Gateshead, NE11 0BD (Tel: 491 4348)
FMF10	Boots UK Limited, Boots, Units 46-52, Cameron Walk, The Metrocentre, Gateshead , NE11 9YQ (Tel: 493 2055)
FW278	Spinks The Chemist Ltd, Team Valley Pharmacy, 379 Princes Way South, Team Valley Trading Estate, Gateshead, NE11 0TU (Tel: 487 1007)

Pharmacy Opening Hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FWW14	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	08:00 - 22:00	10:00 - 16:00
FEX02	07:30-18:00	07:30-18:00	07:30-18:00	07:30-18:00	07:30-18:00	Closed	Closed
FR474	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	09:00-13:00	Closed
FMF20	08:00-19:00	08:00-18:30	08:00-18:30	07:30-18:30	08:00-18:30	Closed	Closed
FGH89	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-18:00	Closed
FD563	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	10:00-16:00
FVM83	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	11:00-17:00
FMG80	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-21:00	11:00-17:00
FVR27	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	09:00 - 16:00	Closed
FN492	08:30-13:00; 14:00-17:30	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-17:30	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-17:30	09:00-12:00	Closed
FN691	08:30-16:00	08:30-16:00	08:30-16:00	08:30-16:00	08:30-16:00	09:00-12:00	Closed
FW369	08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00	08:30-16:00	Closed
FAF46	08:30-17:30	08:30-17:30	09:00-17:30	08:30-17:30	08:30-17:30	Closed	Closed
FME56	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-12:00	Closed
FFR49	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-13:00	Closed
FMK83	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-16:00	Closed
FC155	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-17:00	Closed
FML40	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-17:00	Closed
FQC72	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed
FAX07	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed
FE708	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 17:00	09:00 - 18:00	Closed	Closed
FYK96	08:45-13:00; 14:00-18:00	08:45-13:00; 14:00-18:00	08:45-13:00; 14:00-18:00	08:45-13:00; 14:00-18:00	08:45-13:00; 14:00-18:00	09:00-13:00	Closed
FCF93	09:00 - 12:45, 13:45 - 17:30	09:00 - 12:45, 13:45 - 17:30	09:00 - 12:45, 13:45 - 17:30	09:00 - 12:45, 13:45 - 17:30	09:00 - 12:45, 13:45 - 17:30	09:00 - 13:00	Closed
FK304	09:00-12:30; 13:30-18:00	09:00-12:30; 13:30-18:00	09:00-12:30; 13:30-18:00	09:00-12:30; 13:30-18:00	09:00-12:30; 13:30-18:00	09:00-12:30	Closed

14:00-18:00

14:00-18:00

14:00-18:00

14:00-18:00

14:00-18:00

Number of pharmacies open for:

40 hours	7
41-45 hours	13
46-50 hours	11
51-55 hours	9
56-60 hours	2
61-80	3
81-99	3
100 or more	1

Number of pharmacies open on:

Weekdays before 9am	22
Weekdays throughout lunchtime	37
Weekdays after 5pm	47
Weekdays after 6pm	10
Saturday	35
Sunday	6

Pharmacy Services Offered**Number of pharmacies offering Gateshead public health team commissioned services:**

Supervised consumption of opiate substitutes	41
Stop smoking	37
Health checks	15
Emergency hormonal contraception	44
Nicotine Replacement Therapy	45

Number of pharmacies offering Gateshead CCG commissioned services:

Minor ailment scheme	45
On demand availability of specialist drugs service palliative care	4

Number of pharmacies offering NHS England commissioned services:

Influenza vaccination	27
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Number of pharmacies offering non-commissioned services (Source: 2014 survey of pharmacies):

(Pharmacies offering service privately shown in brackets)

Anti-coagulant monitoring	3
Blood cholesterol check	3 (1)
Blood glucose check	6
Blood pressure check	16 (3)
Melanoma screening	0
Safe disposal of sharps	4
Chlamydia screening as a stand alone service	9

Chlamydia treatment and partner notification	1
Erectile dysfunction service	1 (1)
Pregnancy testing	5
Referral for further contraception	22
Alcohol brief advice	7
Weight management	4 (3)
Childhood nasal flu vaccination	0
Pneumococcal vaccination	1
Advice/support to care homes	11 (2)
Anti-viral distribution service	0 (1)
Compliance aid assessment	4
Hair loss service	2
Prescription collection service	45
Travel clinic	2

Pharmacy Population Reach

Residential properties (proxy for households) within/further than 1.5 mile of a pharmacy (See Appendix 9 Map):

Residential properties within 1.5 miles of a pharmacy	98,327 (99.8%)
Residential properties further than 1.5 miles from a pharmacy	185 (0.2%)
Residential properties within 1 mile of a pharmacy	95,973 (97.4%)
Residential properties further than 1 mile from a pharmacy	2,539 (2.6%)

Other Service Providers

Dispensing GPs:

Dr Dawson & Imlah, Rowlands Gill Medical Centre, The Grove, Rowlands Gill, NE39 1PW
 Dr M S Hassan & Dr M A Hassan, Chopwell Primary Health Care Centre, South Road, Chopwell, NE17 7BU

Dispensing Appliance Contractors:

None

Hospital Pharmacy Services:

Queen Elizabeth Hospital, Sheriff Hill, Gateshead, NE9 6SX

GP Out of Hours Services:

GATDOC, Queen Elizabeth Hospital Walk in Centre, Sheriff Hill, Gateshead, NE9 6SX

Walk In Centres

Queen Elizabeth Hospital Walk in Centre, Sheriff Hill, Gateshead, NE9 6SX
 Blaydon Walk In Centre, Shibdon Road, Blaydon on Tyne, NE21 5NW

Appendix 11: Acknowledgements

The writing group for the PNA, consisting of representatives from Public Health, North Tyneside Council, North Tyneside Clinical Commissioning Group (CCG) and North-East Commissioning Support would like to thank the following for their contribution to the production of the PNA:

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- Commissioning Leads, Gateshead Council;
- Planning Officers, Gateshead Council;
- Newcastle Gateshead Clinical Commissioning Group;
- Healthwatch Gateshead

Analytical support from Matt Liddle for his patience in creating all of the maps and graphs

Steering Group members:

- Gerald Tompkins Public Health Consultant, Gateshead Council (Chair)
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- David Carter Chairman Gateshead & South Tyneside LPC
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- Marc Hopkinson Newcastle Gateshead Clinical Commissioning Group (CCG)
- Steve Llewellyn Senior Medicine Optimisation Pharmacist, Newcastle Gateshead CCG
- Bill Westwood Chairman, Gateshead and South Tyneside Local Medical Committee
- Sue White Medicines Optimisation Pharmacist, North of England Commissioning Support

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TITLE OF REPORT: Development of a Whole System Healthy Weight Strategy for Gateshead

Purpose of the Report

1. To update on the proposed development of a 'Gateshead Healthy Weight Whole Systems Strategy.'
2. To set out a proposed approach to increase the proportion of the population who are a healthy weight in Gateshead.
3. The paper seeks to gain the support and sign up of the Board to a whole systems approach.

Background

4. Obesity is a key preventable cause of death and disease in the UK and a priority for Public Health. Almost three in four adults in the UK will be overweight or obese by 2035 and over the next twenty years rising levels of obesity could lead to an additional 4.62 million cases of type 2 diabetes, 1.63 million cases of coronary heart diseases and 670,000 new cases of cancer.¹
5. Obesity is a complex issue with many drivers, meaning efforts at prevention are particularly challenging (See Appendix 1). According to the UK national obesity strategy, long term sustainable change will only be achieved through the active engagement of schools, communities, families and individuals with action required across government, industry and the Public Sector.

¹ Cancer Research UK & UK Health Forum, Tipping the scales: why preventing economy makes economic sense (2016)

Local authorities are in a uniquely influential position to bring about transformational change in the way that obesity is tackled.²

6. At a time of significant pressure on public spending, the cost of obesity to the economy is huge, for example in the United Kingdom it is estimated to be around £20 billion per year, taking lost productivity and sick days into account
7. In Gateshead over 30% of the adult population are obese and it is estimated that the cost to Gateshead NHS Services from obesity will be £30,459,579 by 2025.³
8. The impacts of societal changes are reflected in this quote from the Foresight Report, 'People in the UK today, don't have less willpower and are not more gluttonous than previous generations. Nor is their biology significantly different to that of their forefathers. Society, however, has radically altered over the past five decades, with major changes in work patterns, transport, food production and food sales. Being overweight has become a normal condition, and Britain is now becoming an obese society'.

The Scale of the Problem

Children and Young People

9. Recent predictions indicate that by 2050, approximately 25% of all young people under twenty years of age are expected to be obese. Obesity in young people is difficult to treat and there is a high risk of persistence into adulthood. Nine percent of children in England are obese when they start school and a further 13% are overweight. By the age of 10 to 11 years, 20% of children in England are obese and 14% are overweight.³

² Butland B, Jebb S, Kopelman P, McPherson K, Thomas S, Mardell J, Parry V. (2007) Foresight Tackling Obesities: Future Choices Project Report (2nd edition), Government Office for Science, London, UK (www.foresight.gov.uk).

³http://fullfact.org/factchecks/NHS_reforms_David_Cameron_speech_obesity_costs_foresight_Department_of_Health-2732

10. In Gateshead 10.3% of 4-5 year olds (up from 9.5% the previous year) and 23.2% of 10-11 year olds (19.9% the previous year) living in Gateshead were obese in 2015/16. The proportion for 4-5 year olds is similar to the England average of 9.3%. However, the proportion for 10-11 year olds is significantly higher than the England average of 19.8%.⁴
11. Of children attending Gateshead schools, 22.3% of 4-5 year olds and 37.9% of 10-11 year olds were classified as overweight or obese (excess weight). Whilst the proportion for 4-5 year olds is similar to the England average of 22.1%, the proportion for 10-11 year olds is significantly higher than the England average of 34.2%.⁴
12. National Child Measurement Programme (NCMP) data shows that there are more overweight children in areas of socio-economic deprivation compared to more affluent areas. Children living in the 10% most deprived areas are twice as likely to be obese than children living in the 10% least deprived areas.
13. Research shows that children in North East England have extremely low levels of regular moderate to vigorous physical activity, high levels of sedentary behaviour and consume a diet low in fruit and vegetables.⁵ Findings from the Gateshead Millennium Cohort Study indicate that physical activity is in decline from age 7 among boys and girls, challenging previous orthodoxy that it declines in adolescence and suggesting there is a need to understand why this change takes place.⁶

⁴ The National Child Measurement Programme is an annual Public Health programme that measures the height and weight of the majority of children in reception (aged 4-5 years) and year 6 (aged 10-11 years) in England. Participation rates in 2015/16 were 94.8%.

⁵ Basterfield L1, Jones AR1, Parkinson KN1, Reilly J1, Pearce MS2, Reilly JJ3, Adamson AJ1; Gateshead Millennium Study Core Team. Physical activity, diet and BMI in children aged 6-8 years: a cross-sectional analysis. *BMJ Open*. 2014 Jun 5;4(6):e005001. doi: 10.1136/bmjopen-2014-005001

⁶ Farooq MA, Parkinson KN, Adamson AJ et al (2017) Timing of the decline in physical activity in childhood and adolescence: Gateshead Millennium Cohort Study *British Journal of Sports Medicine* 0: 1-6. doi: 10.1136/bjsports-2016-096933.

14. Evidence also suggests that there is a complex but important connection between both obesity and emotional health and wellbeing. This emerges during a child's early years, with behavioural issues more prevalent among obese three years olds than their peers. Obese children may be more likely than their peers to experience the burden of psychiatric and psychological disorders into adulthood.⁷
15. The differences in childhood obesity prevalence by socio-economic group are stark, and the gap widens over time. At age five the poorest 20 per cent of children are nearly twice as likely to be obese as the richest fifth; by the time children are 11 they are almost three times as likely.⁶
16. The costs associated with childhood obesity are significant. According to an economic analysis in the Chief Medical Officer for England's 2012 annual report, the short-term costs of childhood obesity are estimated at £51 million per year, and long-term costs (including health care and non-health care costs) estimated at £588–686 million.⁸

Adults

17. By 2050, modelling indicates that 60% of adult men, 50% of adult women could be obese. Although personal responsibility plays a crucial part in weight gain, human biology is being overwhelmed by the effects of today's 'obesogenic' environment, with its abundance of energy dense food, transport and sedentary lifestyles.⁹
18. Current data shows that 69.4% of adults in Gateshead have excess weight according to survey data. This is significantly worse than the England average of 64.8%. Almost two in every three adults in Gateshead has excess weight and around one in four are obese.

⁷ Goisis, A, Sacker, A, and Kelly, Y (2016). 'Why are poorer children at higher risk of obesity and overweight? A UK cohort study', *Eur J Public Health*. 26(1): 7–13.

⁸ Strelitz, J, 'Chapter 3: The economic case for a shift to prevention', in Davies, S (ed.) (2013) *Annual Report of the Chief Medical Officer 2012: Our Children Deserve Better: Prevention Pays*. London: Department of Health.

⁹ McPherson K, Marsh T, Brown M. *Modelling Future Trends in Obesity and the Impact on Health*. Foresight – Tackling Obesity: Future Choices – Government Office for Science, 2007.

19. The 2016 Gateshead Health and Lifestyle Survey highlighted wide variations of adult obesity across Gateshead with the highest levels in the most deprived areas. For example in the most deprived areas of Gateshead, the proportion of obese adults is almost double compared to the least deprived areas. There are also variations across age groups, with highest levels of obesity in those aged 55 to 64 and lowest levels amongst 18 to 24 year olds.

20. Physical activity is often described as the most cost effective drug in terms of addressing obesity. In Gateshead, just over half of adults undertake the recommended amount of physical activity, which is similar to the England average. This means that just under half of the adults in Gateshead could improve their health and wellbeing and reduce their risk of developing conditions such as heart disease, if they increase their physical activity.

21. Obesity does not affect all groups equally, for example the rates of excess weight are even higher in adults with severe mental health illnesses and learning disabilities. The latest experimental statistics on the health and care of people with learning disabilities suggests that excess weight is twice as prevalent in adults aged 18-35 years old with a learning disability whilst the prevalence of obesity in individuals with severe mental illness (SMI) can vary depending on the psychiatric diagnosis.¹⁰

Whole Systems Approach

22. In order to tackle obesity effectively we need an approach that involves the whole system, with action at an individual, environmental and societal level. This approach needs to create a culture where healthy weight is the default

¹⁰ Gatineau M. Dent M (2011) Obesity and mental health. Oxford: National Obesity Observatory

for everyone. This will necessitate joint working across planning, transport, housing, business, education and health.¹¹

23. The evidence and economic case suggests that tackling obesity requires a comprehensive, multi-agency strategy that focuses on reducing risk factors and their unequal impact from pregnancy through the early years across the life-course. As yet, no country has adopted an integrated, whole system approach to the prevention of obesity. Yet, based on the UK's strengths in surveillance and public health there is an opportunity for local areas to pioneer a new approach that sets the standard for success.²

24. There is a broad consensus that preventing and tackling obesity effectively requires the development of a sustained 'whole systems approach', with co-ordinated policies and actions across individual, environmental and societal levels involving multiple sectors (including planning, housing, transport, children's and adult's services, education, business and health). The leadership role of local authorities in developing a workable whole systems approach is crucial (please see appendix 1).

25. A set of core principles would include:

- Shared commitment to a long-term, system-wide approaches which redefines the nation's health as a societal and economic issue.
- A radical upgrade in prevention as a high priority.
- Clear leadership, accountability, strategy and management structures and engagement of all stakeholders.
- A long term sustained strategy and approach.
- A focus on continuous improvement

26. A whole systems approach recognises that obesity is the product of a complex web of interacting and changing causes and influences and as such requires a cross sector approach, not just a public health response.

¹¹ Vandebroek IP, Goossens J, Clemens M. Foresight Tackling. Obesity: Future Choices—Obesity System Atlas. Government Office

Such a response would combine the efforts of all the partners that can have a bearing on obesity to identify the most important factors and make sense of changing dynamics. This avoids looking at just the individual contributions of each organisation and considers how the whole system works together to be “more than the sum of its parts”.

27. With local authorities responsibilities in health, planning, highways, transport, education, culture, housing, employment, social care and their relationships with businesses of all sizes, they are in a uniquely influential position to bring about transformational change in the way that obesity is tackled.

Long Term Commitment

28. Evidence suggests that to successfully tackle obesity, this requires a long term, large scale commitment. The current prevalence of obesity in the population has been at least 30 years in the making. This will take time to reverse and policy makers note that it will be at least 30 years before reductions in the associated diseases are seen. The evidence is very clear that policies aimed solely at individuals will be inadequate and that simply increasing the number or type of small scale interventions will not be sufficient to reverse this trend. Significant effective action to prevent obesity at a population level is required.²

29. Gateshead is keen to lead in the development of a whole system approach. This will incorporate an asset based focus with local communities in delivering Public Health outcomes linked to healthy weight across the whole system e.g. transport, planning, Place Shaping, obesogenic environment, policy and local interventions. Our vision is to engage with communities who will influence the whole system approach, supported by the right social and environmental infrastructure to make it easier for communities to improve their health and wellbeing.

30. The issue of obesity vs healthy weight provides a good illustration of how a short term approach can be counterproductive in the longer term.

- If we set short term targets to reduce obesity, we will inevitably focus on treating the problem within those in the population who are already at an unhealthy weight.

- Even if we set long term targets to reduce obesity, we will still focus heavily on people at an unhealthy weight.

- If we set long term targets to increase the proportion of the population at a healthy weight, our efforts are more likely to focus on creating conditions for people to remain at a healthy weight from childhood.

Key Challenges for Gateshead

There are many challenges for Gateshead in tackling the obesity epidemic, below are some key areas for consideration.

31. How do we challenge the Food Industry across the whole system?

There is an obesogenic environment that is powered by widespread availability and the commercially led aggressive Food Industry promotion of high fat and high sugar food and drinks. How do we challenge and influence the Food Industry at a local and national level?

32. How do we challenge the social norms of obesity across the whole system?

We are starting to see a trend where obesity, especially in children, is being seen as the norm due to the high level of obesity prevalence now being seen in children in Gateshead. This highlights the need for a greater degree of education and awareness of the benefits of a healthy weight across all Gateshead communities. Considerable work is still required to re-frame the focus on obesity, to move away from the continued focus on personal shortcomings and individual behaviour change interventions.

33. Addressing the wider determinants of health are essential for tackling obesity, this includes, improvements in mental health, reduced loneliness,

social isolation, increased confidence, social opportunities, safe places to play outdoors, improved community cohesion and connectedness.²

34. How do we develop more local initiatives to promote the healthy weight agenda and address obesity across the whole system, that are driven by the community? Bringing about change from a community led approach is often more challenging in communities with fewer resources who often feel less empowered to provide a healthy positive start in life for their children. A community-driven development approach has tremendous implications for organisations that act as intermediaries between communities and outside institutions. Promoting such an approach requires a commitment to "step back" and allow the community to lead. In the current financial climate Local Authorities (LA's) and partners must consider different ways of working to achieve its public health outcomes and to achieve long term sustainability. Whilst changing behaviour at the community level and creating cultures of participation are thought to offer promising ways of addressing obesity questions and challenges remain about how to do this effectively in practice.

Making it happen

35. The proposal for a whole systems approach, encompassing the development of a healthy weight strategy for Gateshead is underpinned by the following aims overarching principles.

36. Overarching aims:

- In Gateshead everyone is able to achieve and maintain a healthy.
- Promote an environment that supports healthy weight and wellbeing as the norm.
- Supporting our communities and families to become healthier and more resilient, which includes addressing the wider determinants of health.

Overarching Principles

37. A shared commitment to long-term, system-wide approaches which redefine the nation's health as a societal and economic issue.

- Recognition and agreement that to tackle this issue action is required from stakeholders across the whole system.
- A recognition that determinants that contribute to obesity are both diverse and far-reaching in their effects and action is needed to reshape not only the physical and dietary aspects of the environment but also the social, economic and cultural environments.

38. A radical upgrade in prevention of health problems as a high priority, with clearer leadership, accountability and strategy.

- Identifying what needs to be in place in Gateshead to create the optimal obesity prevention system.
- Obesity requires a systematic approach with all stakeholders working together.
- Strong leadership is needed at a senior level from organisations across the whole system, to champion an effective strategic approach to countering the rise in obesity.
- The importance of the connection between people's physical and mental health from childhood through to older age is clear. Moving forward, greater importance needs to be placed on 'preventative and early intervention,' if we are to develop community resilience and improve the physical and emotional health and wellbeing of the population.
- This approach is recommended in order to ensure that Gateshead has a response to obesity in place which covers all aspects of weight management which are relevant to our population and has a strong focus on prevention – both in terms of services and an environmental approach.

39. Engagement of a wide range of stakeholders - The right people across the system

- Progress in reducing the prevalence of obesity will be enhanced by stimulating multi-sector, multi-level action within and beyond the public

health profession. Numerous organisations have already engaged with the obesity agenda locally and further action is needed to build on this and further develop co-ordination and genuine partnership, which would enable greater benefit to be realised.

- It is essential that stakeholders see the value of being involved, and that they see their own role in the system – why it matters to them and what they can contribute to tackling the issues.

40. Long-term sustained strategies

- Just as obesity develops slowly both within individuals and populations, so too will it take time to establish new habits and build new structures to support a healthy diet and to build physical activity into everyday life.
- This important principle also implies the need for long-term strategies spanning several generations and beyond the traditional planning cycle. The introduction of interim targets, and supportive measures will help evaluate progress towards this goal. Commitment and funding needs to be longer term to achieve long term change.

41. Ongoing evaluation and a focus on continuous improvement

- Regular evaluation of policy, surveillance and monitoring will be essential to test the effectiveness of any new approach.
- Continuous improvement also requires monitoring of the social and cultural context and public and organisational beliefs and attitudes towards obesity. •

Next steps

42. How can organisations in Gateshead, use their levers, leadership, evidence and relationships with stakeholders and communities to create a more effective, sustainable, system-wide approach to tackle obesity? The Local Authority acknowledge that support is needed from partners across all sectors in Gateshead, to help drive this work forward.

43. A high level working group to be created to give focus to the whole systems approach for Gateshead for Healthy Weight and to ensure that every service understands the contribution that their work brings to the health of our population. In having senior sign up to the agenda from across the system the healthy weight agenda will become a part of our corporate commitment.

44. The working group will take an overview of the broad agenda and develop a whole systems healthy weight strategy for Gateshead. The membership of the group needs to include representatives from across all sectors in Gateshead and the Voluntary and Community sector have an essential role in this development.

45. The Healthy Weight working group will report progress to the Health and Wellbeing Board through the Director of Public Health.

Recommendations

46. It is recommended that the Health and Wellbeing Board:

- Consider the leadership role their organisations / system components might play in preventing obesity and promoting a healthy weight environment as part of the whole systems obesity approach.
- To agree to the development of a whole systems healthy weight strategy and action plan, which all partners should sign up to facilitating system wide action.
- For organisation's to nominate a lead from their organisation to attend and progress actions as part of the working group.
- Note and support the planned next steps in developing the whole systems approach.
- Receive an update report in August 2018.

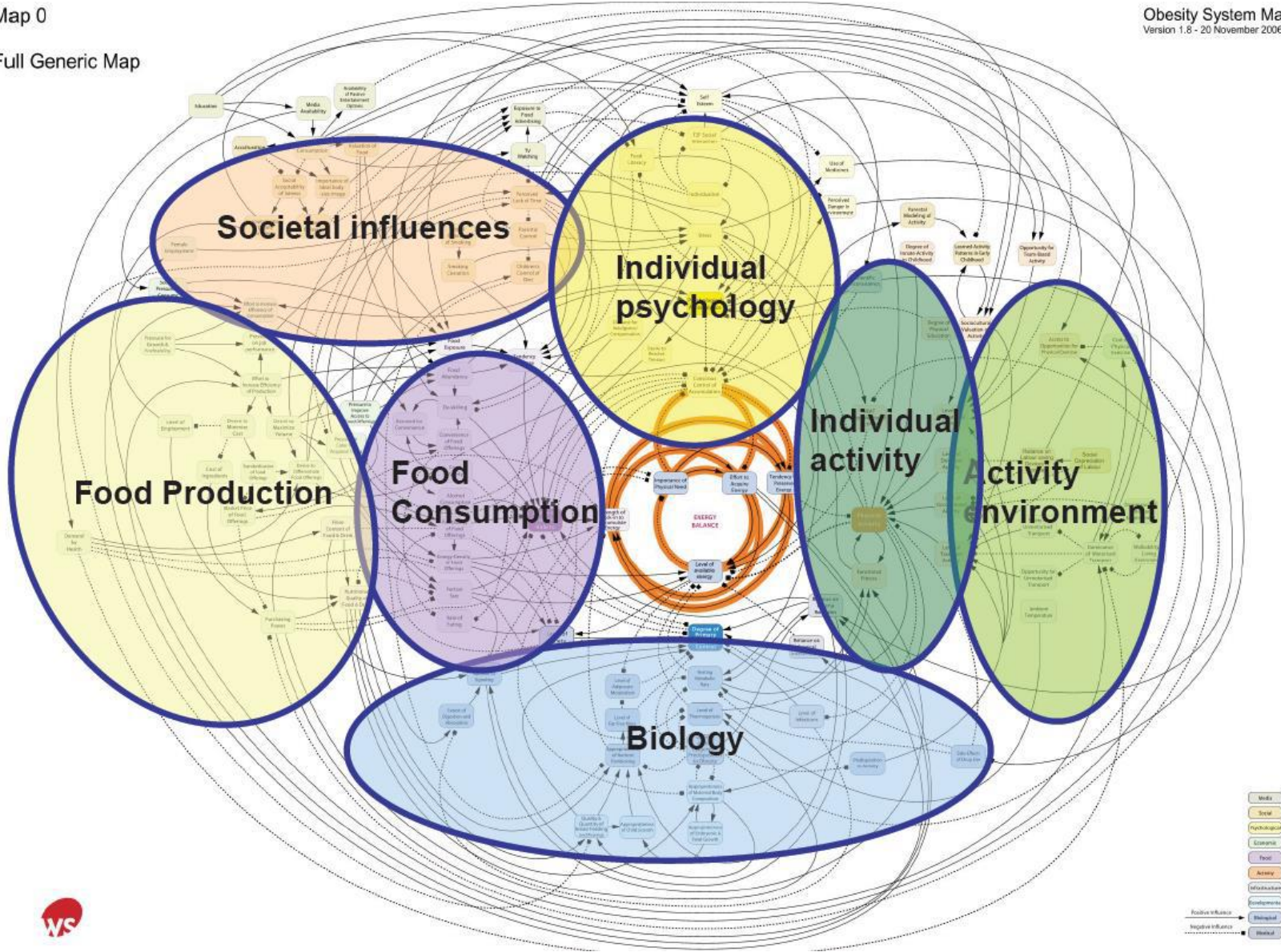
Contact: Alice Wiseman, Director of Public Health. Telephone (0191) 4332777
alicewiseman@gateshead.gov.uk

Appendix 1 -Obesity System Map

Map 0

=Full Generic Map

Obesity System Map
Version 1.8 - 20 November 2006



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TITLE OF REPORT: Excess Winter Mortality in Gateshead

Purpose of the Report

1. To brief the Health & Wellbeing Board on the issue of excess winter mortality in Gateshead.

Background

2. When the Director of Public Health's Health Protection Assurance Report was considered by the Board at its meeting in March 2017, the Board noted the issue of Excess Winter Deaths and it was agreed that a report should be brought back to a future Board meeting.
3. There is seasonal variation in mortality in the UK and some other countries in Europe, with higher levels of mortality in winter than in summer. Measuring excess winter mortality (EWM) is a way to quantify this variation. Excess winter deaths are defined as the number of deaths in the winter period (December to March) which occur over and above the expected number of deaths for that period.

Causes of Excess Winter Mortality¹

4. EWM varies widely within Europe. Countries with low winter temperatures in Scandinavia and Northern Europe have very low rates of EWM, whilst countries with very mild winter temperatures in Southern Europe have very high rates of EWM. England has a higher than average EWM and exhibits high variation in seasonal mortality.
5. There are many reasons why countries with milder winter climates have such a high level of winter mortality. For example, people who live in countries with warmer winters tend to take fewer precautions against the cold. Countries with milder winters also tend to have homes with poorer thermal efficiency (for example, fewer homes have cavity wall insulation and double glazing), which makes it harder to keep homes warm during the winter. It has been shown that

¹ For more detail see

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletin/excesswintermortalityinenglandandwales/2015to2016provisionaland2014to2015final> and <http://www.gateshead.gov.uk/Health-and-Social-Care/JSNA/Topics/Economy-Transport-Housing-Environment-Crime-and-Poverty/Poverty/Poverty.aspx>

low indoor temperature is associated with higher EWM from cardiovascular disease in England.

6. Households living in fuel poverty² are likely to find it difficult to afford the cost of staying warm in winter. Fuel poverty arises due to low income, poor heating systems, inadequate thermal insulation, and high fuel costs. Living in fuel poverty impacts upon physical and mental health and wellbeing and can lead to debt and financial difficulties.
7. Although EWM is associated with low temperatures, conditions directly relating to cold, such as hypothermia, are not the main cause of EWM. The majority of additional winter deaths are caused by cerebrovascular diseases, ischaemic heart disease, respiratory diseases and dementia and Alzheimer's disease. Although cancer causes more than a quarter of all deaths annually, no clear seasonal pattern has been established.
8. The cold can have various physiological effects which may lead to death in vulnerable people, including increased blood pressure in older people, increased risk of thromboses (blood clots), and lowering the immune system's resistance to respiratory infections. Additionally, the level of influenza circulating in the population increases in winter, and in vulnerable groups influenza can lead to life-threatening complications, such as bronchitis or secondary bacterial pneumonia: vaccination against influenza remains an important tool for the protection of health.
9. Furthermore, although mortality does increase as it gets colder, temperature only explains a small amount of the variance in winter mortality, and high levels of EWM can occur during relatively mild winters: both temperature and levels of influenza are important predictors of excess winter mortality but their relationship with winter mortality is complex.
10. Increasing uptake of the flu vaccine is one of the most important priorities for the NHS in reducing winter pressures and excess winter mortality. The vaccine is recommended for groups of children both for their own protection and to reduce secondary transmission – for example to grandparents. Employers are expected to ensure the vaccination of front-line health and social care staff to protect vulnerable adults as well as the staff themselves.

² The preferred definition of fuel poverty is the Low Income High Costs (LIHC) definition, where a household is considered to be fuel poor if:

- they have required fuel costs that are above average (the national median level) and
- were they to spend that amount, they would be left with a residual income below the official poverty line.

11. The National Institute for Health and Care Excellence (NICE) has published guidance³ on “Excess winter deaths and illness and the health risks associated with cold homes”. This includes recommendations on:
 - HWBs developing a strategy for people living in cold homes
 - identifying people at risk from cold homes
 - training practitioners to help people with cold homes
 - raising awareness of how to keep warm at home
 - ensuring buildings meet required standards

The Gateshead position

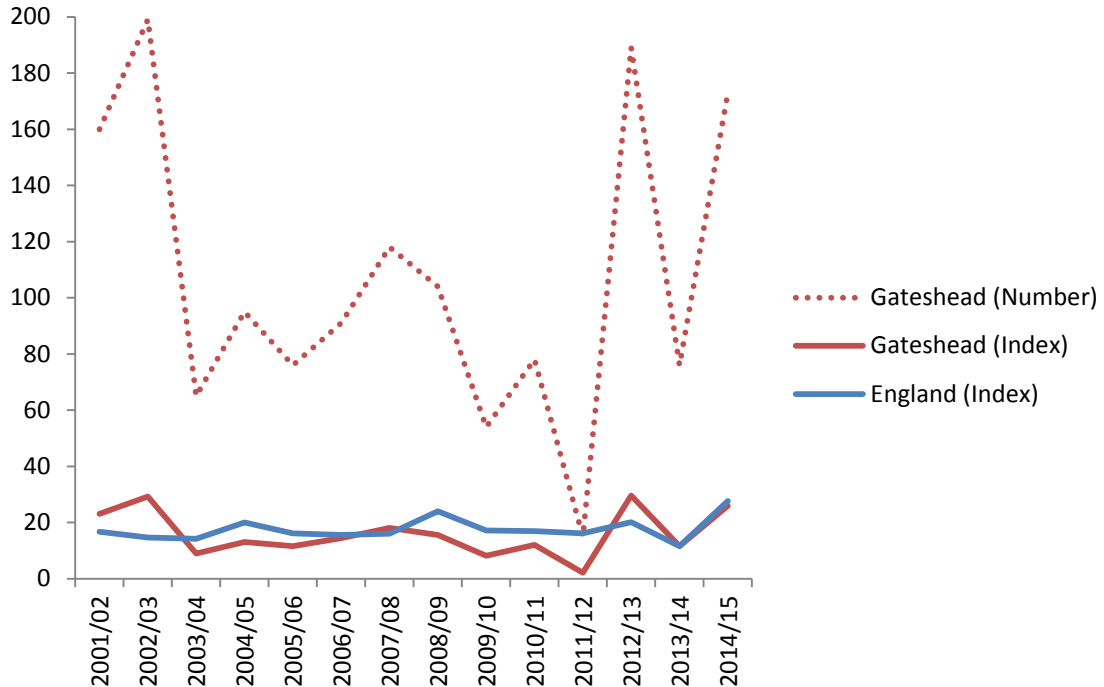
Excess winter mortality

12. The most recent data available are for the 2014/15 winter, when in Gateshead there were 173 excess winter deaths, compared to 70 in 2013/14. The EWM index for 2014/15 shows that there were 26 per cent more deaths in the winter compared with the non-winter period. The position of Gateshead is typical of NE authorities, and not significantly different to England.
13. In 2014/15 in Gateshead the majority of deaths occurred amongst people aged 75 and over. There were more excess winter deaths in females than in males, as in the previous 5 years. Respiratory diseases were the underlying cause of death in more than a third of all excess winter deaths. Uptake of the flu vaccine reached 74.9% in over 65s, and 55.1% amongst at-risk groups aged below 65.
14. Last winter (2016/17), uptake of the flu vaccination locally was close to target levels amongst the over 65s (actual 73.8%, target 75%) but not amongst those aged 6 months to <65 years who were in clinical risk groups (actual 54.9%, target 75%).
15. There is significant year-on-year variation in the numbers of excess winter deaths, and in the EWM index (see figure 1). It is not always apparent why this is the case. Note that the winter of 2014/15 had the highest number of excess winter deaths in England and Wales since 1999/00 with 41,300 more people dying in the winter months compared with the non-winter months, although the number of excess deaths in Gateshead was higher in 2012/13 and 2002/03. The local index has been significantly different from England’s in only 2 years since 2001 (one year it was better, one year worse).
16. In terms of housing, the 2030 Vision is for all Gateshead homes to be energy efficient. Efficiency ratings vary by tenure and geographical locality but increases in average ratings have been secured since 2013, and more than

³ <https://www.nice.org.uk/guidance/ng6> (March 2015)

half of Gateshead properties are deemed to be energy efficient⁴. A small proportion of Gateshead homes, particularly in the private sector, would fail the Housing Health and Safety Rating System due to excess cold.

Figure 1: Number and Index of Excess Winter Deaths



17. Action to date has included targeted demolition of properties, solid wall insulation measures to high rise and low rise properties, provision of new boilers and/or loft insulation for a number of private properties, energy efficient glazing and new boilers for targeted Gateshead Housing Company homes, and the development of a low carbon District Energy Scheme for the Town Centre and quays area of Gateshead.
18. Further plans include reviewing the “Warm Up North” programme (a partnership of all LAs in the NE with British Gas), improvements to a number of blocks of flats, building new, better standard housing, and the identification of properties for potential area based insulation schemes. However, these developments will be dependent on funding availability. The remaining priorities are in improving the ‘hard-to-treat’ homes, particularly pre-war terraces and post-war high-rise blocks.
19. It is estimated⁴ that approximately 11% of households in Gateshead are in fuel poverty. This is little changed since 2013, when 10.9% (9,855) of households in Gateshead were deemed fuel poor, but the number of households in fuel

⁴ Home Energy Conservation Act (1995) Gateshead Council Report 2017

poverty has increased (to 10,108). This is significantly higher than the England average of 10.4%, although lower than the regional figure.

20. Residents in some areas of Gateshead are more likely to live in fuel poverty than others. In 2015, fuel poverty in different Lower Super Output Areas in Gateshead ranged from 6.7% to 20.7% of households. Households in the Bensham area and parts of Chopwell have the highest levels of fuel poverty.
21. In 2015 The Council's Communities & Place Overview and Scrutiny Committee undertook a review of Domestic Energy Management & Fuel Poverty. This made a number of recommendations, and progress is reported annually.
22. There is also relevant third sector activity, including the work of CAB, Age UK and others to raise uptake of benefits and National Energy Action which seeks to end fuel poverty.

Conclusion

23. The HWB should note the importance of flu vaccination programmes for both at-risk groups and front-line staff in addressing excess winter mortality.
24. The Council and HWB have already identified the need for a wide-ranging approach to tackling poverty, and fuel poverty will need to be part of this, particularly with regard to the older population.
25. The Public Health team is currently recruiting to a vacant post focused on frailty and vulnerability. One of the areas of work they will address will be excess winter mortality, linked to the development of the poverty strategy and to take forward the recommendations in the NICE guidance on excess winter mortality.

Recommendations

26. Partners in the Health and Wellbeing Board should ensure all reasonable measures are taken to encourage uptake of the flu vaccine this winter amongst eligible groups.
27. The Health and Wellbeing Board is asked to note this report.

Contact: Gerald Tompkins, Consultant in Public Health, Gateshead Council (geraldtompkins@gateshead.gov.uk; tel 0191 433 2914).

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TITLE OF REPORT: National Tobacco Control Plan

Purpose of the Report

1. To update the Health and Wellbeing Board on the new national Tobacco Control Plan and implications for local action on smoking and tobacco control.

Background

2. The five year strategy set out in the Coalition Government's Tobacco Control Plan for England came to an end in 2015. A new national Tobacco Control Plan was published in July 2017.

Key aspects of the national Tobacco Control Plan

3. The government has set out national ambitions which it is hoped will help focus tobacco control across "the whole system". The rationale for prioritising tobacco in relation to addressing health inequalities is made clear. These ambitions centre on a vision to create a smokefree generation- the reference to this is hugely welcome and a symbolic step forward for England. This will have been achieved when smoking prevalence is at 5% or below.
4. To deliver this, the government sets out the following national ambitions to help to focus tobacco control across the whole system:
 - the first smokefree generation
 - a smokefree pregnancy for all
 - parity of esteem for those with mental health conditions
 - backing evidence based innovations to support quitting.

These four areas are already well established priorities for Gateshead.

5. These ambitions are supported by a range of proposed actions clustered around the four themes of prevention first, supporting smokers to quit, eliminating variations in smoking rates, and effective enforcement:

Prevention First

Children who smoke regularly are more likely to have a family member who smokes, and usually buy their cigarettes in shops despite age of sale laws. Reducing the numbers of children who smoke will be supported by:

- Reducing the numbers of adults who smoke by improving training available to all health professionals on smoking cessation

- Ensuring that the sanctions applied to tobacco retailers who sell tobacco to children are fit for purpose
- Full implementation of NICE guidance on smoking by CCGs, Trusts and councils, with a particular focus on smoking in pregnancy

Supporting smokers to quit

Helping smokers to quit remains one of the most cost-effective public health interventions, and remains the best way to improve an individual's chances of stopping smoking. However, demand for stop smoking services has fallen in recent years, and it is likely that this reduction in demand at least in part arises from the increase in the use of e-cigs and vaping.

While demand for stop smoking services has fallen, the incidence of smoking in some groups, such as those with mental ill health, remains stubbornly high.

Local tobacco control strategies should reflect these variations in demand, and particularly:

- Ensure that stop smoking support for people with mental health conditions is targeted through effective interventions, especially in primary and community care settings
- Make best use of the emerging evidence of novel nicotine delivery systems, including vaping, to support harm reduction and quitting tobacco entirely
- The NHS to lead by example in creating working environments that encourage smokers to quit.

Eliminating variation in smoking rates

The Plan details actions to mobilise the whole health and care system to help smokers to quit based on the best available evidence and intelligence. These include:

- All health professionals engaging with smokers to promote quitting, supported by the implementation of existing NICE guidance and the inclusion of tobacco in the 2017-19 Commissioning for Quality and Innovation (CQUIN) framework
- Local councils coming together to agree "local ambitions" for collective action
- Local councils focussing action on groups and areas with the highest smoking prevalence and taking action to reduce inequalities caused by smoking
- National mass-media and marketing campaigns, and cross-regional approaches to stop smoking campaigns
- PHE to explore further opportunities for smokefree public places

Effective enforcement

Continuing the enforcement of the existing raft of legislation regarding high duty rates, controlling the supply of and demand for illicit tobacco, and the sale of tobacco to children is confirmed as an ongoing priority.

The Plan also commits to limiting direct contact between the government and the tobacco industry and the publication of details of most, but not all, meetings between

the two. Subsequent to the UK's departure from the European Union, the government will review and possibly amend EU legislation, such as the Tobacco Products directive, where it believes that such amendments may improve health outcomes.

Gaps in the Plan

6. While the Plan encourages local authorities to identify 'local solutions', no account is taken of the funding challenges facing public health and other public services.
7. Similarly, challenges arising from the resource implications for the NHS to take decisive action on prevention through 'investment to save' activity are not addressed.
8. The budget for national mass media campaigns has also been substantially reduced, despite evidence of effectiveness.
9. The Plan does not detail proposals for a licensing scheme for the sale of tobacco (a major gap within the regulatory arsenal particularly hampering efforts around illicit tobacco), nor the role of advocacy in denormalising tobacco use and the tobacco industry.

How does the new Plan fit with Gateshead's approach?

10. The ambitions and actions in the Plan are broadly welcomed, and reflect existing practice in Gateshead. Gateshead has contributed towards examples of best practice for many of these actions, including:
 - reducing maternal smoking through a systematic approach to implementing NICE guidance
 - leadership from Northumberland Tyne and Wear NHS Foundation Trust around its smokefree policy implementation
 - work around demand and supply reduction of illicit tobacco
 - the evolving discussions through the Sustainability and Transformation Plans and the new Regional Taskforce on Smokefree NHS/Treating Tobacco Dependency
11. The Plan's aspiration that "...regions and individual local councils are encouraged to...agree local ambitions around which collective action can be organised" fits with the North East 'locally together' model in place since 2005.
12. Other key areas already incorporated in local work include recognising the role of e-cigs/vaping in helping smokers to quit smoking or reducing their dependence upon tobacco. The Stop Smoking Service in Gateshead is "e-cig friendly", meaning that it will support people who choose to use e-cigs/vaping during a quit attempt.
13. The Plan helpfully emphasises the importance of the NHS' role in identifying and treating nicotine dependence as a routine part of patient care. This is well established in maternity services in Gateshead and for inpatients being treated by NTW, with further planning underway to support all secondary care services to fully implement the CQUIN on "Preventing Ill Health from Alcohol and Tobacco" from March 2018.

14. Local comprehensive, joined up action, as recommended by the new national Plan, ensures the delivery of the Gateshead Tobacco Control Action Plan, which also supports the recommendations set out in the Director of Public Health's annual report for 2015/16.

15. Funding is secured to ensure that action to disrupt the illegal supply of tobacco, and to enforce regulations is maintained.

Funding is also secured to maintain and develop the local Stop Smoking Service, building on both the evidence base and improved local intelligence to respond to changing patterns of demand in recent years. A key focus is on building capacity across the wider public health workforce to engage more smokers from less advantaged groups and areas, which will be significantly supported through the Making Every Contact Count approach.

16. Gateshead also continues to support Fresh, the regional tobacco control programme. Fresh is an exemplar of the approach set out in the Plan for local areas to agree ambitions and co-ordinate actions across a wider area. Fresh provides direct support to a number of key areas set out in the Plan, including:

- Improving public awareness through locally funded stop smoking campaigns such as "Don't be the 1", "16 cancers", and "Secondhand smoke is poison".
- Advice to localities around evidence based commissioning and longer term planning around a system wide cessation offer
- Encouraging all localities to participate in the Public Health England CLear assessment to review local progress and assist with planning.

17. Further, the Fresh eight key strands of tobacco control delivery have provided a clear framework for Gateshead in recent years. These strands are designed to help shift the social norms of tobacco use so that tobacco (the product and the industry itself) becomes less desirable, accessible and affordable. Working together, the strands assist in motivating and encouraging smokers to stop and to stay stopped/reduce harm, to reduce the uptake of smoking primarily in children and young people, and to provide protection from second-hand smoke and other tobacco related harm.

They follow an international evidence base used by WHO and the World Bank and will still help to guide the direction of travel over the course of the Fresh delivery plan. The eight strands are:

- 1) Develop infrastructure, skills and capacity and influencing decision making
- 2) Reduce exposure to second hand smoke
- 3) Motivating and helping smokers to stop and stay stopped and to reduce harm
- 4) Media, communications and education
- 5) Reduce availability and supply
- 6) Tobacco and nicotine regulation
- 7) Reduce tobacco promotion
- 8) Research, monitoring and evaluation

All of the key components within the new National Tobacco Plan fit within this eight key strand approach but arguably the latter provides a more comprehensive framework for tobacco control delivery.

How does the Plan fit in with the North East's 5% by 2025 vision?

18. Back in 2014, the Making Smoking History in the North East Partnership agreed a shared regional ambition to reduce smoking in adults to 5% by 2025. Over the period of the next twelve months, all twelve Health and Wellbeing Boards across the region also committed to this regional ambition.

This attracted significant media interest at the time and this was the first region nationally to even consider such a bold ambition. Since then others, notably Yorkshire and the Humber, have also set similar ambitions through initiatives such as Breathe2025 <http://breathe2025.org.uk/>

19. Earlier this year some modelling work was undertaken to ascertain if this North East ambition was feasible. This found that smoking prevalence has declined in the North East slightly faster than the national average and this appears to be because of higher quit success rates. Increasing the quit attempt rate to 45% per year, maintaining a quit success rate at 20%, and reducing uptake to 0.3% per year could put the North East on a path to 5% adult smoking prevalence within 10 years.

Professor Robert West of University College London concluded these are all realistic targets but will require the implementation of a package of policies and a sustained commitment to investment. A short presentation about this modelling work is available here- <https://www.youtube.com/watch?v=xsvwtCugDkw>

20. Fresh plans to look intensely at the range of policies that are included within the 5% modelling and examine opportunities for the region to do even more around them. The policies include:

- increasing the real cost of tobacco and improved interdiction on illicit tobacco
- running regional mass media campaigns
- implementing very brief advice (VBA) in primary care with increased access to NICE stop smoking medications
- introducing a more tiered smoking cessation model within the community with increased secondary care provision, and
- reducing overall access to tobacco

Conclusions

21. The Plan is welcome but in itself is likely to be insufficient to help us achieve our collective vision. There are huge opportunities to improve the whole system wide delivery in Gateshead around the evidence base, for instance through comprehensive NHS implementation of NICE guidance. Gateshead still requires work at all tiers from the international down to the community grass roots level.

It is encouraging that on much of the proposed focus Gateshead and the North East is arguably already making progress, but the absence of any big ticket new national policies makes ongoing advocacy for policies like licensing and a levy on the tobacco industry.

Recommendations

22. The Health and Wellbeing Board is asked to endorse the local approach as set out in the context of the national Plan, and to support the refreshed Gateshead Smokefree Tobacco Control Alliance's ambitions to reduce smoking prevalence to 5% by 2025.

Contact: Paul Gray (0191) 4332929

TITLE OF REPORT: Safeguarding Boards Annual Reports

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on Annual Report 2016/17 and Business Plan 2017/18 for the Local Safeguarding Children's Board (LSCB) and the Annual Report 2016/17 and updated Strategic Plan 2016/2019 for the Safeguarding Adults Board (SAB).

Background

2. The Local Safeguarding Children's Board and Safeguarding Adults Board continue to provide leadership, accountability and vision for safeguarding in Gateshead. The Boards have been strengthened via the appointment in November 2016 of a highly regarded and experienced Independent Chair Sir Paul Ennals who is responsible for Chairing both Boards. Both Boards have a strong commitment to working together, holding each other to account and seeking to learn and improve together.
3. It has been a year of change throughout many of the partner organisations that make up the LSCB and SAB and a number of changes to Board representatives. Despite this, along with ongoing public sector austerity measures, the two Annual Reports illustrate that considerable progress has been made. Neither of the Boards were subject to external inspections during 2016/17 and there were no new Safeguarding Adult Reviews or Serious Case Reviews commissioned. Nevertheless a number of emerging local and national issues meant that the two Boards were extremely busy.
4. The Care Act 2014 enshrined in law the principles of Safeguarding Adults and the Safeguarding Adults Board became a statutory body in April 2015. The Care Act states that a Safeguarding Adults Board must:
 - publish a strategic plan for each financial year. This plan could cover 3 – 5 years in order to enable the Board to plan ahead as long as it is reviewed and updated annually
 - publish an annual report which details how the Board and its members achieved the objectives as identified within the strategic plan
5. Chapter 3 of Working Together to Safeguard Children (2015) and Regulation 4 of the Local Safeguarding Children Board Regulations (2006) set out the statutory objectives and functions of LSCBs. As set out in Working Together to Safeguard Children (2015), every Local Safeguarding Children Board is required to produce and publish an annual report on the effectiveness of safeguarding in the local area. The annual report sets out the arrangements to safeguard and promote the welfare of children in Gateshead and provides an assessment of those arrangements. The report also sets out how the LSCB discharges its statutory functions.

Gateshead Local Safeguarding Children's Board Annual Report 2016/17 and Business Plan 2017/18

6. The LSCB Annual Report 2016-2017 details developments for both the LSCB itself and its partner agencies, of which Gateshead Council is one, in relation to safeguarding and promoting the welfare of children in the borough. Key areas include work to understand high levels of Permanent Exclusions and self-harm, work to improve links with local communities and ongoing work to raise awareness of Child Sexual Exploitation and other forms of abuse. The report also contains an analysis of data (including the increase in the numbers of children subject to child protection plans and child protection investigations).
7. The LSCB Business Plan 2017-2018 sets the strategic direction for the LSCB and reinforces the specific role of the LSCB to lead, challenge and support learning and focuses on the specific role and remit of the Board. The action plan for 2017-2018 supports those three key priorities of leadership, challenge and learning and also focuses on the five key thematic priority areas of the voice of the child, improving relationships and the interface with schools, Early Help, mental health and safeguarding disabled children. The LSCB will also be working to prepare for the implementation of new legislation and guidance around statutory strategic arrangements for safeguarding (including the removal of the requirement for local authorities to ensure that there is a LSCB and a new requirement for a new strategic partnership between the local authority, police and CCG).

Gateshead Safeguarding Adults Board Annual Report 2016/17 and updated Strategic Plan 2016/19

8. The SAB 2016/17 Annual Report highlights progress throughout the year. Key areas of work include the development of bespoke safeguarding adult training courses, the establishment of a Serious Provider Concern process to enable management of Safeguarding Concerns more appropriately and effectively, the adoption of a Quality Assurance Framework (QAF) and the establishment of a new Safeguarding Adults Review Group which has delegated responsibility for the co-ordination of statutory Safeguarding Adult Reviews. The report also articulates how partner governance arrangements ensure members are accountable for Safeguarding Adults and includes what members have done in order to deliver the objectives highlighted within its strategic plan. The SAB has streamlined the way in which it operates, to seek to get the most out of the contributions of senior partners from all agencies.
9. The revised Strategic Plan 2016/19 sets out how the Safeguarding Adults Board will achieve its five Strategic Priorities which are:
 - Quality Assurance
 - Prevention
 - Community Engagement and Communication
 - Improved Operational Practice
 - Implementing Mental Capacity Act / Deprivation of Liberty Safeguards

The Strategic Plan includes key challenges to be addressed over the three year period. 2017/18 is year two of the three year Strategic Plan and the revision, supported by a Business Plan for 2017/18, which helps to reprioritise the work of the Board to ensure that the Strategic Priorities are addressed

10. It is proposed that the Health and Wellbeing Board consider the content of the Annual Reports and Strategic Plan / Business plan and comment on how the Board can contribute towards the safeguarding agenda.

Recommendations

11. The Health and Wellbeing Board is asked to continue to receive updates from the Safeguarding Adults Board and the Local Safeguarding Children's Board.

Contact: Paul Ennals – Independent Chair
Carole Paz-Uceira - Safeguarding Adults Business Manager
Saira Park – Safeguarding Children's Business Manager

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GATESHEAD
local **safeguarding**
children board

Gateshead LSCB Annual Report

2016 - 2017



LSCB ANNUAL REPORT 2016-2017

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1. INTRODUCTION AND WELCOME

Introduction – Councillor Angela Douglas, Cabinet Member for Children and Young People



I am pleased to introduce the Gateshead Local Safeguarding Children Board (LSCB) Annual Report for 2016-2017.

As the Cabinet Member for Children and Young People for Gateshead Council I continue to hold the statutory responsibility alongside the Director of Children's Services for ensuring that children at risk of harm receive high quality services that support and protect them.

We have once again seen unprecedented pressures on agencies in Gateshead as we all have to balance increasing demand with decreasing resources. Despite this we continue to see strong and effective practice and unwavering commitment from our professionals who often go above and beyond to keep young people safe. This report sets out some of the excellent work undertaken in the past 12 months and demonstrates just how we keep children at the heart of good practice in the borough.

I am delighted to welcome Sir Paul Ennals as the new Independent Chair of Gateshead LSCB. He brings with him a wealth of experience which can only strengthen the work of the Board in leading and coordinating the safeguarding agenda in Gateshead. The next 12 months will see a lot of change for LSCBs following new Government legislation and I am confident that we have the capacity, capability and commitment that we need to move forward and continue to support arrangements to safeguard and protect the children of Gateshead.

Foreword – Sir Paul Ennals, LSCB Independent Chair



I was honoured and delighted to be appointed to chair the Gateshead Local Safeguarding Children Board (LSCB) in November 2016. There had been a gap of some months since the departure of my predecessor Gary Hetherington, but this report still reflects much of the positive influence that he had on the strength of the multi-agency partnership in Gateshead.

It was immediately clear to me that the partners in Gateshead have a strong commitment to working together, holding each other to account and seeking to learn and improve together. The LSCB brings together a wide range of partners – council, health bodies, police, schools, probation, voluntary sector and many others – and we all know that working together across so many agencies is inherently challenging. In particular, as austerity has hit all agencies to differing degrees, the partnership has been making genuinely difficult and painful decisions at times, seeking to respond to increasing needs within the community with ever reducing resources. It is these periods that really test the depth of the partnership, and I thank all the partners for their continued commitment.

It has been a year of change throughout many of the partners. Strong multi-agency partnerships extend beyond the personal relationships created between individuals, but there is no doubt that they benefit greatly from a level of personal consistency. Whilst representation has remained largely stable amongst the CCG, hospital trust and police, most other agencies have restructured. We have seen widespread turnover of senior council staff – an excellent new team is joining the council now, which we hope will provide welcome stability and consistency of direction. The council is rightly looking to respond to the continued budget reductions by seeking to increase its focus on early help and prevention; this requires some bold decisions and strong partnerships, since the necessary changes can have an impact on services provided by schools, health agencies, police and others. The development of the new Early Help Strategy is somewhat behind schedule, and will set the stage for more important developments in the year ahead.

It is over a year since Ofsted inspected the Council and LSCB. I am pleased to say that all their recommendations relating to the LSCB have been fully implemented.

The Government has introduced new legislation, changing the future of safeguarding arrangements for children. Gateshead LSCB has drawn up detailed proposals for how we intend to operate once the new Act comes into force; we will look to retain most of our current arrangements, but streamline our ways of working and strengthen our partnerships with colleagues across the region.

There is much detail in this report of the hard work of all the agencies. We have the confidence to challenge each other if we think any agencies need to improve, but we do so within a partnership where we offer strong support to each other. “High Support, High

Challenge” is becoming our slogan, as the partnership of agencies confronts the real challenges that the Government and the economy present to us all.

Safeguarding arrangements within Gateshead are broadly robust and effective. This is due to the personal commitment of many individuals. Above all, though, I should thank our excellent Board manager Louise Gill, whose departure in August 2017 to work in Public Health brings real gains to them, but leaves a significant hole in our working arrangements which will be hard to fill.

Paul Entwistle

2. SUMMARY OF PROGRESS

2.1 Purpose of report

As set out in *Working Together to Safeguard Children* (2015), every Local Safeguarding Children Board (LSCB) is required to produce and publish an annual report on the effectiveness of safeguarding in the local area. This report sets out the arrangements to safeguard and promote the welfare of children in Gateshead and provides an assessment of those arrangements. The report also sets out how we discharge our statutory functions.

2.2 Overall LSCB progress

Once again, 2016-2017 has been a busy year for us. Despite the Board not undergoing specific external scrutiny as we were not inspected by Ofsted and did not undertake any statutory Serious Case Reviews (SCRs), our “business as usual” and a number of new emerging issues nationally and locally have meant that our meetings have been busier than ever. Considerable work has also been undertaken between meetings by our sub groups, task and finish groups and highly committed members. We also continued to build on the learning from the Ofsted inspection of the LSCB in 2015-2016 to strengthen our position and build on our ambition to be a “good” LSCB.

We appointed a new Independent Chair in November 2016 and as part of his review of our arrangements we strengthened our governance arrangements and updated our Terms of Reference. We also improved processes during our meetings to allow for more discussion of key issues to result in actions and recommendations and less time simply receiving reports.

2.3 Progress against last year’s objectives

Our Business Plan was monitored at every meeting of the LSCB Business Planning Group and the new LSCB Executive, which first met in February 2017, took this role forward. By year end most of our priorities were signed off or due to be signed off by the end of April 2017. The only exceptions are as follows: The redesign of Early Help is ongoing to enable active involvement of partner agencies. Updating the “Thresholds/Indicators of Need” document from Children’s Social Care will be completed once the Early Help offer is finalised. The work around the national Child Protection – Information System has not yet been completed due to technology issues beyond the control of agencies in Gateshead; however this is being actively addressed.

In terms of **Leadership** we strengthened our links with our local communities and other partnerships to improve the visibility of the LSCB and ensure that safeguarding children was still a priority for groups with an adult or community focus. We also considered whether it would be appropriate to establish a young person’s LSCB and continued with work to engage children and young people with the work of the Board.

We **challenged** our partner agencies to provide us with details of their own internal single-agency scrutiny and audit. We were not asking agencies to do additional audit work but wanted to make sure that we knew what audits were already taking place, what they were showing and whether they made a difference. The purpose of this was to reassure us as a Board that there were no significant issues picked up in term of practice but also to ensure that agencies were robust in their own arrangements to identify any issues. Overall, the findings identified no specific concerns about single agency practice and indeed some high quality single agency and joint working was demonstrated. In terms of areas for development, Children’s Social Care shared that in 53% of the cases audited “visits” were not in timescale (this was across all cases including Child Protection, Child in Need and Looked After Children). This figure improved to 80% as a result of the actions undertaken

following the audit. The voice of the child is heard and acted upon, however this is not always evidenced as well as it could be through recording. Inconsistencies were noted in the planning process and areas for improvement identified. Some very good work was noted in all of the Children's Social Care audits however. Gateshead Health NHS Foundation Trust shared that there was limited evidence in hospital records of paediatric engagement with child protection conferences. Invitations were only received a few days before the meeting, making paediatric attendance more difficult due to clinical commitments. Processes were introduced to address this and plans put in place to re-audit and determine if improvements had been made. The LSCB Executive will continue to monitor single agency audits on behalf of the Board in 2017-2018.

2.4 Board effectiveness

We challenged ourselves as a Board through our new Effectiveness Framework. Our benchmarking exercise showed us that there were no significant areas of concern but we needed to evidence further the impact of our work. Work in this particular area will continue into 2017-2018 as we review our arrangements in light of the Government's review of LSCBs and new legislation. We also reviewed our mini peer review proposal from previous years and looked at more effective ways of challenging each other.

In terms of **Learning**, we considered the national review of LSCBs commissioned by the Government to make sure there were no significant gaps in our training offer. We also reviewed cases in a multi-agency setting where there were lessons to be learned and took this learning forward. As a result of the 2015 Ofsted inspection we also reviewed processes to understand the impact of our training offer and maintained a focus on delivering high quality training that met demand.

As well as our work towards our Business Plan and priorities we are satisfied that we have highly effective partnership arrangements in Gateshead which are built on trust and honesty. Agencies have the confidence to challenge each other due to robust working relationships.

Our annual Development Session commended the highly effective work of our LSCB Business Manager. The role is crucial to the work of the Board in terms of ongoing work, compliance with statutory requirements and helping to drive the Board forward. The LSCB Business Manager provides a link between the Board and sub groups and links to other partnerships. The new LSCB Chair also chairs the SAB and this further strengthens joint working and will help to improve the transition agenda.

As a Board, we are confident that we have effective training that responds well to LSCB priorities. Despite increasing pressures on partner agency staff we have a skilled pool of trainers who deliver a lot of our sessions "in house" but we also have the resources to commission specialist sessions when appropriate. We continue to carry out work to ensure that our training has an impact on frontline to ensure that the sessions not only lead to improved outcomes but provide the Board with best value for money.

We acknowledge that we need to do more to hear the voice of the child as a Board. Our partner agencies undertake a lot of work to listen to and act on the voice of children accessing their services and there is some work for us to do to join this up better across the partnership and to see more meaningful outcomes from this. We also need to carry out more work to capture the voice of children who aren't part of groups such as school councils, the Youth Assembly, One Voice, Police Cadets etc. We will take this work forward into 2017-2018. However, some really positive practice was noted for example the use of the "Seen and Heard" campaign and "My Care Plan" in health and the use of the "MOMO" app for children involved in the Child Protection and Looked After systems.

2.5 Summary of sub group and task & finish group progress

We established two task & finish groups in 2016-2017 to lead on the two thematic high priority areas - self-harm and permanent exclusions - on behalf of the Board. The two groups met regularly, scoped each issue, identified and took forward areas for development. The **self-harm** group acknowledged that reported rates of self-harm in Gateshead are high, though reducing. Schools were not routinely informed when a young person presented to hospital with self-harm and therefore were unable to support them when they next attended school. Processes to allow this information to be shared were explored and school staff identified a training need around how to respond to self-harm, so specialist training was commissioned and offered to every school. It is too soon to see whether or not this will help to reduce the number of young people who self-harm, but clearly young people involved are now better supported. The **exclusions** group explored the rise in permanent exclusions within Gateshead, and produced a range of recommendations for how the local authority, health and schools can seek to tackle the issue; a seminar for all schools is planned for the summer of 2017. The two task & finish groups provided a 6 month update report and a final report at year end to evidence what had taken place and any further actions required. Both groups were praised by the Board on the level of detail in their work and the actions identified and achieved. Work will be taken forward into 2017-2018 by identified Board members.

At year end we had seven sub groups, one of which is shared with the Safeguarding Adults Board (SAB). They are:

- Gateshead Local Child Death Review Group
- Joint LSCB & SAB Strategic Exploitation Group
- Learning & Improvement Sub Group
- Licensing Sub Group
- Performance Management Sub Group
- Policy & Procedures Sub Group
- Training Sub Group

The LSCB Missing, Sexually Exploited and Trafficked Sub Group (MSET) also reports into the Strategic Exploitation Group having previously reported directly to the Board.

Throughout the year our sub groups continued to work towards their own work plans and towards one or more of our priorities of **Leadership**, **Challenge** and **Learning** and specific details of this are found in the sub group reports in Appendix 4.

2.6 Summary of partner agency progress

A number of our partner agencies underwent reorganisations and restructures in 2016-2017 and as a Board we participated in consultation exercises and discussions and challenged areas where we were concerned that there could be an impact on safeguarding. As a Board we continue to give partner agencies a clear message that safeguarding all children, but particularly vulnerable children, must continue to be a priority when resources are reviewed.

We held a workshop session in October for members of our Board, the Safeguarding Adults Board and the Community Safety Board to ensure that our response to domestic abuse was strong enough. In particular, we looked at the way that agencies kept children safe when their parents/carers were involved in incidents of domestic abuse in the home. Some of our partners have been involved in some innovative pieces of work to improve the response to children involved in domestic abuse. For example, the Northumbria Police have been awarded additional money to focus on prevention and early intervention and this will include

work with schools. In previous annual reports we have described Operation Encompass, where police information feeds into schools to help school staff support children who have witnessed domestic abuse and this work continues successfully. Overall we were assured that some really effective work is in place. A lot of local authorities commission out their domestic abuse work but a great deal of it is done “in house” in Gateshead. Our partner agencies are focusing on being proactive and robust in their risk assessment and specialist training has been given on the perspective of the child. We felt that there are still some small gaps and we have asked partners to look into this further and will monitor this as a Board.

At our Board development session in March 2017 we asked our members to evidence how their own agencies had made a positive impact on children and young people and how we as a Board were also improving outcomes. The session provided us with some positive assurances. Some of our partners are performing extremely well in inspections nationally (e.g. Northumbria Police and Northumberland, Tyne and Wear NHS Foundation Trust) and some of our joint working has also been nationally recognised (e.g. Team Sanctuary). Despite some difficult budget decisions being made over the past 12 months our partners continue to prioritise safeguarding and continue to demonstrate good practice such as improvements in training for school governors and GPs, a safe and strong “front door” in Children’s Social Care, work with refugee families, additional supervision sessions for staff and strengthened policies and procedures in Gateshead Health NHS Foundation Trust.

Our partner agencies were asked to provide assurances about how they demonstrated our priorities of **Leadership, Challenge** and **Learning** in 2016-2017. In terms of **Leadership** a number of high profile appointments have been made or are being made to strengthen practice, governance and oversight and this includes a new Strategic Director in Gateshead Council, a new Designated Doctor in health and a continuing commitment to the role of Designated Nurses for both Safeguarding and Looked After Children. Northumbria Police demonstrated leadership in safeguarding with a clear direction regarding vulnerability and leadership and working to improve areas such as professional development and resilience of staff.

In terms of **Challenge**, our partner agencies have numerous practice examples of working together in a high support, high challenge culture with regular dialogue between managers in cases of abuse, neglect and exploitation. NHS England carried out assurance visits and audits of all of the Clinical Commissioning Groups (CCGs) in the North East of England to ensure compliance with national safeguarding standards. Newcastle Gateshead CCG were rated very positively throughout this process.

In terms of **Learning**, our partners were able to demonstrate changes to practice as a result of learning from cases (including good practice examples) and how this was disseminated and implemented. Gateshead College has ensured that learning around safeguarding is delivered to students and staff including delivering training on staying safe online to 1,842 students, counter extremism tutorials to 1,775 students and British values training to 1,684 students. By equipping their students with more information on risks and how to respond the College is helping to improve outcomes and raise awareness. The learning from Independent Return Interviews carried out by Adolescent Youth Support Service staff helps police and Children’s Social Care to understand an individual young person’s needs and specific risks in relation to them going missing and potential exploitation. This learning is then used to plan specific support packages.

In Gateshead we are rightly proud of the work that we have done as a Board and as partner agencies in 2016-2017. Agencies and individuals work well together providing support and challenge when necessary to ensure that safeguarding and promoting the welfare of children and young people remains a priority in both statutory child protection/safeguarding work and the wider work across the borough.

3. PERFORMANCE DATA AND INFORMATION

3.1 Performance Data

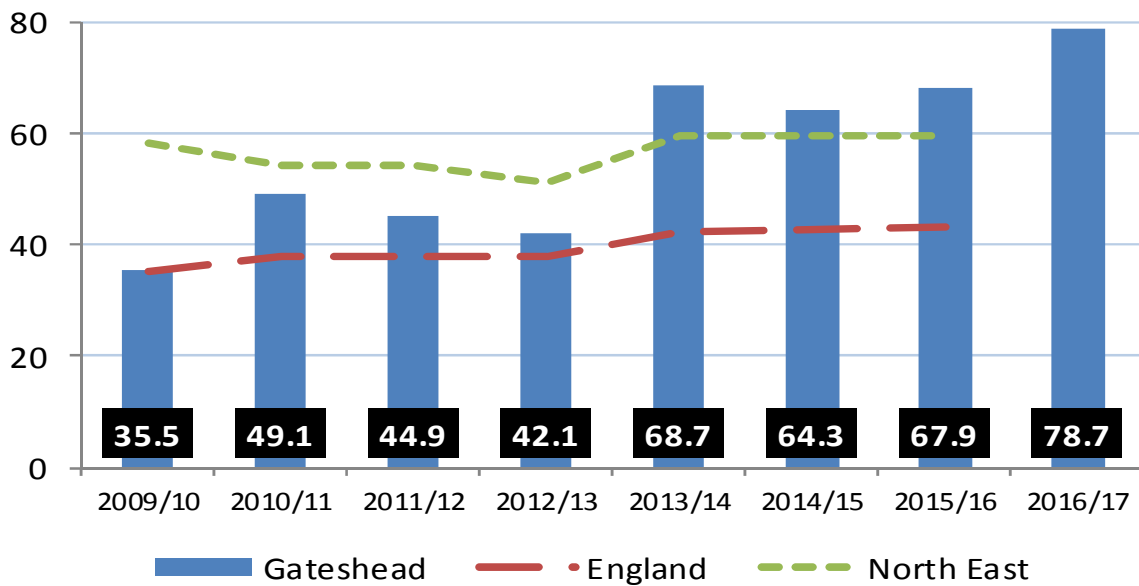
The LSCB Performance Management Sub Group monitors performance information on behalf of the LSCB and reports regularly to the Board against an agreed data set/performance dash board linked to priority areas.

A number of key issues were noted in the year-end report to the Board including continuing high child protection figures. The number of re-referrals increased but they remain in line with Gateshead's four year average and below regional and national averages

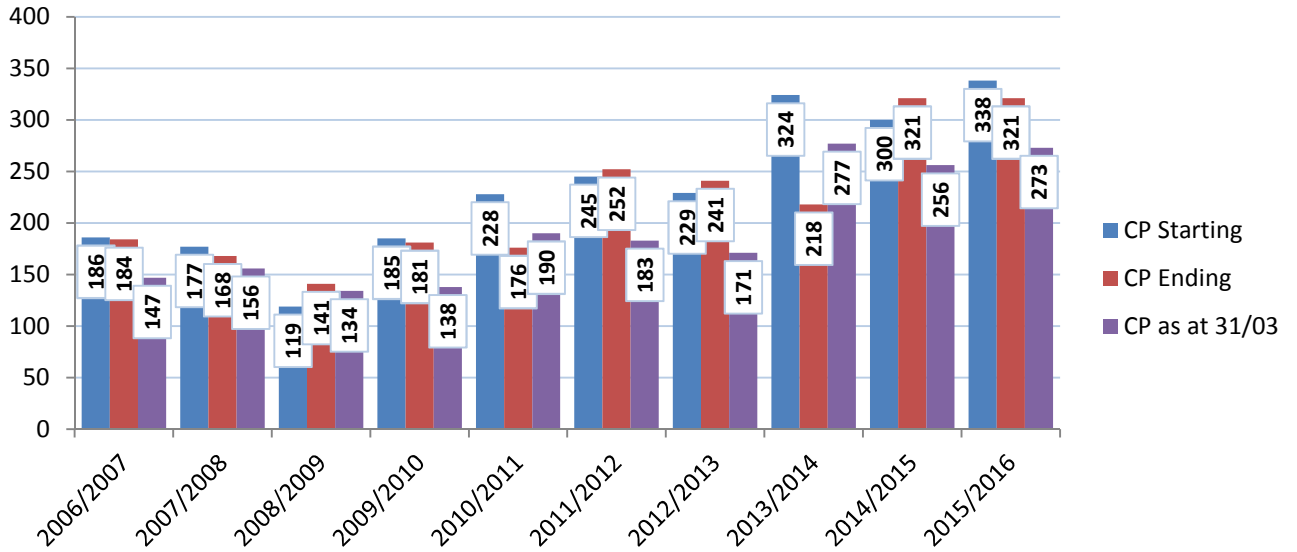
The dashboard also contains data on CSE and missing episodes but this is covered elsewhere in this report

At year end there were 314 children from Gateshead subject to a Child Protection Plan, which is a rate of 78.7 per 10,000, and almost double the England rate of 43.1 per 10,000 reported in 2015-2016. It is also 32% higher than the North East rate and an increase of 10.8 per 10,000 on the previous year in Gateshead. Work is ongoing to understand the significant rise alongside a new planning framework.

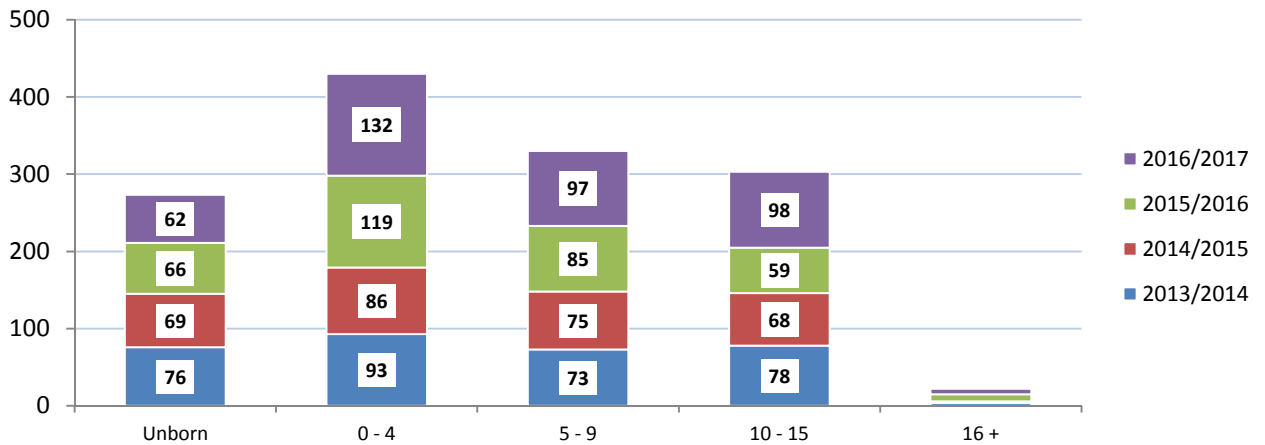
Child Protection Plan numbers per 10,000 @ 31st March



Child Protection Numbers

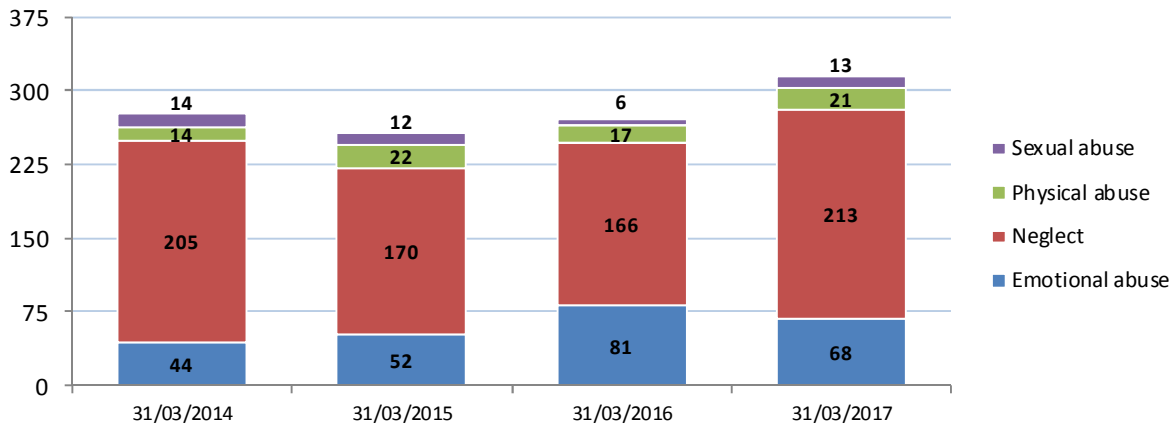


Age of Children when placed on a Child Protection Plan (Apr-Mar)



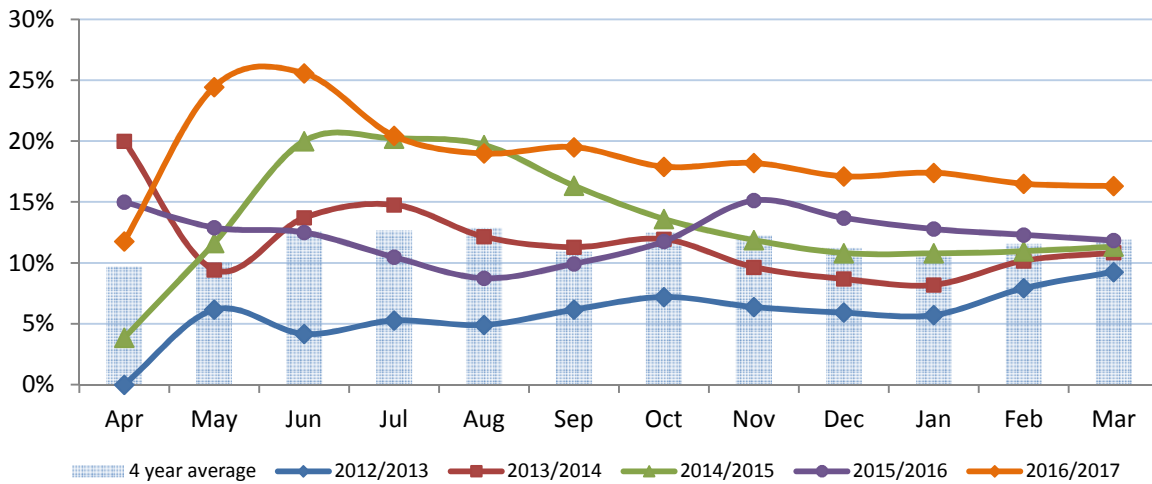
The category of neglect remains the highest at 67.8% of all plans. The numbers of plans lasting over 2 years remains low.

Child Protection Category at year end



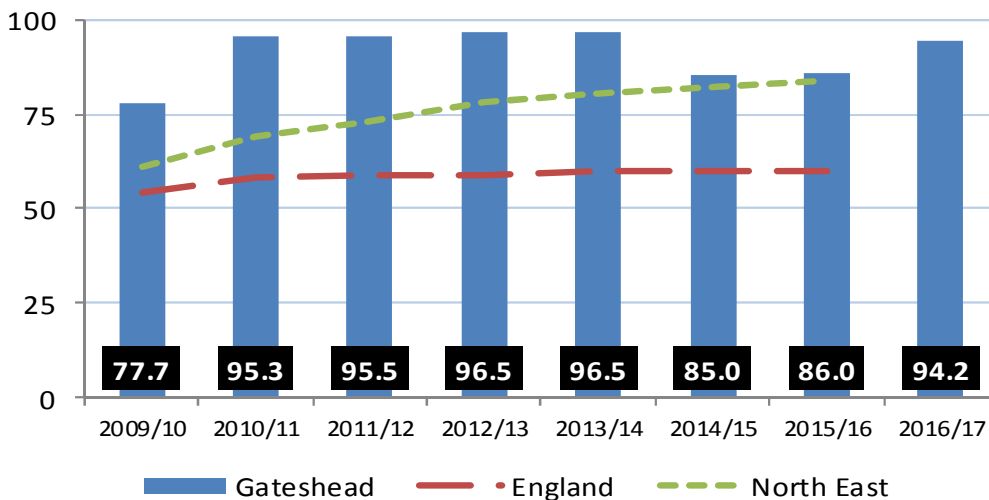
There was an increase noted in the numbers of children who became subject to a plan for a second or subsequent time (65 of 397 plans that started in 2016-2017 or 16.3%) and work is underway to understand this. The figure has reduced in the first quarter of 2017-2018 and there are currently 13 children subject to a second or subsequent plan. It is worth noting that only four of those children were made subject to a plan within two years of their last plan; the remaining nine children had a gap of over two years between plans.

Performance Indicator: Percentage of children becoming the subject of Child Protection Plan for a 2nd or subsequent time



This reporting period also saw an increase in the number of children who are Looked After by Gateshead Council. At year end there were 376 children in the care of Gateshead Council (94.2 per 10,000) which represents a 9.6% increase from the previous year end and is 57% higher than the latest England rate and 12% higher than the North East rate. The Looked After Children performance information indicates good placement stability and timely performance planning. This data and information on outcomes is monitored regularly by Gateshead Council Children’s Social Care Performance Clinic, the Corporate Parenting Partnership, the Looked After Children Overview and Scrutiny Committee and a number of other partner agency forums. The LSCB established a task & finish group to examine ways of safely reducing this figure.

Looked After Children numbers per 10,000 @ 31st March



Other data to note included:

- Child Concern Notifications and contacts to Children's Social Care increased from previous years; however the number of referrals decreased.
- A high number of assessments undertaken by Children's Social Care identified mental health (38.7%) and domestic abuse (37.5%) as a factor. Other common factors included alcohol or drug misuse, socially unacceptable behaviour, neglect and emotional abuse. Whilst the numbers of cases where domestic abuse is a factor is high it is much lower than the England average of 2015-2016 (49.6%) whereas the socially unacceptable behaviour rate (18.5%) is much higher (8.3%).
- A comparable amount of Child In Need (CIN) Assessments were undertaken in 2015-2016 and 2016-2017, however there was a decrease in CIN assessments being authorised within timescales. There was a large increase in Section 47 investigations and a higher percentage of these progressed to Initial Child Protection Conference (ICPC). Of those cases going to ICPC, 84% went on to require a Child Protection Plan, which indicates multi-agency agreement on the way to progress these cases
- 98.2% of ICPCs were held within the 15 day timescale (well above the regional average of 82.4% and national average of 76.7%). Attendance and contribution to CP conferences is monitored and remains strong overall, particularly for some partners e.g. Police. Work is ongoing to improve the contribution of some agencies to the process e.g. GPs. and also ensure sustained improvement against timescales for distribution of minutes
- There are small numbers of young people receiving treatment in specialist substance misuse services. There was a slight increase in the number of new presentations to treatment compared to the previous reporting period. Alcohol and cannabis continue to be the highest proportion of substances misused
- Rates of Permanent Exclusions from schools in Gateshead continue to be high and the 2016-2017 academic year is likely to show an increase on the previous year (data not available yet). Work has been carried out to explore this area further. The most common reason for Permanent Exclusion was "persistent disruptive behaviour". Work is ongoing around this area and the LSCB will host a seminar for all schools to explore the issue further in July 2017
- Gateshead continues to have higher than average rates of admissions to hospital for self-harm (544.9 per 10,000 of the population aged 10-24) and this has increased from last year. Significant work has been undertaken to reduce these rates but the impact will not be seen immediately

3.2 Summary of thematic information

3.2.1 Missing children

The LSCB Missing, Sexually Exploited and Trafficked Sub Group (MSET) monitors and coordinates multi-agency activity for children who are reported missing from home or care.

In total, there were **862 episodes** in 2016-2017 where a young person from Gateshead was reported missing or absent to police. **541 (63%) of these episodes were children/young people looked after by Gateshead Council**. These figures differ slightly from those presented by Northumbria Police – they state that there were 439 "missing" episodes involving under 18s in Gateshead and 331 "absent" episodes. This equates to 770 episodes in total, 417 of which were Looked After Children. However these figures only include young people reported missing from a Gateshead address and do not include Gateshead LAC placed elsewhere in the Northumbria area or further afield whereas the LSCB data for MSET does. There are also a small number of young people placed into private children's homes in Gateshead by other local authorities who are included in the police figures (e.g. Fairways,

Caxton House and Church Rise). There were 928 missing/absent episodes in 2015-2016 (of which 657 or 71% related to Looked After Children) therefore this represents a **7% decrease year on year** on the total episodes and an **18% decrease in missing from care episodes**.

All children who are missing or absent on two or more occasions in a six month period or for a single episode lasting more than 24 hours are offered an Independent Return Interview. This differs from a police Safe and Well Check (which all missing people receive on return) and is carried out by skilled and experienced youth workers to determine underlying reasons for the missing episode and wider risks and vulnerability factors. The interviews are also used to identify broader trends, including "CSE hotspots" and there are clear links into MSET meetings and intelligence sharing with police.

In total there were 308 requests for a return interview in 2016-2017 (as the 862 missing episodes relate to a smaller number of individuals as a small cohort of young people were reported missing more than once). 186 interviews were carried out (60%), 97 young people refused (31%) and 25 interviews were no longer required or not appropriate (8%). This 60% completion rate is significantly higher than in other LSCB areas where external services are commissioned to provide the service and reflects the specialist skills and local knowledge that the youth workers have whilst also retaining independence from the case. The youth workers also have links in to other services which means that appropriate support can then be put in place for young people when required.

3.2.2 Child Sexual Exploitation (CSE)

The MSET sub group of the LSCB also has oversight of cases where there are concerns about sexual exploitation. There were **47 cases** discussed at MSET due to concerns about them in 2016-2017, 27 of which were discussed on more than one occasion. This is 8.5% increase from 2015-2016 when there were 43 cases discussed (23 of those were discussed more than once). It is not possible to separate how many of those cases were discussed due to missing episodes and how many due to CSE due to the overlap between the two, but a CSE risk assessment was carried out for each case that was discussed and diversion plans put in place. It is thought that this increase represents improved awareness rather than increased incidence of sexual exploitation. More detail on the work of the MSET is set out in Appendix 4. It is not possible to provide case studies on how the work of the group improved outcomes as they may lead to young people being identified.

The chair of the MSET was nominated for the National Working Group's National Policing Lead's Award in recognition of her contribution to the work of the MSET and work in general to safeguard children and young people at risk of CSE in Gateshead and the local area.

Northumbria Police produce a "Problem Profile" which details crimes, incidents and child concerns with a CCN marker and also locations linked to CSE intelligence. The report for 2016-2017 is not yet available and the previous report does not cover a full year's worth of data so will not be reported in this report. These reports are monitored by the joint LSCB and SAB Strategic Exploitation Sub Group.

The 2014-2015 LSCB Annual Report detailed a highly effective piece of work where the LSCB commissioned Chelsea's Choice, a hard hitting drama workshop focusing on CSE, to be delivered to over 2,500 young people. We jointly commissioned this with a number of schools in 2016-2017 and the session was delivered to over 2,000 further young people. The sessions have been shown to impact on young people by raising awareness of CSE, how to respond, staying safe and the differences between healthy and unhealthy relationships. There is anecdotal evidence of young people radically changing the way they behave online after the sessions and also examples of young people making disclosures afterwards.

There is an expectation that all children who are at risk of CSE are “flagged” on the Children’s Social Care electronic recording system. At year end there were 16 young people flagged as being at risk of CSE. These cases are a mix of males and females (although mainly female) and children in the Looked After system, on Child Protection Plans and Child in Need cases. Throughout 2016-2017 there were 16 cases that were “flagged” on the system and 14 cases who had their flag removed.

The 2015-2016 LSCB Annual Report detailed work that was undertaken by the LSCB Business Manager with colleagues from Northumbria Police and Gateshead Council Licensing to ensure that all taxi drivers licenced by Gateshead Council were aware of the signs of CSE and how to respond. This work continued into 2016-2017 and a number of additional sessions were held for new drivers to continue to raise awareness.

3.2.3 Private Fostering

Gateshead LSCB receives an annual report on Private Fostering from Children’s Social Care to update members on the number of arrangements in the borough and to raise local and national issues. The 2016 report set out that at the time of the report there were no children subject to private fostering arrangements in Gateshead and there were two arrangements that had ended in the reporting period and one new notification. The report gave additional details about compliance with timescales and the work undertaken to raise awareness and to manage any perceived under-reporting.

The 2015 Ofsted inspection stated that “private fostering arrangements are clear and follow statutory guidance...Despite awareness-raising campaigns, the number has not increased. Agencies accept this is likely to be under-reported and, although a wide range of activity has been undertaken, further work is required to raise the profile of private fostering with the public and to raise awareness within faith and community groups”. The Board was satisfied that the work undertaken was appropriate and planned work was fit for purpose in terms of the comments from Ofsted and the national context.

3.2.4 Child Deaths

The Gateshead LSCB Child Death Review Sub Group reviews the death of every child in the borough and reports into the sub regional Child Death Overview Panel (CDOP) which is shared with Sunderland and South Tyneside LSCBs. More information on the work of the sub group and CDOP is set out in Appendix 4.

In 2016-2017 the LSCB was notified of the deaths of 16 children from Gateshead. There were no significant safeguarding issues in any of the deaths. Detailed information is not presented in this report so that the young people cannot be identified but it should be noted that the majority of deaths were premature babies or babies born with life limiting conditions who died within a short period of their birth. There were also a small number of deaths due to road traffic collisions.

3.2.4 Allegations against those working with children

There are clear statutory processes in place for responding to allegations made against those working with children. The Local Authority Designated Officer (LADO) is a key role in this process.

From 1 April 2016 to 31 March 2017 there were 59 LADO enquires that went to strategy meeting/discussion and 238 further LADO enquiries, making a total of 297 LADO enquiries where there were concerns about someone working with children. There were 66 referrals in 2015-2016 that were progressed. Referrals to the LADO were received from statutory and

non-statutory organisations. Police, education and social care remain the main source of referrals in addition to Ofsted and other local authorities.

The most common category of abuse recorded for those cases which went to strategy meeting/discussion was physical abuse (62.7%). A small number of the allegations were found to be false or malicious; the remainder were recorded as “unfounded” (16), “substantiated” (12) and unsubstantiated (10). An outcome is defined as substantiated where on the balance of probability abuse or harm is confirmed and unsubstantiated where there is insufficient identifiable evidence to prove or disprove the allegation. Employees subject to investigations that concluded either substantiated or unsubstantiated predominately received management advice with additional training. Three employees were issued with written warnings and and three received final written warnings. Four employees were dismissed with referrals to the Disclosure and Barring Service for consideration.

The LADO will continue to provide advice and guidance to employers and voluntary organisations in 2017-2018 and continue to liaise with the police and other relevant agencies and professional bodies in responding to allegations or complaints.

4. SUMMARY OF LEARNING FROM INSPECTIONS AND REVIEWS

4.1 2015-2016 Ofsted Inspection of the LSCB and Gateshead Council

The previous LSCB Annual Report detailed the findings of the Ofsted inspection of the LSCB that was undertaken in 2015 and published in 2016, rating the Board as “requires improvement”. Seven recommendations were made to the LSCB and a detailed Improvement Plan was put in place. All actions were achieved by August 2016 and the Board has satisfied itself and key partner officers that the relevant work had been undertaken. Key pieces of work were undertaken around membership, links to other partnerships, training, auditing, performance data set, the Board’s own performance framework and the LSCB Annual Report. The Board was reassured that arrangements and governance were strengthened and the positive aspects of the partnership were built upon.

Gateshead Council’s Children’s Social Care was judged to be good in the same inspection and a small number of improvements in practice have been made since.

Gateshead LSCB was not subject to a Joint Targeted Inspection in 2016-2017 by Ofsted, the Care Quality Commission (CQC), Her Majesty’s Inspector of Constabulary (HMIC) and Her Majesty’s Inspector of Prisons (HMIP).

4.2 Inspections of partner agencies in 2016-2017

A number of Board partner agencies were inspected or had recent inspections published in 2016-2017:

- **Northumbria Police** – Overall the force was judged to be good in the HMIC Peel: Police Effectiveness 2016 inspection. The force was found to be good in respect of its effectiveness at keeping people safe and at reducing crime. The inspection also found some elements of outstanding practice in the way that it supports vulnerable victims and found that it requires improvement in relation to investigating crime and reducing reoffending. The force was also rated as good after a HMIC inspection on legitimacy which was published in December 2016 and showed performance ahead of many other police forces. HMIC also endorsed the Team Sanctuary model introduced to investigate sexual exploitation
- **Northumberland, Tyne and Wear NHS Foundation Trust** – NTW’s latest CQC inspection report was published in September 2016 and the Trust was found to be

outstanding overall with a grading of good for child and adolescent mental health wards and safety and outstanding for specialist community mental health services for children and young people (and outstanding for 'effective', 'caring', 'responsive' and 'well led'). NTW is one of only two Trusts to be judged as outstanding nationally.

- **South Tyneside NHS Foundation Trust** – STFT was inspected by the CQC in 2015-2016 and found to require improvement overall and has been subject to a number of monitoring visits and improvement activities in 2016-2017. This has been monitored by South Tyneside LSCB, however issues relevant to safeguarding and community services (as STFT is commissioned to provide some community services in Gateshead) have been shared with Gateshead LSCB when relevant
- **Gateshead Health NHS Foundation Trust** - a CQC report into the GHNFT inspection was published in February 2016 and highlighted robust safeguarding arrangements. Internal safeguarding audits were used to provide assurance and monitor practice in 2016-2017
- **Newcastle Gateshead CCG** – The CCG was not inspected by the CQC in 2016-2017. However, a very positive NHS England Assurance Audit was carried out
- **SEND inspection** – A joint CQC and Ofsted inspection into Gateshead's effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities was carried out in early 2017. The formal outcome was not received until June 2017 and full findings will be presented to the LSCB in July 2017. Overall, the report is very positive and Gateshead is not required to submit a written statement of action as there were no significant concerns
- A number of our **schools** were inspected by Ofsted in 2016-2017 and, whilst some were judged to be inadequate or require improvement overall, no safeguarding concerns were identified. Overall 38.3% of our schools are outstanding, which is higher than the national average of 19%. Of 70 primary, junior, infant and nursery schools (including primary special schools), 40% are outstanding, 49% are good and 11% require improvement. Of 15 secondary schools and academies (including special schools and behaviour support), 27% are outstanding, 20% are good, 33% require improvement and 20% are inadequate (three schools)

4.3 Learning from reviews in 2016-2017

The LSCB Learning and Improvement Sub Group manages learning from Serious Case Reviews (SCRs) and other reviews on behalf of the Board. There have been no SCRs initiated or published by Gateshead LSCB in the past 12 months. One Serious Incident Notification was submitted to Ofsted/Department for Education in April 2016 but it was agreed that the criteria for a SCR were not met and the National Panel agreed with this decision.

Despite the fact that no formal reviews were required in 2016-2017 the sub group worked within the Board's Learning & Improvement Framework to drive forward multi-agency learning and changes to practice. The sub group carried out detailed reviews of the cases of four children and young people where potential lessons were identified. The group also continued to build on the learning from a case first discussed in 2015-2016 and received a single agency management report on the learning. These reviews have led to a number of changes in practice including an increased emphasis on challenge/escalation and changes to procedures when children are returned home from care, and holding Initial Child Protection Conferences for a small number of complex cases where the child is Looked After under section 20. The learning from these cases has also led to the delivery of additional training on disguised compliance and working with hostile families. All of the reviews identified numerous examples of good practice as well as areas where things could have been done differently.

The sub group also considered a diverse range of SCRs from other areas to ensure that any relevant learning is disseminated and applied to practice in Gateshead. More detail on the work of the Learning and Improvement Sub Group is set out in Appendix 2 and 4 of this report.

5. HOW SAFE ARE CHILDREN IN GATESHEAD?

It is never possible to say categorically that all children are safe. However, external scrutiny of our services within Gateshead suggests that our services are at least as good as most other areas, and in many cases better. This is no mean achievement, since the authority scores highly on most deprivation indices, and all the public services have faced very severe reductions in funding.

We know that Gateshead **schools** are more likely than most to be rated good or outstanding, and that no schools in the area have been identified by Ofsted as having weaknesses relating to safeguarding. Good schools are normally safe schools, and schools play a vital role in helping children learn how to keep themselves safe, as well as providing us with a great opportunity to check on how children are doing.

We know too that many of the **child health** indicators in Gateshead are worrying; our rates of child poverty, smoking in children, under 16 conceptions, smoking amongst expectant mothers, and hospital admissions for injuries and for self-harm, are all high.

The **safeguarding data** within this report shows some varied trends. We have seen an increase in notifications of concerns (particularly from the Police), but no increase in rates of referrals. Numbers of children on child protection plans is high and increasing, and numbers of children entering care are increasing also – broadly in line with regional trends but much higher than the national averages. Children in care experience better placement stability than most places. Our responses to Child Sexual Exploitation and to children missing are good.

External inspections paint a broadly positive picture of the quality of services operating across Gateshead. More importantly, where issues have been presented, partners have responded vigorously to the challenges presented to them, and the partnership itself has been strengthened through the process.

In the year ahead all LSCBs will be facing change, as the government introduces new legislation changing the statutory requirements. Partners across Gateshead have been discussing the options, and we are confident we will have a robust and effective set of processes in place to respond to the new changes.

All partners are facing changes – reorganisations, budget reductions, changes of focus. Change brings the risk that the eye might veer off the ball of child protection. Gateshead LSCB is committed to ensuring that all partners stay focussed, and that we continue to work effectively together to keep the children of Gateshead safe.

APPENDIX 1 – SUMMARY OF STATUTORY ARRANGEMENTS

Legal duties and general summary

Chapter 3 of *Working Together to Safeguard Children* (2015) and *Regulation 4 of the Local Safeguarding Children Board Regulations* (2006) set out the statutory objectives and functions of LSCBs. Gateshead LSCB was judged to meet statutory requirements in the 2015-2016 Ofsted inspection and compliance is monitored by both the Board and LSCB Executive as well as the Independent Chair and Business Manager.

Policies and Procedures – the LSCB has web-based multi-agency child protection procedures which set out actions to take where there are concerns about a child, thresholds for intervention, guidance on recruitment and supervision, investigation of allegations, management of private fostering arrangements and cross border working (in line with 1(a) of Regulation 5). This is managed by the Policy and Procedures Sub Group on behalf of the Board and joint work is carried out with Sunderland and South Tyneside LSCBs.

Communicating the need to safeguard and promote the welfare of children – A number of methods are used in Gateshead to communicate the need to safeguard and promote the welfare of children depending on the audience and subject matter. For example, the LSCB has a website which contains detailed information for professionals on the work of the Board, Serious Case Reviews, Child Death Reviews, sexual exploitation and missing children and links to key documents such as *Working Together to Safeguard Children*, the LSCB Annual Report and the referral form for safeguarding concerns. There are also links to the online LSCB Inter-agency Child Protection Procedures for professionals to access. There is also a page called “what to do if you’re worried about a child” and this explains to members of the public, professionals and young people themselves how to respond to concerns.

For the last few years a summary version of the LSCB’s annual report has been produced with the assistance of Gateshead Council’s Communications Team and this has been shared with groups of young people including all school councils. This sets out what key issues have been noted in the past year and also how to raise concerns about a young person at risk.

A LSCB newsletter is produced for frontline practitioners to raise awareness of safeguarding issues. Originally this was produced quarterly; however this was less frequent in 2016-2017 due to a reduction in submissions. A monthly e-mail bulletin is sent to relevant frontline staff via members of the MSET and this contains details of current intelligence or concerns about CSE hotspots and other issues of concern e.g. trends around drug use, areas where young people are congregating for anti-social behaviour, alcohol consumption etc. and current issues identified online e.g. new social media apps of concern and new website.

The LSCB has a full training programme of face-to-face and e-learning modules to raise awareness of the need to safeguard and promote the welfare of children. Professionals are encouraged to attend the sessions and some sessions are mandatory for some practitioners.

All LSCB members are aware of their roles and responsibilities as Board members and partner agency representatives. This includes a requirement to promote the role of the Board and promote safeguarding in their own organisation/service. The LSCB’s lay member is also aware of his responsibilities and his unique role in linking the Board to the community which it serves.

Training – A full LSCB, Safeguarding Adults Board and Community Safety Board Training Programme is in place. This is managed by the Training Sub Group on behalf of the Board. See Appendix 3.

Monitoring and evaluating effectiveness – Gateshead LSCB operates under the principles of high support and high challenge with and between partners. The theme of challenge is a key business priority for the Board and this is monitored at each meeting. Effectiveness is also monitored via single agency audit reports, the LSCB Development Day (and in previous years the section 11 audits) and areas of the Learning & Improvement Framework

Serious Case Reviews – There were no Serious Case Reviews (SCRs) initiated or published in 2016-2017. A framework is in place to ensure that SCRs are carried out when the criteria are met and published as appropriate. See Appendix 2 for more information.

Attendance

Arrangements are in place to monitor Board attendance and this can be challenged either when issues arise or as an annual process when this report is sent out to Chief Officers, depending on which is more appropriate.

The following table sets out the membership of Gateshead LSCB at 31 March 2017 and the percentage of meetings attended (either by the named representative or their nominated deputy). This does not include attendance at the Development Day

Membership of the Board		Attendance (out of five meetings)
Independent Chair		80% (NB there was no Chair from June to November and the vice chair was able to cover one meeting and another senior member chaired another meeting)
LSCB Business Manager		100%
Lay Member		60%
Organisation	Service	
Cafcass		0%
Gateshead College		60%
Gateshead Council	Safer Communities	60%
	Housing Services/ The Gateshead Housing Company	60%
	Children's Social Care	100%
	Adult Social Care/MASH	100%
	Public Health	100%
	Children & Families Support	40%
	Children's Commissioning	60%
	Corporate Services and Governance	80%
	Learning and Schools	100%
	Workforce Development	60%
Gateshead Health NHS FT (GHNFT)	Designated Doctor	80%
	Nursing, Midwifery & Quality	80%
Gateshead SAB		40%
GemArts		20%
Jewish representative	Community	20% (NB only a member for one meeting)
Jewish representative	Schools'	20%
National Service	Probation	80%
Newcastle	Gateshead Designated Nurse	80%

CCG	Nursing & Safety	100%
Northumbria CRC		80%
Northumbria Police		80%
NTW NHS Foundation Trust		80%
South Tyneside NHS FT	Nursing and Patient Safety	60%
	Safer Care	40% (NB only a member for two meetings)
UK Visas and Immigration		40%

Budget

Section 15 of the Children Act 2004 sets out that statutory Board partners may:

- Make payments towards expenditure incurred by, or for the purposes conducted with, a LSCB directly, or by contributing towards a fund out of which payments may be made
- Provide staff, goods, services, accommodation or other resources for purposes connected with a LSCB.

Cafcass, Gateshead Council, National Probation Service, Newcastle Gateshead CCG, Northumbria Police and Northumbria CRC all made contributions to the LSCB in 2016-2017.

Income 2016-2017 (£)	
Gateshead Council	73,083*
Newcastle Gateshead CCG	44,023
Northumbria Police	5,000
National Probation Service	932
Cafcass	550
Northumbria CRC	250
TOTAL	123,155

*The contribution from Gateshead Council includes the £11,430 budget for the LSCB Multi-Agency Training Programme which was previously reported separately.

The budget has increased since 2015-2016 (£116,783) due to an increased contribution from Gateshead Council (previously £66,170) and National Probation Service (previously £250). However, due to previous agreements Gateshead Council's actual contribution will be less than £73,083 if there is an underspend.

At the time of writing this report a total of £104,219 has been spent from the LSCB budget. This represents an underspend of £18,936. This figure is likely to change slightly as arrangements have not yet been made for the Safeguarding Adults Board to contribute their full 25% of the cost of the business support post and there is often a delay in invoices being received, paid and deducted from the LSCB budget. Any underspend will not be carried through to 2017-2018.

In 2016-2017:

- **£69,704** was spent by the LSCB in salaries and on-costs for the LSCB Business Manager and business support post.
- **£13,555** was spent by the LSCB on fees which included £3,600 on the maintenance of the online LSCB Inter-Agency Child Protection Procedures, £500 to the National Working Group (for CSE) and the remainder was payment to the LSCB Independent Chairs

- **£11,430** was spent on the LSCB multi-agency child protection training programme and **£4,905** was spent on other training

The budget for Child Death Reviews is shared with Sunderland and South Tyneside LSCBs and is not reported here.

The underspend can be explained by the following factors:

- There was no independent chair in post from June-November 2016 (a total of £16,243 was spent on fees in the previous year when there was a chair in post for the whole period)
- There was a gap in the business support post and the new post holder is shared with the SAB who contribute 25% of the salary (£81,922 was spent in the previous year on salaries etc.)
- There was no money spent on SCRs and there is an approved budget of £7,900 for this (it should be noted that a SCR is likely to cost in excess of £10k)
- There was a slight reduction in the fees paid for the online procedures due to a new contract being negotiated
- The LSCB did not contribute to the National Association of Independent Chairs in 2016-2017 (previously £1,500)

Agencies have confirmed that they will match their contributions in 2017-2018.

APPENDIX 2 – FULLER LEARNING FROM LEARNING REVIEWS AND CHILD DEATH REVIEWS

The LSCB Learning & Improvement Sub Group take the lead on the LSCB Learning & Improvement Framework on behalf of the Board. Appendix 4 sets out progress made by the sub group in 2016-2017.

There were no Serious Case Reviews initiated or published in 2016-2017. The most recent SCR was published in 2014 and led to changes in practice in 2014-2015 and 2015-2016 including strengthening section 47 processes which means that social workers now have access to more detailed information about a family when assessing the level of risk. The impact of this has not been formally evaluated but clearly this will strengthen outcomes for children and young people as decisions are made based on all presenting concerns rather than a more limited scope.

Last year's annual report detailed "Case B", a teenager who made a possible allegation of sexual assault whilst missing from care. The case was reviewed and it was determined that the criteria for a SCR were not met however the sub group requested that Children's Social Care carry out a management review into elements of the case including risk management/assessment and returning children home from care. The review was carried out and the lessons were presented back to the sub group this year. As a consequence of the learning from the case procedures (internal and multi-agency) around Decision Making Meetings, returning children home from care, escalation of concerns and planning were strengthened. The LSCB Business Manager also assisted the author in delivering a number of workshops on the case (which were mandatory for all frontline social workers, IROs and FIT workers). It is too soon to determine whether this has led to changes in outcomes for children and this will continue to be monitored.

"Case C" was also listed in last year's annual report and Children's Social Care was also asked to carry out a management review into the case. The learning was similar to Case B and the lessons were woven into the case review workshops and work is underway to strengthen procedures.

A learning review was also carried out in relation to a baby with complex health needs who sustained an injury. The review identified lessons around disguised compliance and working with difficult and hostile families. As a consequence a new procedure on disguised compliance was written and training on both issues was commissioned. This training has been very well received and practitioners have fed back how powerful it was and how it will impact on their practice significantly.

Other cases reviewed by the sub group did not find any significant learning in relation to practice preceding the event. However, it was noted that a number of teenagers who were either victims or perpetrators of sexual offences were victims of neglect and other forms of abuse at an early age which could have been managed differently. The learning from these cases will factor into discussions about new Early Help strategies in Gateshead and a learning event which is going to be arranged following an incident in early 2017-2018.

The Gateshead Local Child Death Review Sub Group and South of Tyne and Wearside Child Death Overview Panel (CDOP) review the death of every child resident in Gateshead on behalf of the LSCB. Appendix 4 details work undertaken by the sub group in 2016-2017 and the CDOP Annual Report (available on the LSCB website) details the learning from cases in the sub region.

An improvement plan was implemented following the Ofsted inspection of the LSCB in late 2015 as the Board was judged to "require improvement". The inspection report was

published in March 2016 but work was already underway to address the areas identified and this continued into 2016-2017.

Overall, Ofsted made seven recommendations and 18 areas for action linked to these were identified as part of the Board's own improvement work. The areas for action were in relation to:

- Membership
- Links to the Health and Wellbeing Board
- Training
- Auditing
- The LSCB data set
- The LSCB performance/effectiveness framework
- The LSCB annual report

All actions and tasks in the improvement plan were signed off by the Board and/or Business Planning Group by 24 August 2016.

Key achievements included:

- Recruitment of three lay members (shared with the Safeguarding Adults Board)
- Engagement work with young people and consideration of a shadow LSCB
- Work with the Diversity Forum and Gateshead Council Jewish Relationship Manager
- Development of a pathway to increase the LSCB contribution and influence on the work of the Health and Wellbeing Board
- A review of the impact of training on practice and the development of a Training Needs Analysis
- Integration of single agency audits into the LSCB work plan to strengthen the oversight of frontline practice
- Development of a new LSCB data set, drawing on good practice nationally
- Development of a new LSCB Effectiveness Framework, drawing on good practice locally and nationally
- Consultation work regarding the annual report to make it clearer and less descriptive and more accessible to lay readers

APPENDIX 3 – TRAINING REPORT

The LSCB Training Sub Group aims to ensure that LSCB priority areas are supported with appropriate learning and development opportunities that have a positive impact on frontline practice. The work of the group links directly to the LSCB priority of **Learning**.

The 2016-2017 LSCB training programme saw the delivery of 59 training events with 1253 professionals attending classroom-based training and 473 professionals completing e-learning modules. The table below provides a comparison.

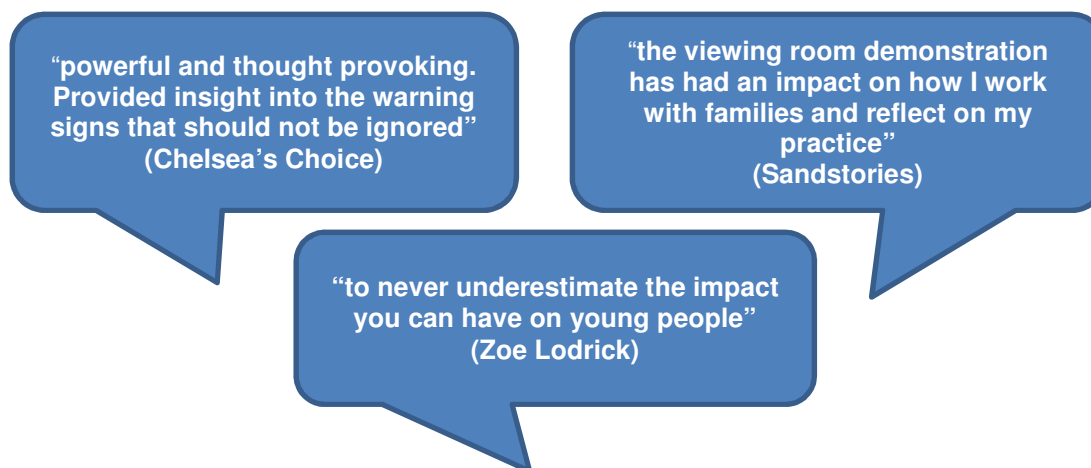
	Number of learning events	Face-to-face attendees	E-learning modules completed
2015-2016	61	1151	763
2016-2017	59	1253	473

The following sessions were delivered in the reporting period:

Event	Number of sessions	Number attended
Child protection awareness	10	189
Chelsea's Choice for professionals, parents and carers	4	92
Female Genital Mutilation	4	59
Young people at risk of sexual exploitation	4	59
Common Assessment Framework	4	50
Safeguarding children & young people in the digital age	3	59
Human Trafficking	3	52
Young people who self-harm	3	51
Foetal Alcohol Syndrome	2	43
"Sandstories" by Sue Woolmore	2	41
Fabricated and Induced Illness	2	40
The impact of parental mental health	2	39
Neglect	2	38
Multi-agency working to safeguard and protect children	2	24
The impact of drug use on young people	2	22
Responding to allegations of abuse	2	19
Unveiling the psychology of sexual exploitation and domestic abuse by Zoe Lodrick	1	120
An introduction to child & adolescent mental health	1	22
"Sandstories" by Sue Woolmore (managers)	1	21
Understanding and responding to child sexual abuse	1	20
Safeguarding babies from abuse & neglect	1	15
Serious Case Reviews – local & national picture	1	14
Effective Core Groups	1	13
Effective Child Protection Conferences	1	7

Work continued in 2016-2017 to try and reduce the number of professionals who booked a place on a session and failed to attend. Work also took place to better understand the impact of training on practice and ensure that the training programme was responsive to local need, in line with a recommendation from Ofsted.

Once again, the majority of our training sessions were delivered “in house” by Gateshead LSCB’s multi-agency partners and the committed pool of trainers continue to deliver training which receives excellent feedback. We were also fortunate to be in a position to be able to commission external training sessions delivered in a unique style; for example Zoe Lodrick, a highly regarded psychotherapist delivered “Unveiling the psychology of sexual exploitation and domestic abuse” and Sue Woolmore, a renowned safeguarding expert with over 30 years’ experience, delivered “Sandstories” which brought insight and wisdom to the impact of neglect and maltreatment on infants and children. Responses from impact evaluation questionnaires highlighted the positive impact that the training had on people’s thinking and practice.



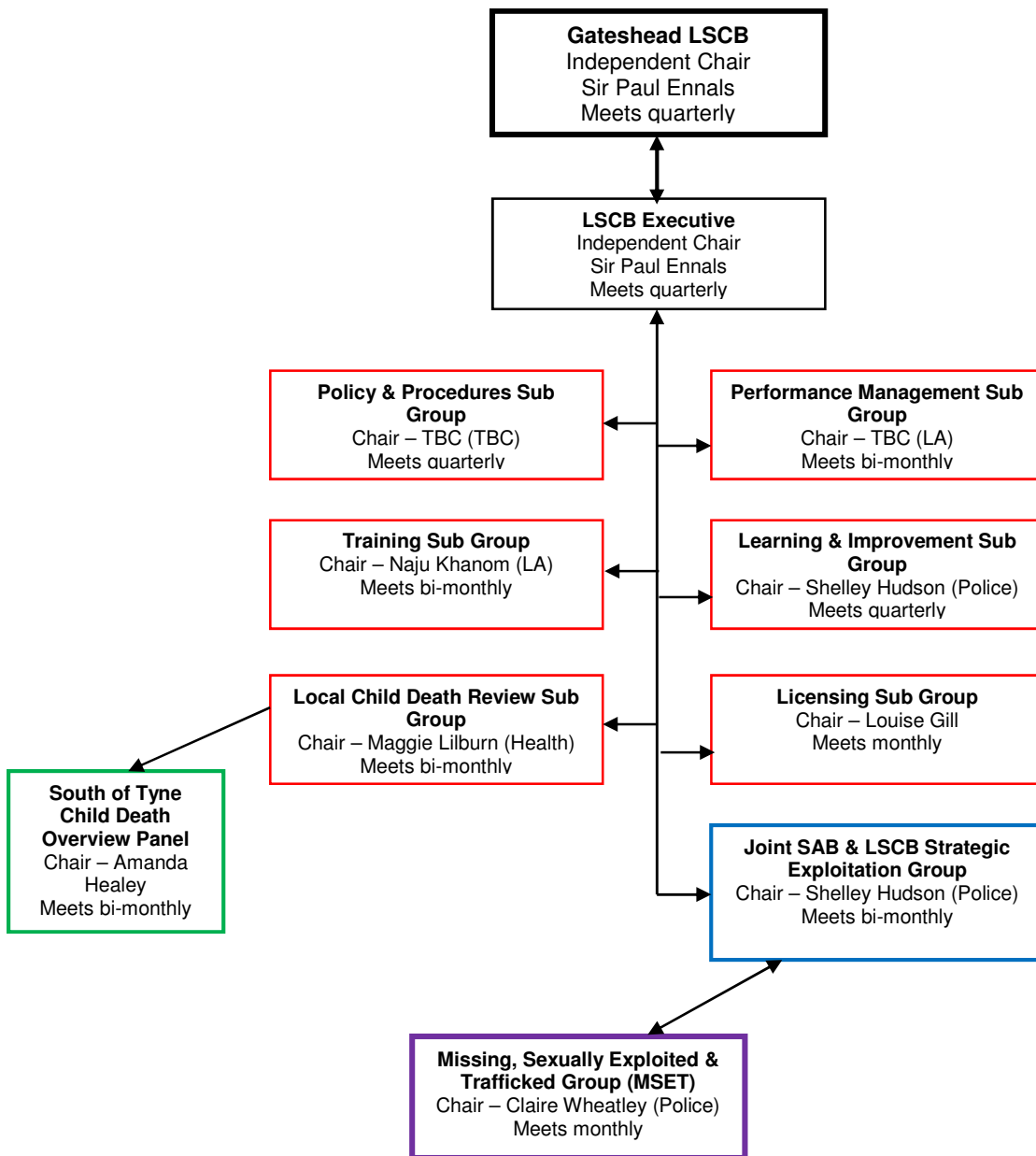
During 2016-2017 the sub group also undertook work in relation to the Action for Children Neglect Toolkit as the LSCB tasked the group to implement the tool following the Neglect Inquiry. However, discussions at the group highlighted the need to pilot this first to understand how and when it was best to adopt the toolkit. Sub group members then provided position statements on behalf of their agency/service and it was agreed that where possible partner agencies would adopt it to assess neglect, particularly at the early stages of CAF assessment. The toolkit will now be embedded in the relevant training sessions e.g. CPA, CAF and Neglect.

The funding for the LSCB Training Programme comes from a Gateshead Council Adult Social Care mainline funding budget. This is currently £11,430 per annum in addition to the provision of a full time Workforce Development Advisor post. Both the budget and the LSCB post holder’s roles and responsibilities will be reviewed in 2017-2018 as part of a wider review of workforce development across the Council. The LSCB will be consulted as part of this review. This will not impact on the provision for 2017-2018 but may have an impact from 2018-2019 onwards.

The LSCB Training Sub Group will continue to facilitate a live training programme receptive to and supporting the LSCB priorities for 2017-2018. The group will work to effectively communicate the training programme to encourage attendance from partner agencies as multi-agency training is important in supporting effective working together to safeguard children and young people. Specifically, the group will develop the skills and knowledge of those working to safeguard children and young people with mental health problems and disabilities and also work with representatives from Gateshead Council’s Community Safety to ensure that domestic abuse training supports the needs of partner agencies. The LSCB’s e-learning package will also be expanded to 25 modules (from five) and sub group members will work to market and encourage engagement across partner agencies.

APPENDIX 4 – SUB GROUP ACTIVITY

At 31 March 2017 Gateshead LSCB had seven sub groups, one of which was shared with the Safeguarding Adults Board and operated the following structure.



All sub group chairs are expected to provide a report to the LSCB at least twice a year and provide an annual report on progress and plans for the future.

Joint SAB & LSCB Strategic Exploitation Group (SEG) – chaired by Detective Chief Inspector Shelley Hudson, Northumbria Police in 2016-2017.

The SEG is a relatively new sub group of the LSCB and shared with the SAB. The group only met on four occasions in 2016-2017 as a number of meetings were stood down or rearranged due to a high volume of apologies. Work will take place as part of the 2017 review of LSCB arrangements to strengthen this.

Despite the small number of meetings, some key pieces of work were undertaken by the group which was widened to recognise other forms of sexual exploitation including adults, LGBT and the exploitation of boys and young men as a serious issue. The Terms of Reference was reviewed and refreshed and work continued to produce information for parents, young people and adults on sexual exploitation. Work also continued around raising awareness of CSE with taxi drivers. The group was also involved in taking forward and monitoring the seven recommendations from the LSCB CSE Inquiry.

The group has also been involved in regional working to undertake joint work and sharing of good practice. A joint regional event was held on National CSE Awareness Day.

In relation to **Leadership, Challenge and Learning** the group challenged Children's Social Care for not submitting referrals to MSET – this was immediately actioned and timeliness has improved. The group also challenged schools/education regarding the use of training materials for rape, consent and healthy relationships not being delivered in schools – an audit has been carried out and hopefully improvements will be made. There is also regular escalation and challenge between police and social care where the risk of CSE for some individuals has not reduced, despite being discussed several times at MSET.

In 2017-2018 the group plans to undertake further education and awareness raising, particularly in schools and colleges and continue the training for new taxi drivers. Sex work mapping in Gateshead will also be carried out. A neighbouring LSCB is carrying out a large SCR into sexual exploitation and once this is published it will be considered by the group and any relevant lessons disseminated and implemented.

The **Missing, Sexually Exploited and Trafficked Group** (MSET) is a sub group of the SEG. In 2016-2017 there were 47 cases discussed at MSET, 27 of them more than once and this is an increase from the previous year. MSET members are also clear that after each meeting they must share current intelligence (e.g. hot spots, new social media apps of concern etc.) with all members of frontline staff in their team/service/agency.

Towards the end of the reporting period a refresh of the CSE framework/MSET assessment started to ensure that all agencies are focused on CSE and understand local processes. The revised risk assessment allows for a more thorough, corporate risk assessment to ensure that the right children are being discussed at MSET. The framework will be used by all LSCBs in the South of Tyne sub-region to ensure a more corporate and consistent approach and improve referrals into Team Sanctuary South.

Team Sanctuary South was formally established in April 2016 and the Detective Inspector from the team took over the chairing of MSET to ensure that there were clear links between Gateshead MSET and Team Sanctuary. The Gateshead embedded social worker also attends MSET to ensure that there is early effective sharing of information and an efficient referral and allocation into the team and partners.

There has been a significant amount of work conducted to improve the sharing of intelligence between agencies with the Team Sanctuary South Intelligence Cell being the central point of collection. This has allowed hot spot areas to be identified and disrupted. A number of disruption packages were produced from MSET intelligence in relation to vehicles, potential perpetrators and potential victims.

It is not possible to share specific case studies to demonstrate how the work of the MSET has helped reduce risks to young people and improve outcomes as this may lead to young people being identified in this report. Diversion plans have included specific actions to reduce missing episodes, disrupt relationships with inappropriate adults and work to promote self-esteem and improve individual young people's awareness of risk.

A series of “MSET road shows” will take place in early 2017-2018 to refresh professional with regard to processes for CSE, trafficking and missing children and young people. The multi-agency workshops are for professionals to highlight and discuss the new MSET referral process and risk assessment framework.

Work will also continue with regard to continued intelligence sharing between agencies to ensure that as many preventative and disruption tactics can be introduced and considered. This will ensure that all agencies are working together (coordinated by Team Sanctuary Intelligence) to keep children and young people safe from CSE and human trafficking. Through robust challenge by MSET panel members appropriate and effective individual safeguarding plans will be devised to reduce the risk presented in relation to CSE and missing and trafficked children. Gateshead Council will also continue to support Team Sanctuary South by funding the embedded social worker and there is a strong commitment from Northumbria Police to maintain the model.

Learning & Improvement Sub Group – Chaired by Elaine Devaney, Service Director, Gateshead Council, and Shelley Hudson, Detective Chief Inspector, Northumbria Police in 2016-2017.

The Learning & Improvement Sub Group has been developed to further promote the role of the Board in providing scrutiny of safeguarding practices and ensuring that multi-agency learning from practice is effectively disseminated and drives improvement in safeguarding and the promotion of children’s welfare in Gateshead. The Learning & Improvement Framework approved by the Board sets out the approach and time frame for activity. The framework is consistent with the requirements in *Working Together* (2015) and includes learning from:

- Local and regional Serious Case Reviews (SCRs)
- Child Death Reviews
- Reviews of child protection/child in need cases that fall below the threshold for a SCR
- Review or audit of practice in one or more agencies

The sub group reviewed four cases over the last year (and continued the work from some reviews initiated in the previous year), none of these cases met the criteria for a SCR.

The sub group considered a diverse range of SCR’s from other LSCBs and cases across partner agencies. Some cases have been subject to deep dive management reviews where all relevant agencies across the LSCB have actively taken part to consider the learning for their agency. Learning from these cases has been identified across multi-agency services to improve practice in Gateshead.

Partners within the sub group have worked effectively to scrutinise and challenge practice, systems and frameworks taking actions back to their own agencies in order to continuously improve service delivery.

Licensing Sub Group – Chaired by Louise Gill, LSCB Business Manager in 2016-2017

The purpose of the Licensing Sub Group is to ensure that the LSCB fulfils its responsibilities as the “Responsible Authority” with regard to the “protection of children from harm”, which is one of the licensing objectives of the Licensing Act 2003.

The workload of the group is largely dependent on licensing applications. The group meets on a monthly basis and considers all applications submitted to Gateshead Council under the Licensing Act 2003 for premises licences, club premises certificates and Temporary Event Notices (TENs) and also review applications on existing licenses submitted by other parties. The group considers each application individually and determines whether there are any implications from a child protection or safeguarding point of view. Other aspects of the licensing process, such as anti-social behaviour, are considered by other responsible authorities. If there are any concerns then the applicant may be asked to provide further information and this could lead to a representation being made to Gateshead Council's Licensing Committee. This could then lead to a licence not being granted, or being granted with conditions in the case of a new application, or a licence being revoked in the case of a review application.

The sub group reviewed 28 applications in 2016-2017, a decrease from 2015-2016 when there were 47 applications. There were no safeguarding issues identified in the majority of applications – most of these were from individuals or businesses for premises licences, for example new restaurants/pubs/supermarkets opening and due regard had been given to protecting children e.g. "Challenge 25" procedures for the sale of alcohol. The following challenges were made however:

- One applicant wished to sell alcohol in a café area of a furnishing store and a meeting was arranged between the applicant and responsible authorities to ensure that appropriate conditions were in place to prevent under 18s being able to purchase alcohol and to prevent them from being exposed to alcohol consumption by others in the store. Following discussion the responsible authorities were ultimately satisfied that the conditions proposed met the objectives of the Licensing Act 2003 providing they are adhered to
- One applicant wished to set up an online "high end" alcohol sales business. Responsible authorities liaised with the applicant and additional conditions were added to the application to ensure that underage sales did not take place and this was not an attractive option for children (e.g. minimum unit price and limited hours of delivery) and this provided assurances that there will be no increased risk of harm to children provided the conditions are adhered to

The group also reviewed 229 TEN applications, an increase from 195 in the previous year. Again, the majority of these applications had no safeguarding issues and legally only the police and Environmental Health can object to a TEN, however the LSCB Business Manager raised concerns about a small number of applications and recommended that other responsible authorities seek further information. These included applications to host 18th birthday parties as previously these have been events where underage consumption of alcohol has taken place. In some cases assurances were given that appropriate controls were in place and in other instances the application was withdrawn.

In relation to **Leadership, Challenge** and **Improvement** the sub group chair has continued to lead on the delivery of CSE training to taxi drivers licenced by Gateshead Council. The chair of the sub group has also challenged other responsible authorities on a number of occasions following intelligence sharing in MSET meetings e.g. around premises where young people stated that they could easily purchase alcohol or premises where it was easy to shoplift alcohol before congregating locally to get drunk and possibly have sex.

In 2017-2018 the group will continue to respond to applications for new licences or reviews of existing licenses and challenge any issues that impact on the protection of children. The work of the sub group has previously been identified as good practice locally, regionally and nationally and the chair will make representations to ensure that it continues to feature in the new arrangements being developed as a consequence of the national review of LSCBs and

changes in legislation. The LSCB Business Manager will continue to act as a link between this group and other related groups such as MSET and the Strategic Exploitation Sub Group to ensure robust links between safeguarding and licensing.

Local Child Death Review Sub Group (CDRG) – Chaired by Maggie Lilburn, Designated Nurse, Newcastle Gateshead CCG in 2016-2017

The purpose of the CDRG is to undertake multi-disciplinary reviews of the deaths of all children who were resident in Gateshead at the time of their death to better understand how and why children die. These findings are used to take action to prevent other deaths, where relevant/appropriate and improve the health and safety of Gateshead's children. The sub group's remit is determined by the statutory functions of the LSCB as set out in Regulation 6 of the LSCB Regulations 2006, made under section 14(2) of the Children Act 2004 and Chapter 5 of *Working Together* (2015).

The work of the CDRG feeds in to the South of Tyne and Wearside Child Death Overview Panel (CDOP). The group collects and collates an agreed minimum data set of information on all child deaths in Gateshead, Sunderland and South Tyneside. This data set reflects the national requirements. CDOP produces a separate annual report and this is published on the LSCB website.

A CDRG development session was held in 2016 and following this compliance with local processes and procedures has improved and been maintained. Hospital discharge arrangements have also been strengthened as this was identified as an area for development from a small number of cases. Work was also carried out to ensure that bereavement support is in place for fathers as well as mothers and this is now considered in all cases. The sub group has met regularly on a bi-monthly basis with good multi-agency attendance and participation.

The sub group identified a number of areas of good professional practice, particularly with some of the more complex cases. There was evidence of good partnership working and good communication between professionals and with families.

The CDRG and surrounding processes continue to identify challenges around the availability of neonatal beds and this has been raised with the regional Neonatal Network.

CDRG members were also part of some regional work to learn from each other's processes in light of the Government review of LSCBs and CDOPs. A mapping exercise was undertaken and discussions carried on into 2017-2018.

Sub group members continued to deliver training to clinicians and other professionals involved in child deaths as outlined in the LSCB training programme and specific to individual cases.

The LSCB was notified of the deaths of 16 children who were resident in Gateshead in 2016-2017. The majority of these deaths were neonatal cases, particularly premature babies or babies born with life limiting conditions. There were also a small number of older children who died in Road Traffic Collisions and a small number of Sudden Unexpected Deaths in Infancy (SUDI) (numbers not listed to ensure anonymity). There were no significant safeguarding issues identified with any of the cases.

Due to the timescales involved in the Child Death Review process, the group also reviewed the cases of some children who died in previous years. Again, the majority of cases were neonatal deaths; however there were a small number of children who died as a result of substance misuse and accidents in the home. All of these deaths were subject to additional

investigations such as Drug Death Review, Health and Safety Executive and Police investigation. There were also a small number of deaths where children died as a result of suicide and self-harm.

There has also been some national learning which has been discussed by the CDRG. For example there were a number of deaths where premature/small babies died after prolonged periods in car seats. Awareness raising work was carried out with professionals to advise that babies should only be in seats for 30 minutes at a time and always be visible so that parents can regularly check them.

It has been agreed that Gateshead CDRG will be part of a wider piece of work in 2017-2018 as the CDOP links with Cumbria, Durham and Tees CDOPs to hold a regional event and explore current child death themes.

The workload of the group is determined by regional and national events and the group will continue to respond as appropriate in 2017-2018. Due to the current chair retiring a Gateshead Council Public Health Consultant will chair the group moving forwards. The outcome of the national review of LSCBs may impact on the work and governance of the sub group but arrangements will continue as they are until this is clearer.

Performance Management Sub Group – Chaired by Ann Day, Service Manager Gateshead Council until November 2016

The purpose of the Performance Management Sub Group is to support the LSCB in fulfilling its statutory duty to monitor and evaluate the effectiveness of what is done by the local authority and Board partners, individually and collectively, to safeguard and promote the welfare of children, and advise them on ways to improve.

Continuous performance management is at the core of ensuring the effectiveness and impact of inter-agency safeguarding activity. The sub group supports the LSCB in the monitoring, promotion and planning of high quality practice in line with the inter-agency Performance Management Framework. The framework is used to monitor and analyse a range of quantitative and qualitative information, both via ongoing and set pieces of work. The sub group reports regularly to the Board highlighting any areas of practice that need to be addressed, and identifying areas of good practice.

In early 2016-2017 the sub group finalised the LSCB CSE Inquiry and the chair presented the findings to the Board in May 2016. The report made a number of recommendations and it was agreed that the Strategic Exploitation Group should lead on this work, rather than the Performance Management Sub Group.

Through the LSCB Performance Data Set the group identified an increase in the number of Section 47 enquiries, an increase in the number of young people accused of violent offences and ongoing issues around self-harm and permanent exclusions. The chair of the sub group flagged these concerns with Board members and challenged them to consider the issues.

Due to staffing changes within Gateshead Council the sub group has not met since November 2016. Work is underway to ensure that the group meets regularly in 2017-2018. The LSCB continued to receive performance and data reports on the previously agreed set of indicators (this was coordinated by Gateshead Council on behalf of the Board). A summary of this is provided in Section 3 of this report.

Policy & Procedures Sub Group – Chaired by Louise Gill, LSCB Business Manager in 2016-2017

The Policy & Procedures Sub Group works on behalf of the LSCB to ensure that statutory functions in relation to policies and procedures are carried out. The LSCB commissions TriX, an external provider, to produce and host the online LSCB Inter-Agency Child Protection Manual as part of a sub-regional agreement with Sunderland and South Tyneside LSCBs.

In 2016-2017 the sub group was scheduled to meet on a bi-monthly basis however a number of meetings were cancelled or rescheduled due to the number of apologies received and the group only met on two occasions. Board members were notified of issues with membership and attendance as part of the sub group chair's regular reports to the LSCB. Despite this, work continued between meetings and the group was able to manage the online LSCB Inter-Agency Child Protection Procedures on behalf of the Board.

Key pieces of work undertaken in 2016-2017 included:

- Female Genital Mutilation
- Breast ironing
- "double protection"
- Work with TriX to strengthen chapters on groups & gangs, children visiting psychiatric wards and spiritual, cultural & religious beliefs

In relation to the LSCB's priorities of **Leadership, Challenge** and **Learning** the group raised concerns about the relatively low numbers of "hits" on the procedures website. The sub group challenged Board members to promote use of the website and arranged a series of refresher sessions on how to use the online manual. Approximately 45 frontline practitioners attended the session and around 1000 business cards were disseminated to staff to explain how to access the online manual. Work will be carried out in due course to understand the impact of this. The chair of the sub group also challenged partner agencies about sub group representation and the potential for this to hinder the work of the group.

The LSCB Business Manager chaired the sub group in 2016-2017, however this was originally set up as a short term arrangement in 2014 to cover staffing and capacity issues. It has been agreed that the Principal IRO will chair the sub group moving forwards. The LSCB Business Manager will continue to lead on the sub regional work with TriX. The Board will continue to monitor issues of attendance at the group. The group will carry out work on e-safety, use of technology in Child Protection Conferences, and forced marriage.

Training Sub Group – Chaired by Naju Khanom, Workforce Development Officer, Gateshead Council in 2016-2017

The purpose of the group is to develop and promote, through training, a shared understanding amongst safeguarding partners around the tasks, processes, principles, roles and responsibilities for safeguarding children and promoting better outcomes. For more information on the work of the sub group and the LSCB training programme see Appendix 3 of this report.

APPENDIX 5 – VOICE OF THE CHILD

The United Nations Convention on the Rights of the Child (1989) enshrines the right of children to be involved in all decisions that affect their lives. There is also national legislation and guidance stressing the importance of involving children in decision-making, specifically in child protection cases.

A wide range of methods and initiatives are used by partner agencies to hear the voice of the child and act upon this in relation to their own cases and also wider work to keep children and young people safe. The LSCB regularly asks partner agencies to provide assurances that the voice of the child is heard and responded to and also works to engage children and young people in its own work.

At the LSCB Development Session in March 2017 all LSCB members were asked to provide evidence and assurances on work undertaken to engage children and young people in decision-making and the impact of this. A number of areas were discussed, including:

- The Empowering Minds Improving Lives (EMIL) project, which is part of the redesign of Child and Adolescent Mental Health Services (CAMHS) has involved young people as “Young Commissioners”. These young people were involved in a number of innovative pieces of work, including work to design websites and making films about living with mental health problems and accessing services. The outcome of this work was used as part of the ongoing work of EMIL to redesign services across the North East. NTW also use a “Young People’s Governor” on the Trust Board
- CAFCASS has undertaken engagement work recently on a local and national level to shape strategy and recruitment
- Young people are involved throughout the child protection process and age/ability appropriate methods are used to seek their views, wishes and feelings and these are used in assessments and planning to keep the child safe. This includes innovative work around getting young people to write sections of their own Child Protection Plans and use of the Mind Of My Own (MOMO) app in both child protection and looked after work
- The current Police and Crime Plan involved the views of 1500 young people in its development
- The Gateshead Director of Public Health used the voice of the child as a key factor in her 2016-2017 annual report. This included getting groups of young people to produce a film on their views on smoking and how it impacts on their health and wellbeing
- The 2017 Special Educational Needs and Disabilities (SEND) inspection also highlighted areas of good practice involving children and young people in decision making

Board members agreed at the session that hearing and responding to the voice of the child was at the forefront of operational work, but more needed to be done to capture this in strategic and partnership work. There were numerous examples of good practice, however these were mainly in individual cases rather than across a framework.

In 2016-2017 we undertook a piece of work to decide whether we should establish a Young People’s LSCB. After consultation with Board members and discussion with other areas it was agreed that this would not be the most effective way to engage young people with the work of the Board and alternative methods were proposed, including building on relationships with existing groups of young people. As part of the Board Engagement Strategy, the LSCB aims to hold engagement events with children and young people on at least an annual basis. In September 2016 a Board meeting was extended to involve a

number of young people. The young people set the agenda for this part of the session themselves and explored with Board members what was important to them in terms of staying safe and living in Gateshead. Unfortunately, the report written by the young people and youth workers after the event is not available yet, but work will continue to build on the learning from the session.

Gateshead Council now use a mobile “app” called MOMO (Mind Of My Own) to gather the views of children and young people involved in child protection. There are now 251 children registered to use the app and there are two versions, one for older children and one for younger.

From September 2015 to May 2017 343 statements were submitted by young people via MOMO (101 statements were submitted in 2016-2017). The majority of these 343 statements were prepared in advance of formal meetings, for example LAC Reviews (140) and Initial Child Protection Conferences (43). 33 children also used the app in preparation for a visit from their social worker. In 2017-2018 the LSCB will receive a more detailed report on MOMO to better understand what young people said in their statements and how this was used to impact on the management of their case and their outcomes.

Young people’s wishes and feelings are a key feature of the LSCB’s CSE risk assessment as part of the MSET processes. All young people who are referred to MSET are asked to provide their views on professionals’ concerns around them and their wishes and feelings are noted. The weight given to this voice varies depending on the case however as it is clearly not appropriate to sanction inappropriate relationships for example, even when the child is giving clear messages that this is what they want. The voice of the child is also captured during the Independent Return Interview process.

The Board held a thematic workshop session in October 2016 to explore the current position in relation to domestic abuse. A key area of the Ofsted Joint Targeted Area Inspection Framework on domestic abuse is the voice of the child and child centred practice, so part of the session was used to understand the current strengths and weaknesses in the system in Gateshead in relation to this. The breakout discussions highlighted positive practice including the CCG Engagement Strategy, automatic referrals to Children’s Social Care by health when an adult discloses domestic abuse (if they or the perpetrator are known to have contact with children), enhanced training of Community Health staff on non-verbal signs of domestic abuse in children and preventative work by the YOT involving children viewed as victims and perpetrators. The session also explored the direct work undertaken with children when domestic abuse is identified in the home to ensure that their voices are heard. It was noted that every child involved in domestic abuse has a different experience and therefore there is not just once “voice of the child”.

The Business Planning Group identified a need for some smaller engagement events in late 2015-2016 and this work continued into 2016-2017. Business Planning Group members were tasked with meeting specific groups of young people and asking them four questions around feeling safe, staying safe and what is important to them. The young people involved included Police Cadets, 12 school councils, young carers and Once Voice. Overall, young people reported feeling safe living in Gateshead and had a good awareness of to keep themselves and their friends safe. Specific issues were fed back to Board members to take forward.

Newcastle Gateshead CCG has started a piece of work following the “Not Seen Not Heard” review published by the CQC in July 2016. The report identified that when health and safeguarding systems fail, the voice of the child has invariably been lost and a large number of children did not feel that they were involved in their care. Therefore, the CCG has developed an action plan and is holding all provider organisations to account to provide

assurances around the areas identified in the report. This includes providing evidence that staff seek, hear and act on the voice of the child, involve children in each stage of their health care planning and listen and respond to the views of children. The LSCB Business Manager has been involved in some of the assurance work with the CCG and the Board will receive a report in due course.

APPENDIX 6 – LSCB PRIORITIES FOR 2017-2018

Vision

“Our vision is that every child should grow up feeling safe and in a loving, secure environment, free from abuse, neglect and crime, enabling them to enjoy a happy and healthy childhood in which they can fulfil their social and economic potential

Role of the Business Plan

The Gateshead LSCB Business Plan sets the strategic direction for the LSCB. The Business Plan also reinforces the specific role of the LSCB to **lead, challenge** and support **learning**. The plan identifies specific priorities for action and is clear about roles and accountability.

The Business Plan emphasises the role of Gateshead LSCB in **leading** the safeguarding agenda, in **challenging** the work of partner organisations, and in committing to an approach which **learns** lessons, embeds good practice and which is continually influenced by the views of children and young people.

2017-2018 Action Plan

In 2017-2018 the focus will continue to be on the three strategic business priorities:

- **Leadership**
- **Challenge**
- **Learning**

There will also be a focus on five thematic priority areas:

- **Voice of the child**
- **Improving relationships and the interface with schools**
- **Early Help**
- **Mental health**
- **Safeguarding disabled children**

In addition, we will work to prepare for the implementation of new legislation and guidance around statutory strategic arrangements for safeguarding.

We will do the following to deliver our priorities:

In relation to the **Voice of the child** we will ensure that our work plan helps us improve the way that we capture this as a Board so that we can learn from what young people are telling us and our partner agencies.

In relation to **Improving relationships and the interface with schools** we will establish a reference group with Head Teachers to secure a two-way dialogue on issues for the Board and partners that may impact on schools and relevant lessons from frontline practice across the education landscape.

In relation to **Early Help** we will challenge progress on the development and implementation of the new Early Help Strategy for Gateshead and receive assurance about the impact of the strategy on safeguarding children

In relation to **Mental health** we will receive assurances on the implementation of the new model for delivering Child and Adolescent Mental Health Services (known as EMIL) and receive assurances that mental health services commissioned for children in Gateshead are adequate in terms of safeguarding and services for adults operate with a “think family” approach.

In relation to **Safeguarding disabled children** we will receive assurances from the relevant agencies and services that the learning from the recent SEND inspection has been embedded and relevant actions from the 2017 report from National Working Group on Safeguarding Disabled Children have been taken forward

In addition, we will do the following to maintain a focus on our strategic priorities linked to our specific role to **lead, challenge and learn**:

In relation to **leadership** we will work to ensure that our future arrangements are fit for purpose and enable the new body which will be established to oversee strategic safeguarding arrangements in Gateshead to build on the work of the LSCB and strengthen the position in Gateshead further.

In relation to **challenge** we will continue to build on our links with other partnerships (e.g. the Safeguarding Adults Board, Health and Wellbeing Board and Community Safety Board) and influence their agenda via our own work plan and membership.

In relation to **learning** we will continue to review cases where there are lessons to be learned through the Learning and Improvement Sub Group (and Serious Case Review Panel when necessary). We will also implement and embed the findings of any relevant inspections of the Board and partner agencies and cascade the learning across partner agencies.

APPENDIX 7 - GLOSSARY

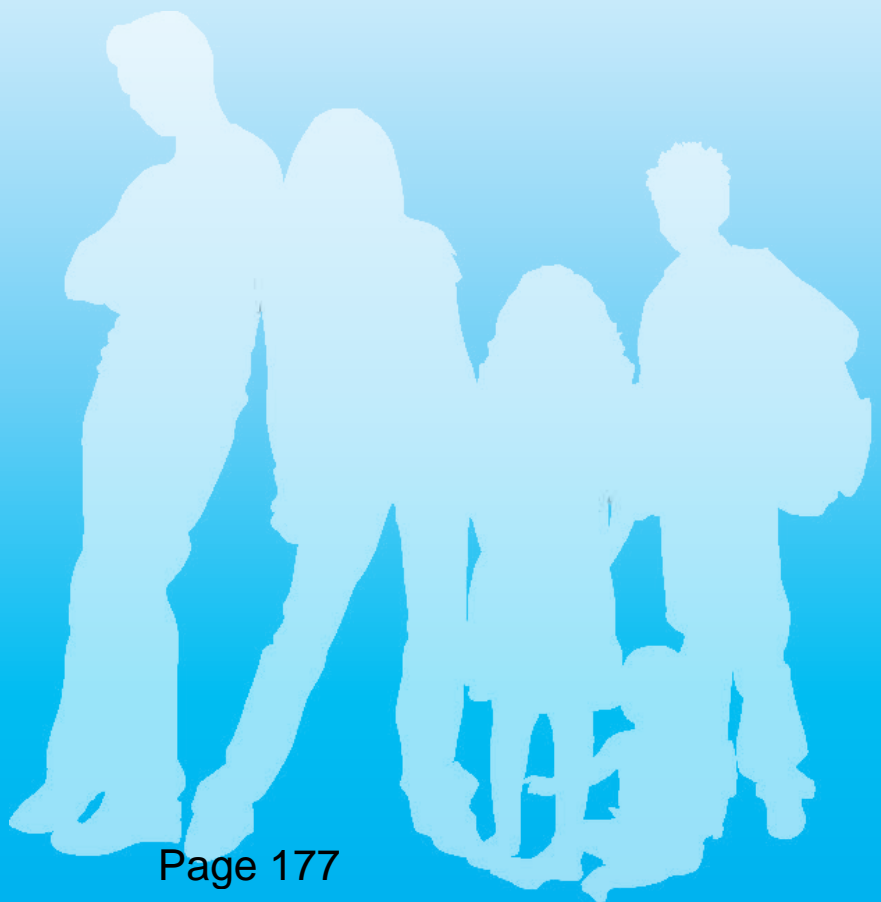
CAF -	Common Assessment Framework
Cafcass -	Child and Family Court Advisory Support Service
CCG -	(NHS) Clinical Commissioning Group
CDOP -	Child Death Overview Panel
CIN Assessment -	Child In Need Assessment
CP Plan -	Child Protection Plan
CQC -	Care Quality Commission
CRC -	Community Rehabilitation Company (Probation)
CSE -	Child Sexual Exploitation
FT -	(NHS) Foundation Trust
HMIC –	Her Majesty’s Inspector of Constabulary
HMIP -	Her Majesty’s Inspector of Prisons
ICPC -	Initial Child Protection Conference
IRO -	Independent Reviewing Officer
LAC -	Looked After Child
LGBT -	Lesbian, Gay, Bisexual, Transgender
LSCB -	Local Safeguarding Children Board
MASH -	Multi-agency Safeguarding Hub
MOMO -	Mind of My Own (mobile app)
MSET -	Missing, Sexually Exploited and Trafficked Sub Group
SAB -	Safeguarding Adults Board
SCR -	Serious Case Review
SUDI -	Sudden Unexpected Death in Infancy

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Gateshead LSCB Business Plan 2017-2018





Vision

Our vision is that every child should grow up feeling safe and in a loving, secure environment, free from abuse, neglect and crime, enabling them to enjoy a happy and healthy childhood in which they can fulfil their social and economic potential.

Role of the Business Plan

The Gateshead LSCB Business Plan sets the strategic direction for the LSCB. The Business Plan also reinforces the specific role of the LSCB to **lead, challenge** and support **learning**. The plan identifies specific priorities for action and is clear about roles and accountability.

The Gateshead Approach

Gateshead LSCB agreed a new approach in 2014 and adopted a three year Business Plan to cover the period from 2014-2017. This document provides a focus for 2017-2018 to build on the progress made in the previous three years and to drive forward work to prepare Gateshead for the new safeguarding arrangements which will be established in 2018 in line with new legislation. This document will enable the Board to continue to focus on the specific role and remit of LSCBs in ensuring that the welfare of children is safeguarded and protected, as set out in *Working Together* (2015) and the Children Act 2004.

This Business Plan emphasises the role of Gateshead LSCB in **leading** the safeguarding agenda, in **challenging** the work of partner organisations, and in committing to an approach which **learns** lessons, embeds good practice and which is continually influenced by the views of children and young people.



Summary of Key Achievements in 2016-2017

A full breakdown of progress in 2016-2017 can be found in the Gateshead LSCB 2016-2017 Annual Report. Highlights are shown in the table below.

Area of work	Progress in 2016-2017
Leadership	<ul style="list-style-type: none"> • Links were strengthened with the local community through work with lay members, the Jewish Community and links to the Diversity Forum through GemArts. • Work was undertaken to improve the LSCB's visibility and influence with other partnerships such as the Health and Wellbeing Board, Safeguarding Adults Board and Community Safety Board. • Work was carried out to explore better ways to engage with young people to be led by them and to be seen to be owning the safeguarding agenda
Challenge	<ul style="list-style-type: none"> • Work was carried out to ensure that the Board understood what audit work partners were already carrying out, what this was telling us and what difference it made. • Work was also carried out to challenge ourselves as a Board to understand how effective we are and what we need to do to become more effective and have more impact.
Learning	<ul style="list-style-type: none"> • Board members continued with work to learn lessons from young people directly and to listen to what they are telling us. Work was also carried out to learn from the national review of LSCBs. • Where appropriate, learning reviews on individual cases were carried out to identify lessons for single agency and joint working and the learning was disseminated and practice changed. • Work was also carried out to understand the impact of our training programme and ensure that we deliver high quality resources that help practitioners learn and improve their practice to improve outcomes for children and young people.
Preventing harm	<ul style="list-style-type: none"> • Specific work was carried out to understand the increase in Permanent Exclusions in our schools recently and areas for development have been identified. • Work was also carried out to consider a locality based risk assessment, however this was not felt to be appropriate at this time.
Protecting vulnerable children	<ul style="list-style-type: none"> • Specific work was carried out to understand the high levels of self-harm in Gateshead and equip professionals with the skills and knowledge to respond to this and support young people more effectively and more confidently

We also continued to monitor the LSCB Ofsted Improvement Plan which was developed following the inspection in 2015-2016.



2017-2018 Action Plan

In 2017-2018 the focus will continue to be on the three strategic business priorities:

- **Leadership**
- **Challenge**
- **Learning**

There will also be a focus on five thematic priority areas:

- **Voice of the child**
- **Improving relationships and the interface with schools**
- **Early Help**
- **Mental health**
- **Safeguarding disabled children**

In addition, we will work to prepare for the implementation of new legislation and guidance around statutory strategic arrangements for safeguarding.

We will do the following to deliver our priorities:

In relation to **Voice of the child** we will ensure that our work plan helps us improve the way that we capture this as a Board so that we can learn from what young people are telling us and our partner agencies.

In relation to **Improving relationships and the interface with schools** we will establish a reference group with Head Teachers to secure a two-way dialogue on issues for the Board and partners that may impact on schools and relevant lessons from frontline practice across the education landscape.

In relation to **Early Help** we will challenge progress on the development and implementation of the new Early Help Strategy for Gateshead and receive assurance about the impact of the strategy on safeguarding children

In relation to **Mental health** we will receive assurances on the implementation on the new model for delivering Child and Adolescent Mental Health Services (known as EMIL) and receive assurances that mental health services commissioned for children in Gateshead are adequate in terms of safeguarding and services for adults operate with a “think family” approach.

In relation to **Safeguarding disabled children** we will receive assurances from the relevant agencies and services that the learning from the recent SEND inspection has been embedded and relevant actions from the 2017 report from National Working Group on Safeguarding Disabled Children have been taken forward.

Action Plan

Action	Lead Officer	Target Date
Voice of the child		
Receive reports throughout the year regarding partner engagement with young people including: <ul style="list-style-type: none"> • MoMO 	LSCB Business Manager to coordinate work plan, all Board members to contribute	March 2018
Refresh our engagement strategy to ensure that the Voice of the Child is captured at Board level and not just by partner agencies	LSCB Business Manager to coordinate work plan, all Board members to contribute	March 2018
Host an engagement event with Board members and young people with the agenda set by young people themselves	LSCB Business Manager to coordinate work plan, all Board members to contribute	March 2018
Ensure that consideration is given to capturing the Voice of the Child when establishing the new arrangements in Gateshead	Independent Chair and LSCB Business Manager	January 2018
Improving relationships and the interface with schools		
Establish a Reference Group with schools to ensure a two-way dialogue between Education and other Board partners	Service Director Children & Families and Service Director Education & Schools	October 2017
Support schools in relation to Permanent Exclusions by undertaking deep dive work as part of the Early Help re-model	Service Director Early Years and Service Director Education & Schools	March 2018
Early Help		
Receive a progress report on the development and implementation of the new Early Help Strategy for Gateshead and participate in the consultation process	Service Director Children and Families	July 2017
Monitor the impact of the new Early Help Strategy and re-model of services and receive assurances on the impact on safeguarding children	Service Director Early Help	March 2018

Continued overleaf

Action	Lead Officer	Target Date
Mental health		
Challenge the development and implementation of a new model for CAMHS (the EMIL model) and ensure that the learning from the task & finish work on self-harm in 2016-2017 is incorporated	Executive Director, Patient Safety and Designated Nurse, CCG	July 2017
Receive assurances that mental health services commissioned for children in Gateshead are adequate in terms of safeguarding	Executive Director, Patient Safety and Designated Nurse, CCG	January 2018
Receive assurances that mental health services for adults operate with a "think family" approach and maintain a focus on safeguarding children	NTW representative	March 2018
Safeguarding disabled children		
Receive assurances that learning from the recent SEND inspection has been embedded	Service Director Early Years (for Gateshead Council actions) and Designated Nurse (for health actions)	October 2017
Receive assurances that relevant actions from the 2017 report from National Working Group on Safeguarding Disabled Children have been taken forward	LSCB Business Manager to coordinate work plan with relevant partner agencies	January 2018

In addition, we will do the following to maintain a focus on our strategic priorities linked to our specific role to **lead, challenge and learn**:

In relation to **leadership** we will work to ensure that our future arrangements are fit for purpose and enable the new body which will be established to oversee strategic safeguarding arrangements in Gateshead to build on the work of the LSCB and strengthen the position in Gateshead further.

In relation to **challenge** we will continue to build on our links with other partnerships (e.g. the Safeguarding Adults Board, Health and Wellbeing Board and Community Safety Board) and influence their agenda via our own work plan and membership.

In relation to **learning** we will continue to review cases where there are lessons to be learned through the Learning and Improvement Sub Group (and Serious Case Review Panel when necessary). We will also implement and embed the findings of any relevant inspections of the Board and partner agencies and cascade the learning across partner agencies

Action	Lead Officer	Target Date
Leadership		
Work to ensure that future arrangements are fit for purpose and enable the Gateshead Safeguarding Children Board to build on the work of the LSCB and strengthen the position further.	LSCB Independent Chair and Business Manager	March 2018
Challenge		
Build on links with other partnerships (e.g. the SAB, HWB and CSB)	LSCB Independent Chair and Business Manager	March 2018
Learning		
Review cases where there are lessons to be learned and ensure lessons are disseminated and actioned as appropriate	Chair of Learning & Improvement Sub Group (currently Detective Chief Inspector, Safeguarding) and LSCB Business Manager	Ongoing, as and when required
Implement and embed the findings of any Board or partner agency inspections and cascade the learning as appropriate	Relevant LSCB Executive members and LSCB Business Manager	Ongoing, as and when required



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**Gateshead
Safeguarding Adults
Board**

Annual Report 2016/17

August 2017
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Introduction

I am honoured and delighted to have taken on the role as Independent Chair of the Gateshead Safeguarding Adults Board in November 2016. I was therefore only chair for less than half of the year that this report covers. I was immediately impressed by the strength of the partnership working across the agencies working in Gateshead, their willingness to collaborate around their arrangements for keeping people safe, and their openness to challenge and debate.



Working together is always important. Keeping vulnerable people safe requires creative working across traditional boundaries, encouraging staff and community members to think out of their normal lines, sharing information and ideas willingly. It is even more important in times of austerity, when all agencies are having to cut back on what they can afford, and it is ever more important to conjure up new and better ways of delivering services. Partners in Gateshead demonstrate that openness.

We have streamlined the way in which the Board operates, to seek to get the most out of the contributions of senior partners from all agencies. The Board now meets quarterly, with a small Executive group meeting in-between in order to ensure that business is progressed speedily and efficiently. We have expanded our subgroups to 5, and further strengthened our working relationships with Gateshead Local Safeguarding Children Board (LSCB), which I also chair. Our multi-agency training is now delivered jointly, and we jointly supervise work on Sexual Exploitation, Missing and Trafficking.

Our Strategic plan set out some ambitious targets for the year past, and most of those have been achieved. We have greatly improved our quality assurance processes, agreeing a standardised audit tool for assuring ourselves of the work of each partner, and establishing a process whereby each partner puts themselves forward for challenge and scrutiny. We have improved our process of considering safeguarding concerns, with the positive effect that the numbers of concerns received has now reduced considerably. We have a much more robust process now for considering potential Safeguarding Adult Reviews (SAR); although we have not initiated any SARs this past year, we have learnt from the consideration of some cases submitted for discussion. Our data collection has improved. We have strengthened our mechanisms for reviewing, supporting and challenging providers where serious concerns have been noted.

We have developed our joint approach to modern slavery – a new safeguarding threat to many agencies, but one which is achieving much higher profile across the region. A recent prosecution has enabled us to test and refine our multi-agency processes.

We continue to manage the Deprivation of Liberty processes, and the Mental Capacity Act processes, highly effectively. We are developing our policies and practices to support homeless people, especially those with multiple and complex needs.

Not all our ambitions have been met. We have not yet developed our communications and engagement strategy as we had hoped, so we have much further to go in engaging actively with the public in our community. This will assume greater importance in the years ahead – more and more, we have to seek ways in which the community takes more of a lead as the eyes and ears that keep vulnerable people safe.

The board is in good shape, and ambitious for the future. Much of this can be attributed to the major contributions of partner agencies who chair subgroups, lead on the programmes of work, and ensure that most people in Gateshead remain safe. In particular, though, our thanks are due to Mark McCaughey, who has admirably assumed the Board Manager role as maternity cover for Carole Paz-Uceria.

A handwritten signature in black ink, appearing to read 'Paul Ennals', with a long, sweeping underline.

Sir Paul Ennals

Independent Chair, Gateshead SAB

2. Policy Context

The Care Act 2014 enshrined in law the principles of Safeguarding Adults, which will ensure that the most vulnerable members of society are afforded appropriate support and protection and help them to live as independently as possible, for as long as possible.

The Care Act identifies six key principles which underpin all adult safeguarding work, 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 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.

The annual report is required to outline the following:

- What it has done during the year to achieve its strategy and objectives.
- What the members have done during the year to implement the strategy.
- The findings of any Safeguarding Adult Reviews which have concluded during the year, and what it has done to implement the findings.
- Where it decides during the year not to implement a finding of a Safeguarding Adult Review, the reasons for its decision.

3. Safeguarding in Gateshead

3.1 Gateshead Safeguarding Adults Board (SAB)

The Gateshead SAB became a statutory body in April 2015. The Board's 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 SAB 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 May 2017):

- 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
- Mental Health Concern
- National Probation Service
- North East Ambulance Service

The SAB Sub-Groups:

- **Practice Delivery Group** (Chaired by the Housing Services Manager at the Gateshead Housing Company)

Its role 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 and annual Business Plans and keeping up to date with national policy changes that may impact upon the work of the SAB. The Group also has responsibility for the development and implementation of the engagement strategy and Dignity Strategy.

- **Safeguarding Adult Review Group** (Chaired by the Safeguarding Adults Designated Nurse at Newcastle/Gateshead CCG)

Its role is to consider whether there are any cases in which a Safeguarding Adult Review should be undertaken. The group commissions reviews on behalf of the Safeguarding Adults Board and subsequently monitor their progress. It collates and reviews recommendations from Safeguarding Adult Reviews and other commissioned reviews, ensuring that achievable action plans are developed and that actions are delivered. The group considers 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. These are fed into the Quality and Assurance sub group.

- **Quality and Assurance Group** (Chaired by the Strategic Safeguarding Lead at the Queen Elizabeth Hospital)

Its role 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. 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 locally or nationally by the Safeguarding Adult Review group.

- **Training Group** (Chaired by Workforce Development at the Local Authority)

Its role 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 develops and implements ad-hoc bespoke training courses to meet evidenced demand in addition to core training courses.

- **Strategic Exploitation Group** (Chaired by Northumbria Police)

A sub-group of both the SAB and the Local Safeguarding Children's Board. The group is responsible for overseeing all work with respect to sexual exploitation, modern slavery and trafficking in Gateshead.

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

The SAB has developed strong links with other local partnerships such as Gateshead Health and Wellbeing Board, Gateshead Local Safeguarding Children Board, Gateshead Community Safety Board and the Care Health and Wellbeing Overview and Scrutiny Committee.

3.2 Partner Governance Arrangements

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 SAB. Details of inspection results for partner organisations are also shared at the SAB. Examples of governance arrangements are outlined below:

3.2.1 Gateshead Council

The Council has a statutory duty to host a SAB that has an oversight of any safeguarding activities in Gateshead. Gateshead Council is one of the statutory partners and is represented at the Board and all of the sub groups. The Service Director and Service Manager for Adult Social care retain the responsibility for the oversight and quality assurance of all adult safeguarding cases within the local authority and the Safeguarding Adults Board Business Manager retains an oversight of any Safeguarding Adult Review cases.

3.2.2 Newcastle Gateshead Clinical Commissioning Group

The Newcastle Gateshead CCG demonstrates its commitment to the Safeguarding Adults agenda, with an Executive Director holding the lead for this portfolio and maintaining an active involvement on a day to day basis. This Director is supported in this function by a dedicated Safeguarding Adult Team consisting of an experienced and senior Designated Nurse, a Named GP and two experienced Safeguarding Adults Officers.

Within the existing governance arrangements, the Executive Director chairs a bi-monthly CCG Safeguarding Committee, which brings together Designated Nurses and Named Doctors for Child/Adult Safeguarding. This group reports to the CCG Quality Safety and Risk Committee which in turn reports to CCG Governing Body. Alongside the CCG Safeguarding Committee is a Safeguarding Strategic Forum, which meets four times per year. This provides an opportunity for the Executive Director from the CCG to work with their counterparts from the two hospital trusts, the mental health trust and the ambulance trust in order to collectively address the wider safeguarding concerns from an NHS perspective.

Internal CCG policies and procedures are reviewed annually or more frequently if legislative changes necessitate.

Quality Assurance is provided via external audit from NHS England, which achieved the highest rating possible and the CCG has demonstrated full compliance with all parts of the audit framework. Additionally a recent Quality Assurance check by the Gateshead SAB indicated that the only area for immediate improvement related to the vacancy for a Named GP, who has now been appointed.

3.2.3 Northumbria Community Rehabilitation Company (CRC)

There are clear lines of governance and accountability for Northumbria CRC via the Ministry of Justice and NOMS and the CRC are subject to a number of audits and inspections. The quality assurance team conduct monitoring exercises on a monthly basis which includes evaluating safeguarding work.

There is an established partnership arrangement between Northumbria CRC and the local Multi Agency Safeguarding Hub (MASH). Funding from the Police allowed for the placement of a member of the team for two days a week working as part of the multi-disciplinary team and sharing in discussions and actions around the two key themes of vulnerability and persistent offending. The CRC worker is based within the team, which improves communication links and supports the purposeful progression of action plans adding to the overall safeguarding approach integrated within the MASH.

The designated senior lead for Safeguarding Adults is Jan Hannant, Director of Northumbria CRC and the operational lead is Joanne Wallace, Reviewing and Quality Assurance Manager. Safeguarding adult cases are overseen by the relevant Team Manager and these cases are discussed in supervision.

3.2.4 National Probation Service (NPS)

The National Probation Service (NPS) is committed to reducing re-offending, protecting victims and the public and engages in partnership working to safeguard adults with the aim of preventing abuse and harm.

- **Operational:** Making a referral to the local authority where NPS staff have concerns that an adult is experiencing or is at risk of experiencing abuse or neglect, including financial abuse, and is unable to protect oneself from that abuse or neglect
- **Strategic:** Attending and engaging in local SABs and relevant sub-groups. Through attendance, take advantage of training opportunities and share lessons learnt from Safeguarding Adult Reviews and other serious case reviews.

There is a designated senior manager within each NPS Division, who acts as a strategic lead for safeguarding adults work, and a local NPS Head of Cluster who attends the Safeguarding Adults Board or delegates to a suitable deputy.

The NPS Adult Safeguarding Policy is supported by practice guidance and the National Partnership Framework: Safeguarding Adults Boards. The policy on adult social care in prisons and ensuring continuity of care into the community is set out in PI (performance indicator) 11/2015 Adult Social Care. This PI is supplemented by specific guidance on social care provision for residents in Approved Premises, which forms part of the Approved Premises Manual.

NPS practice guidance acknowledges the contribution that staff can make to the early identification of an offender who may have care and support needs, or of an offender who may benefit from preventative support to help prevent, reduce or delay needs for care and support.

All NPS staff are required to be clear about:

- their roles and responsibilities in relation to adult safeguarding and are supported through effective supervision and management oversight.
- how to raise safeguarding concerns and the routes for escalation where they feel a manager or another agency has not responded appropriately to a safeguarding concern.

3.2.5 Gateshead College

Safeguarding is of paramount importance at Gateshead College and it continues to prioritise safeguarding and promoting the welfare of learners. One of the strategic priorities is to *'Behave responsibly and ethically as a business, doing the right things in the right way and shaping students to become good citizens, living sustainable lives. We do this by listening and engaging with students to benefit both student and the organisation alongside promoting the welfare of all learners through ensuring safeguarding is a cornerstone of all we do.'*

All staff are aware of their responsibility to develop and deliver services which safeguard people. Risk assessment and management is operated across all College activity. In addition, health and safety and safeguarding reviews of curriculum and business support areas are undertaken on a very regular basis to engage staff in conversation, ensuring that they are applying college policy and procedure, allow compliance checks and recommend improvements to meet best practice.

The Director of Student Experience is the lead designated safeguarding manager and he is supported by two deputy safeguarding managers. There is a clear line of accountability and governance across the organisation for the commissioning and provision of services designed to safeguard and promote the welfare of children, young people and adults. The College operates a Safeguarding Steering Group which is attended by senior managers from across the College to discuss and action safeguarding issues. In addition, a College Governor attends safeguarding group meetings and acts as a critical friend. An annual Safeguarding report is provided to the Executive team and the Board of Governors.

As part of Ofsted's on-going commitment to Safeguarding, inspections now include a written judgment in the inspection report on whether the provider's safeguarding is outstanding, good, requires improvement or inadequate.

At the last inspection in June 2015, Gateshead College safeguarding practice was deemed to be a Grade 1 Outstanding within Effectiveness of Leadership and Management.

3.2.6 Healthwatch Gateshead

The Responsible person / Designated Adult Safeguarding Manager (DASM) is the Chief Executive Officer of Tell Us North. If the DASM is unavailable, Safeguarding Adult issues will be referred to the Deputy Chief Executive Officer. Should none of these named people be available then directors, committee members, staff, associates, volunteers and service users are directed to contact the relevant adult social care department and/or Safeguarding Adults Unit in the relevant local authority directly, and contact details are given in the policy.

All directors, committee members, staff associates and volunteers are required to review the Safeguarding policy as part of induction, and ongoing training and support.

Tell Us North is committed to safer recruitment policies and practices for staff and volunteers. This includes enhanced Disclosure and Barring Service (DBS) and Barred List checks for relevant staff and volunteers, ensuring references are taken up and the provision of adequate training on Safeguarding Adults.

3.2.7 Northumberland, Tyne & Wear NHS Foundation Trust (NTW)

Northumberland Tyne & Wear NHS Foundation Trust lead officer for Safeguarding and Public Protection is the Executive Director of Nursing Operations. A Nurse Director and Head of Safeguarding and Public Protection are identified named individuals who ensure the management of the NTW Safeguarding and Public Protection team. They ensure there is a robust system in place for safeguarding and public protection underpinned by sound clinical and corporate governance arrangements. This team review every safeguarding adult concern, providing practitioners with advice and support.

NTW has a Safeguarding and Public Protection committee that meet six times a year. The Trust board receive bi-monthly reports including updates from the Safeguarding Adults Board.

Two audits were undertaken in 2016-2017 in relation to safeguarding. The first was an audit of the Safeguarding process and the second was an audit of the Safeguarding and Public Protection Team triage process. Both audits indicated full compliance with no key risks identified.

In 2016 the Trust was inspected by the CQC and was given the grade of outstanding.

3.2.8 Oasis Aquila Housing (OAH)

Ultimate safeguarding responsibility within Oasis Aquila Housing sits with the Board of Trustees. Having an overview of safeguarding activity is one of their integral responsibilities and regular updates are provided to them.

Accountable to the Board of Trustees is a safeguarding sub-committee which is chaired by the trustee who is the designated 'safeguarding champion'. This sub-committee has overseen OAH's safeguarding strategy which is updated annually and this includes a development plan that is monitored at each sub-committee. Part of the development plan is an annual safeguarding audit of OAH's safeguarding procedures and this includes 'dip sampling' looking at processes and outcomes.

Each of OAH's services has an internal annual review for quality assurance purposes and this includes practice development to ensure safeguarding practice is consistent and in line with local and national policy.

In the last year, as part of the development plan, the Safeguarding Adults Protection policy has been updated, along with a number of other policies that have safeguarding implications.

At the most recent Quality Assessment Framework visit by Gateshead Council OAH's supported accommodation services were assessed as being well in excess of what was required.

3.2.9 Queen Elizabeth Hospital (QE)

Within the QE Hospital there are designated staff members with safeguarding responsibilities, led by the Director of Nursing, Midwifery and Quality who is also a member of Gateshead Safeguarding Adults Board. The Strategic Lead for Safeguarding attends all of the Safeguarding Adults Board sub groups and Chairs the Quality and Assurance sub group.

The named professionals and Safeguarding Adults leads report to the QE Safeguarding Committee, the Quality Governance Committee and the Trust Board. Gateshead SAB has a strategic overview of any work carried out.

The Safeguarding Adults policy was reviewed in April 2016 with amendments to the Care Act. The Mental Capacity Act and the Deprivation of Liberty Safeguards policy were also reviewed in 2016.

In 2016-17 there was one Serious Adults Review completed using an appreciative enquiry methodology. The case involved a patient who was admitted to the hospital with eight areas of pressure damage (four of areas were grade 4 pressure damage). The patient had been cared for at home with a care company delivering her care and district nurses attending to dress her wounds. The patient had fluctuating capacity and would not let the carers or the district nurses look after her needs. There were a number of key lessons learned regarding appropriate capacity assessments, recording, early intervention and referrals to mental health services.

There has been a robust safeguarding audit programme ongoing throughout 2016-17. This included an internal audit of the Mental Capacity Act and the Deprivation of Liberty Safeguards. The audit highlighted good practice with regard to patients having capacity assessments completed and appropriate deprivation of liberty referrals. It also highlighted a risk that because of the demand for Best Interest Assessments some local authorities are unable to meet demand and this would lead to the Trust holding patients unlawfully. This risk has now been put on the Trusts risk register and monitored closely by the Safeguarding Committee.

The Domestic Violence referral audit has been completed in line with NICE guidance. The audit focused on the referrals and cause for concerns relating to patients attending the hospital. The audit demonstrated adherence to the policy and shows that appropriate referrals are made into the MARAC process for high risk victims. The lower risk victims are referred to Gateshead Councils

Multi Agency Safeguarding Hub and this led to a reduction of referrals into the MARAC process.

3.2.10 Tyne & Wear Fire Service

All staff have a responsibility for safeguarding and the designated safeguarding team address any concerns and are available 24 hours a day.

As well as a Safeguarding Adults policy, Tyne & Wear Fire Service also have a Domestic Violence Policy and Domestic Violence Champions. Several staff have been trained across the service to undertake the domestic violence champion role as a volunteer in addition to their full-time role. The role of these staff is promoted and they can be consulted if any officers require advice regarding domestic violence.

3.2.11 The Gateshead Housing Company (TGHC)

TGHC is represented at Gateshead SAB by the Director of Customers and Communities, and the Housing Services Manager chairs the Practice Delivery Group and attends the Training Group.

TGHC have established an internal Safeguarding Adults policy and guidance to support staff around hoarding and financial abuse. The policy was endorsed through internal governance at the Customers and Communities Committee and the TGHC Board in May 2016. The Customers and Communities Committee also receive quarterly updates on all safeguarding activity.

All safeguarding concerns are coordinated through a central point of contact within the Neighbourhood Relations Team and Older Persons Housing Team to ensure appropriate referrals are being made and there are lead officers appointed to oversee this work. This approach allows TGHC to effectively manage any low level concerns appropriately through direct engagement, providing relevant support or through sign-posting to other services.

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

3.3 Strategic Plan 2016/19 and Annual Business Plan 2016/17

The Gateshead Strategic Plan 2016/19 was approved by the SAB in March 2016 and was reviewed and updated in May 2017. 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 SAB to fulfil its statutory obligations and the key principles of partnership and accountability, an additional priority of 'Strategic Governance' has been added.

4. Our Performance

4.1 Safeguarding Adults

Concerns and Enquiries

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

In 2016/17 there were 1259 Safeguarding Adult Concerns (2034 in 2015/16) which led to 462 Section 42 Safeguarding Enquiries (1638 in 2015/16). In percentage terms, 36.7% of Concerns led to a Section 42 Enquiry compared to 80.5% in 2015/16.

Concerns	s.42 enquiries	Percentage of concerns leading to an enquiry	Change from 2015/16
1259	462	36.7%	-43.35%

In 2015/16 there were concerns that a significant number of cases progressing to the enquiry stage did 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 was agreed by the Practice Delivery Group that a priority for the 2016/17 financial year was to develop more robust and comprehensive criteria that assists front line practitioners to make sure that only those cases that do meet the Safeguarding criteria progress, and that there are appropriate referral mechanisms in place for those that do not progress.

Low level concerns are now dealt with in one of three ways:

- Advice or guidance given at the concern stage by the Safeguarding team.
- Referral made to the Commissioning / Contract Monitoring team.
- Referral to Gateshead Multi Agency Safeguarding Hub (MASH).

It is obvious by the decline in Concerns leading to an Enquiry that this piece of work has been successful.

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 44.16% of all Safeguarding Concerns raised. This is slightly lower than the 2015/16 figure of 44.99%. This was followed by Physical Abuse (21.45% compared to 22.52% in 2015/16) and Financial and Material Abuse (16.12% compared to 14.90% in 2015/16).

Category of abuse	Volume	Percentage of all concerns	Change from 2015/16
Neglect & Acts of Omission	556	44.16%	-0.83%
Physical	270	21.45%	-1.07%
Financial & Material	203	16.12%	+1.22%
Psychological / Emotional	98	7.78%	+1%
Sexual	48	3.81%	+0.17%
Self-Neglect	46	3.65%	-0.87%
Discriminatory	16	1.27%	+0.63%
Domestic Violence	16	1.27%	-0.20%
Sexual Exploitation	4	0.32%	No figure for 2015/16
Organisational	2	0.16%	-0.33%
Modern Slavery	0	0%	-100%

Age

The following table shows the volume of concerns raised by age group.

Age	Volume	Percentage	Change from 2015/16
18 – 64	430	34.15%	+0.37%
65 – 74	181	14.38%	+1.35%
75 – 84	281	22.32%	-2.51%
85 – 94	312	24.78%	-0.20%
95 plus	55	4.37%	+0.98%

65.85% of all concerns raised were for those aged 65+ which is a slight decrease from 2015/16 (66.22%).

Gender

Gender	Volume	Percentage	Change from 2015/16
Female	740	58.78%	-1.4%
Male	519	41.22%	+1.4%

The gender make up of concerns raised remains relatively consistent with the previous year. Any change is negligible.

Ethnicity

Ethnicity	Volume	Percentage	Change from 2015/16
Asian/Asian British	7	0.56%	+0.22%
Mixed/Multiple	1	0.08%	No figure recorded
Other Ethnic Group	3	0.24%	-0.01%
Undeclared/Not Known	99	7.86%	+2.21%
White	1149	91.26%	-2.5%

The ethnicity make up of concerns remains relatively consistent with the previous year, however, there may be some work to be done around better recording as 'Undeclared/Not Known' remains high and this figure has increased from the previous year. It is important we are aware of the ethnicity of service users as this will help us to shape future service provision.

Primary support reason

Primary support reason	Volume	Percentage	Change from 2015/16
Learning Disability Support	162	12.87%	-0.26%
Mental Health Support	212	16.84%	-0.22%
Physical support	501	39.79%	-1.41%
Sensory support	26	2.07%	-0.54%
Social Support - Social Isolation or Other Support	35	2.78%	+0.27%
Social Support - Substance Misuse Support	15	1.19%	+0.06%
Support with Memory and Cognition	150	11.91%	+0.21%
Not recorded	158	12.55%	+1.88%

There may be occasions where no Primary Support Reason (PSR) is recorded as we may not have been involved with the original assessment, ongoing care planning, or future assessments where a PSR is identified.

Examples of such cases could be where someone is self funding, placed by another authority within the borough of Gateshead, services funded by health with no social care involvement etc.

Location of abuse (first recorded location)

The number of options which can be selected for location has reduced compared to 2015-16 in line with new reporting requirements for 2016-17.

Location of abuse	Volume	Percentage	Change from 2015/16
Care Home - Nursing	194	15.41%	-20.63%
Care Home - Residential	352	27.96%	Not recorded
Hospital - Acute	14	1.11%	+0.18%
Hospital - Community	21	1.67%	+1.23%
Hospital - Mental Health	10	0.79%	+0.4%
In a Community Service	31	2.46%	Not recorded
In the Community (excluding Community Services)	29	2.30%	Not recorded
Other	75	5.96%	Not recorded
Own Home	528	41.94%	-6.78%
Not Recorded	5	0.40%	+0.30%

It is difficult to add any meaningful comparisons to 2015/16 due to the change in recording options in 2016/17. It would, however, seem that concerns regarding care homes have increased by 7.33% (nursing and residential in 2016/17, whereas in 2015/16 they were recorded as simply 'care home'). We will be able to draw more meaningful comparisons in 2017/18 if the categories remain the same.

Relationship with the alleged perpetrator

Relationship with the alleged perpetrator	Volume	Percentage	Change from 2015/16
Day Care Staff	59	4.69%	+1.69%
Domiciliary Care Staff	229	18.19%	-1.72%
Health Care Worker	25	1.99%	+0.61%
Main Family Carer	70	5.56%	+0.69%
Neighbour / Friend	100	7.94%	+0.81%
Not Known	87	6.91%	-1.74%
Other Family Member	134	10.64%	+1.05%
Other Professional	57	4.53%	+0.5%
Other Vulnerable Adult	120	9.53%	-5.86%
Partner	69	5.48%	-0.32%
Residential Care Staff	181	14.38%	-0.52%
Self - Self-Neglect	18	1.43%	-0.09%
Self Directed Care Staff	4	0.32%	+0.22%
Stranger	46	3.65%	+1%
Volunteer / Befriender	1	0.08%	Not recorded
Not Recorded	59	4.69%	+3.61%

A possible explanation for the reduction in "other vulnerable adult" is where there has been an altercation between two vulnerable adults and no harm has occurred. This is recorded as a provider concern and is not raised as a safeguarding concern; whereas it would have been raised as a safeguarding concern before the local authority improved their processes.

In relation to the increase in "not recorded" this may be due to the initial contact being made via email and the information not being provided by the referrer. ASCD do not follow up in these cases therefore they will not record the information that has been omitted.

4.2 Deprivation of Liberty Safeguards (DoLS)

During 2016/17 Gateshead Council received 2118 Deprivation of Liberty Safeguard applications. This was an increase in activity of 16% from the previous financial year. This is representative of most Supervisory Bodies across the Northern Region, with only one authority showing a decrease. NHS Digital will release further statistical data, which will be analysed regionally across the DoLS Leads Steering Network.

In line with the national average, the highest rate for DoLS applications remains with those over the age of 65, with smaller numbers of those under the age of 65 who require the safeguards.

There were 333 applications which have not been authorised, due to various standard reasons as set out within NHS Digital performance monitoring return. Further analysis will take place by Strategic Lead for MCA/DoLS to consider these figures within work streams for the year ahead and to consider any trends which may need action by organisations or partner agencies.

Reason DoLS NOT Authorised	Figure
Incomplete	149
Mental capacity requirement not met	77
Ordinary residence	58
Death prior to authorisation	32
Mental health requirement not met	6
Eligibility requirement not met	2
Best interest requirement not met	1
Withdrawn	8

4.3 Multi-Agency Safeguarding Adults Training

Gateshead SAB, in conjunction with Gateshead Council, commission training that is available to internal and external partners. It is hoped that this training is accessed by a variety of practitioners and will increase their knowledge of Safeguarding Adults and improve the quality of interventions offered and concerns raised.

In 2016/17 there were 38 Reporting Concerns training courses provided and these were attended by 811 delegates (328 external delegates and 483 Gateshead Council delegates).

There were also 8 Policy and Procedure training courses in 2016/17 attended by 224 delegates (51 external delegates and 173 Gateshead Council delegates).

In order to ensure our training programme continues to be fit for purpose and reaching as many partners as possible, a Council wide Training Needs Analysis will be carried out in 2017 that will form the basis of the training programme offered next year.

5. Key Achievements 2016/17

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. The key achievements for the Board and its partners during 2016/17 are documented below and aligned to the Six Principles. Although we have tried to place achievements under the specific Principle you will note that there is a lot of crossover and many achievements cover two or even three principles:

5.1 Empowerment & Prevention

Training

Gateshead Council's Safeguarding Adults team have identified the need to offer a more flexible programme of Safeguarding training and this includes making bespoke training available within care settings for a fee

The training is primarily delivered by officers from Workforce Development and the Safeguarding Adults team although some work has been carried out recently to include trainers from partner agencies.

All commissioned providers have to attend safeguarding training as part of their contractual requirements.

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 2016/17:

Course Title	Number of Courses	Number of Delegates
Level One – Raising Concerns	38	811
Level Two – Policy and Procedures	8	224
Grand Total	46	1035

The Gateshead Housing Company also carried out internal bespoke Safeguarding Awareness briefings, delivering 12 sessions to over 180 (45%) of their employees.

Within **Newcastle Gateshead CCG** Safeguarding Adults training is mandatory for all employees and compliance continues to be 100%. In addition, further training and education is provided to staff within the NHS Continuing Healthcare Team, the CCG Safeguarding Team and those in senior leaderships positions on an ongoing basis.

Northumbria CRC commission a training provider who has facilitated their safeguarding training in 2016-17 and Responsible Officers are expected to attend safeguarding training a minimum of every 3 years.

The National Probation Service (NPS) rolled out a national training resource in 2016 for all staff. This training is mandatory for all operational staff and comprises e-learning and a two day classroom based course. This ensures staff understand the duty to safeguard and promote the welfare of adults at risk and carry out duties effectively when identifying and responding to adult safeguarding concerns.

66% of operational staff within Gateshead Local Delivery Unit have completed the e-learning and are awaiting placements on the classroom based training. All operational staff will have completed the training by the end of the current financial year.

Gateshead College ensure that all staff undertake mandatory Safeguarding Adults training and reporting concerns is an element of this.

In addition, staff who work in the College safeguarding team receive specialist training to enable them to undertake their role competently. This specialist training includes Identifying Extremism, Deliberate Self Harm, Assessing Capacity and Internet Safety.

Within **Northumberland, Tyne and Wear NHS Foundation Trust (NTW)** safeguarding training is mandatory for all staff and new starters are unable to commence employment until they have completed their safeguarding and public protection training including Prevent. A refresher is required every three years for all staff.

Within **Oasis Aquila Housing (OAH)** the Adult Safeguarding lead is an accredited trainer and delivers internal training on a regular basis and is also part of the pool of trainers that deliver the multi-agency training on behalf of the SAB.

Frontline staff of OAH are required to undertake safeguarding training on an annual basis and depending on their roles and the client group they work with they may also be required to undertake specialist training.

At the **Queen Elizabeth Hospital (QE)** there has been ongoing mandatory training days for consultants in 2016, including level 2 Safeguarding Adults & Children, and these have been well attended and positively evaluated.

In addition to providing the in-house Mental Capacity Act training for all clinical staff this now forms part of the induction programme for new employees.

Currently 66% of staff are compliant with mandatory training and this has been escalated to the Trust Board and the individual business units within the organisation. Action plans have been produced to increase this compliance over the next 6 months.

The revised version of the Intercollegiate Document is due to be published in 2017 for Safeguarding Adults. The document sets out the minimum safeguarding adults training requirements for health organisations. It provides a clear framework to identify the competencies needed by QE staff to recognise abuse and neglect and to take effective action.

The QE training presentations have been revised to reflect changes to the core competencies (to include issues such as modern slavery, sexual exploitation, female genital mutilation and radicalisation) and the training needs analysis has been updated to include new staff groups requiring safeguarding adults training.

Gateshead Council

Gateshead Multi Agency Safeguarding Hub (MASH) has adopted a preventative model and supports individuals who are vulnerable and yet do not meet the Safeguarding criteria. This unique approach 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).

Links between the Safeguarding Team, MASH and social care staff have been strengthened and this encourages a more collaborative way of working and an efficient deployment of resources.

Gateshead Council have developed a Serious Provider Concern process that means if a professional has any concerns about a particular care or support provider a referral can be made to the Contracts Manager in the Local Authority. This means that only appropriate referrals are made to the Safeguarding team.

Low level safeguarding concerns are managed by either advice or guidance being offered at the concern stage by the safeguarding team, a referral to the Commissioning/Contract Monitoring team or a referral to Gateshead MASH.

Gateshead Council regularly critically appraises evidence and information to identify trends or patterns. This in turn helps shape services and influences practice and training.

Development and Publication of Practice Guidance Notes

The Practice Delivery Group (SAB sub group) have developed and reviewed a series of Practice Guidance notes to assist front line practitioners in their work. These have been circulated to interested parties and added to the website.

The Gateshead Housing Company

The Gateshead Housing company has an established process for providing additional security measures in council properties via the Neighbourhood Relations Team. The security measures installed are proportional to the risks involved and tend to be smaller works such as lock changes etc.

The Sanctuary Scheme has been carried over to The Gateshead Housing Company via the TUPE process from Gateshead Council.

This Sanctuary Scheme provides additional security measures with the aim of homeless prevention and increased safety for private tenants, home owners and housing association tenants. The security measures provided are also proportionate to the risks involved in the case, however private tenants and home owners do not have the additional support of estate officer and neighbourhood relations officers who can provide that extra layer of contact and estate monitoring for the tenant. The Gateshead Housing Company believe this is why they tend to spend a bit more money on security measures for non-council tenants. The average figure is also likely to be a little bit skewed by some unusually high cost works on a few occasions.

In the future there is likely to be an alignment of the two schemes to ensure that value for money is achieved while keeping tenant safety at the heart of all decisions

In 2015/16 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 Abuse victims residing within their own homes. This also included the employment of a Domestic Abuse Outreach Worker who acts as the single point of contact for victims of domestic abuse. This worker coordinates services to ensure that victims are receiving appropriate support and assistance, that appropriate offers of accommodation are made, access to security measures or that a referral for longer term support is made where appropriate.

Within the private sector, safety and security measures were fitted to 75 homes. The average installation cost was £375.86.

Within Council tenancies, 172 safety and security measures were fitted to 102 homes with the average cost being £70.51.

These measures included lock changes, window locks, CCTV, door viewers and letter box guards.

The Gateshead Housing Company managed 252 cases of domestic abuse in relation to Council tenancies.

They also attended 26 MARAC conferences and completed 520 research documents and attended 13 MATAAC meetings and completed 36 pieces of research.

The Gateshead Housing Company have also developed procedures with regard to Hoarding and took part in Hoarding research led by Northumbria University and subsequently joined their Hoarding Research Group.

Newcastle Gateshead CCG

Safeguarding Adults is now fully embedded into the CCG's approach to quality and patient safety, which is demonstrated by regular contact with the designated team from staff internal and external to the organisation. Proactive work is ongoing in both General Practice and Commissioned Services to further strengthen systems and processes in relation to early and robust responses to domestic abuse.

As a commissioning organisation the CCG has limited day to day contact with service users, but it actively encourages its staff and commissioned services to provide high quality patient centred care. Training encourages early detection and relevant action where patients are identified as being at risk.

With regard to low level concerns, staff are encouraged to discuss these with a member of the specialist Safeguarding Adult Team and agree a forward plan.

National Probation Service (NPS)

Safeguarding adults process and practice is documented in EQUIP, which is a national interactive electronic process mapping tool. This ensures that staff are following up to date processes and policies and provides a consistent approach to practice.

NPS has a framework for MARAC and operational staff attend meetings in relation to statutory cases.

Pre-sentence assessments should be informed by rigorous checks to ensure vulnerable adults are supported by sentencing proposals. The mechanism established in South of Tyne for liaison with other agencies received national commendation.

NPS works with other agencies, including local authorities, Police and health services to manage and reduce the risk of serious harm and address safeguarding issues. This includes the pre-sentence checks which inform risk assessments, risk management and sentencing proposals as well as ongoing work with all statutory cases.

Locally, NPS staff consult with Gateshead MASH in relation to low level concerns.

NPS Victim Liaison Unit offers statutory contact to victims of serious sexual and violent crimes providing information and advice around prevention and protection against further harm.

Gateshead College

Gateshead College has a safeguarding adults policy and procedure for dealing with allegations of adult abuse. These are reviewed on an annual basis, in response to legislative changes or in response to a highlighted development or concern.

All staff are aware of their responsibility to develop and deliver services which safeguarding young people and adults and safeguarding conversations with students take place across the academic year to ensure that students know how to safeguard themselves and report issues.

The College displays safeguarding posters and contact details of key safeguarding staff for each campus and E-safety learning packages 'Stay Safe Online' and 'Internet Safety' training can be accessed by students.

The impact of safeguarding work and awareness raising carried out by the College ensures learners are safe. In a survey completed at the beginning of the academic year 99% of 2158 students said they felt safe at Gateshead Collage. Any student who said they didn't feel safe were invited to discuss their concerns and their issues were resolved.

Oasis Aquila Housing (OAH)

OAH carries preventative and empowerment work with their clients by raising awareness of safeguarding issues. An example of this is when young mothers move into Elizabeth House they receive a safeguarding briefing and they sign a declaration of understanding acknowledging how we work in partnership with other agencies and share information.

Specific safeguarding issues are also discussed at each support meeting and the frontline officers initiate multi-agency work to promote prevention.

Queen Elizabeth Hospital (QE)

Following the transfer of community services in October 2016 a Community Safeguarding Lead is now in post. Their role is to support the community teams, deliver new ways of working for raising concerns in the community and process mapping. They will also liaise with Gateshead Council regarding Safeguarding and will attend the Multi Agency Safeguarding Hub meetings.

The Counter Terrorism and Security Act 2015 contains a duty on specified authorities to have due regard to the need to prevent people from being drawn into terrorism. This is known as the Prevent duty.

The NHS is a key partner in delivering the Prevent strategy across all health care settings. The Safeguarding Adults Lead Nurse is the Prevent Lead at the QE and radicalisation was added to the Trusts Safeguarding Adults policy.

Awareness of the Prevent agenda is raised via the Trust mandatory training days, corporate induction and awareness raising sessions and Prevent is one of the Safeguarding priorities for 2017.

5.2 Proportionality and Protection

Implementation of revised Care Act compliant Multi-Agency Policy and Procedures

The Practice Delivery Group supported by the Safeguarding Adults Board is in the process of revising the Multi-Agency Safeguarding Adult Policy and Procedures. The key principles of proportionality and protection are wholly embedded throughout the document.

Northumberland, Tyne and Wear NHS Foundation Trust (NTW)

The Safeguarding and Public Protection Team have improved ways of working by reviewing the Triage model for access to advice, supervision and support. Access to Triage is now via completion of a web based form by a Trust employee and reviewed by a triage worker.

This enables the monitoring of all concerns in real time including positive reporting of both significant harm and the identification of low level concerns that require a single agency plan to safeguard.

Queen Elizabeth Hospital (QE)

The QE have employed a Learning Disability Lead Nurse in their safeguarding team and the focus for this role is to ensure high quality patient centred care is delivered to patients with learning disabilities who require their services.

The scope of the role involves ensuring care pathways are in place, appropriate and reasonable adjustments are made and recorded and that staff who are delivering the care are appropriately informed and supported.

The LD Lead Nurse acts as the single point of contact for any staff within the QE who requires advice or support and she is also contacted when a patient with a learning disability is admitted to hospital or an outpatient appointment made.

The Safeguarding Strategic Lead is the single point of contact for the police with regard to patients who are high risk of violence or known sex offenders. A weekly meeting is held with the lead for security at the hospital and this ensures appropriate safety plans are implemented and shared with staff and internal notification systems.

Safety plans are also created for community staff who attend high risk addresses and relevant information is shared through their partner agency information sharing agreements.

Gateshead Council

The Care Act 2014 sets out a clear legal framework for how Gateshead Council should protect adults at risk of abuse or neglect. Gateshead Council is compliant in all aspects of these duties (outlined below):

- **lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens
- **make enquiries, or request others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- **establish Safeguarding Adults Boards**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- **carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
- **arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

Despite a significant increase in the number of Deprivation of Liberty Safeguard applications (nearly double compared to the previous year), during 2016/17 Gateshead Council continue to maintain compliance by co-ordinating these applications in a timely manner ensuring protection for those individuals was provided where necessary.

5.3 Partnership

Gateshead Safeguarding Adults Board

SAB meetings in Gateshead have been effectively chaired during most of 2016/17 by Independent Chair Sir Paul Ennals who was recruited in November 2016. Board meetings have been well attended and partners contribute to Board meetings, sub groups and associated task and finish groups.

Partner organisations have consistently contributed towards Board meetings, with agendas reflecting varied multi-agency authors and topics. There are examples in which the Chair and Board members have instigated challenge where necessary and influenced change.

The SAB has also developed closer working relationships with the Local Safeguarding Children Board (LSCB) and is in the process of developing links with the Community Safety Partnership and the Health and Wellbeing Board. This can be evidenced via the establishment of a joint sub group with the LSCB (Strategic Exploitation Group) that focuses upon sexual exploitation, modern slavery and trafficking.

A joint Training Directory for 2016/17 was produced in conjunction with the Local Safeguarding Children Board and the Community Safety Partnership to maximise opportunities for raising awareness about training courses available.

Queen Elizabeth Hospital (QE)

The Director of Nursing and the Strategic Lead for Safeguarding attend the SAB and the Strategic Lead chairs the Quality and Assurance Sub Group.

The Trust safeguarding team are part of the multi-agency training programme and help deliver this to Gateshead Council employees and their partners.

A member of the safeguarding team also attends MASH meetings and offers advice from a health perspective.

From the 1st April 2016 the safeguarding adult team at the QE have had access to the local authority social care recording system, Care First, which allows easier access to relevant information and the streamlining of service collaboration.

Newcastle Gateshead CCG

The SAB and each of its sub groups are attended and supported by senior staff from the CCG, including taking on the role of Chair for the Safeguarding Adult Review Group and Vice-Chair for the Quality & Assurance Sub Group.

Additionally the CCG continues to fund the running of the Safeguarding Adults Board and statutory reviews.

The Gateshead Housing Company (TGHC)

TGHC are represented on the SAB by the Director of Customers and Communities and the Housing Services Manager chairs the Practice Delivery Group.

Gateshead Council

The local authority hosts the SAB provides part of the funding to ensure it is appropriately staffed and resourced, provides venues for meetings, coordination of meetings, coordination of the Safeguarding Adult Review process, access to legal and HR advice and assistance with the recruitment of the Independent Chair.

Staff members from Adult Social Care, the Safeguarding Team and Workforce Development attend the Board and the various sub-groups and assist with the production of the multi-agency training, practice guidance notes and multi-agency policies and procedures.

5.4 Accountability

Quality & Assurance Sub Group

The Quality & Assurance sub group looks at safeguarding activity across partner agencies so assurances can be provided to the Board. The Sub group have identified 3 main aims;

- Partner assurance to provide the Board with assurance that individual agencies have knowledge, systems and process in place to appropriately safeguard individuals that use their service.
- Board effectiveness, the Board to be assured that is meeting its statutory and “self-defined” objectives.
- Multi-agency pathway, the Board to be assured that pathways are reviewed and implemented appropriately.

The Q&A group have adopted a quality assurance framework (QAF) that is used by the north of Tyne Safeguarding Adult Boards and they have rolling programme of presentations from partner agencies using this QAF. This allows scrutiny and challenge and to provide assurances to the SAB.

The group are also progressing with the development of a Safeguarding Adults Dashboard that will allow it to monitor and scrutinise safeguarding data held by Gateshead Council.

The Gateshead Housing Company

In 2015/16 The Gateshead Housing Company completed an internal audit of their approach to Safeguarding. This formed the basis of their decision to carry out bespoke Safeguarding Awareness briefings in 2016/17 that were attended by 45% of their employees.

National Probation Service

The South of Tyne Cluster has established a Professional Practice Forum (PPF) to lead on development and learning through a range of reviews including SAR's. Each team has a PPF champion.

Northumberland, Tyne and Wear NHS Foundation Trust (NTW)

At NTW data around types of harm, threshold of harm and actual impact are presented to the Trust Quality and Performance Committee on a quarterly basis and safeguarding assurance dashboards are submitted quarterly to the respective CCG.

Appendix 1



Gateshead Safeguarding Adults Board

Strategic Plan 2016-2019
(2017 update)

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Introduction

This is the first Strategic Plan for the now statutory Gateshead Safeguarding Adults Board post implementation of the Care Act (2014) on April 1st 2015. This three year Strategic Plan will be supported by annual Business Plans to enable the Board to prioritise and focus activity over the three year period. Of course, the national and local policy landscape is constantly changing and it will be important to review the Strategic Plan on an annual basis to ensure that the Strategic priorities remain right for Gateshead. **This plan has been reviewed and updated in May 2017.**

The Gateshead Safeguarding Adults Board is committed to make Safeguarding in Gateshead person-led and outcome focussed by adopting and implementing a preventative model. The Board have worked hard to ensure that within Gateshead we are Care Act compliant and have demonstrated via internal and independent scrutiny that we deliver quality services.

We face new challenges however ranging from the inclusion of new categories of abuse, the removal of thresholds, an important emphasis upon the empowerment of those Adults at risk of or experiencing abuse and neglect and unprecedented organisational changes for many of our partner organisations as a result of continual austerity.

The Gateshead Safeguarding Adults Board also continues to provide strategic leadership for our approach to responding to statutory duties detailed within the Mental Capacity Act, including the Deprivation of Liberty Safeguards.

The Gateshead Safeguarding Adults Board has a strong commitment from its members to implement the Strategic Priorities identified within this plan. Some of these we can address and deliver quickly. Others will need commitment and further development throughout the three year period.

Policy Context

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- **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

Schedule 2 of the Care Act (2014) stipulates that Safeguarding Adults Boards must publish a Strategic Plan each financial year, which identifies how the Boards and their members will protect adults in their respective areas from abuse and neglect.

Gateshead Safeguarding Adults Board

Our vision

Our 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'

In Gateshead we believe that Safeguarding is everyone's business. This means, whoever you are, wherever you are and whatever position you have – you have a responsibility to take action to help protect our local residents when you hear about allegations of abuse or neglect.

We believe that our vision is shared and practiced by all our partner organisations. Safeguarding cannot be fully delivered by agencies acting in isolation – and can only be achieved by working together in partnership to help protect and support adults at risk of, or experiencing, abuse or neglect.

Governance arrangements

The Gateshead Safeguarding Adults Board became a statutory body in April 2015. 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. The Safeguarding Adults Board has developed strong links with the Local Safeguarding Children's Board, Health and Wellbeing Board and the Community Safety Board.

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 May 2017):

- 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
- Mental Health Concern
- National Probation Service
- Northumbria Community Rehabilitation Company
- North East Ambulance Service

The Safeguarding Adults Board is supported by five sub-groups:

- **Practice Delivery Group** (Chaired by The Gateshead Housing Company)

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 engagement strategy and implementation of the Dignity Strategy.

- **Safeguarding Adult Review Group** (Chaired by the Designated Nurse – Safeguarding Adults Newcastle/Gateshead CCG)

The role of this group is to consider whether there are any cases in which a Safeguarding Adult Review should be undertaken. The group will commission reviews on behalf of the Safeguarding Adults Board and subsequently monitor their progress. It will collate and review recommendations from Safeguarding Adult Reviews and other commissioned reviews, ensuring that achievable action plans are developed and that actions are delivered. The group will consider 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. These will be fed into the Quality and Assurance sub group.

- **Quality and Assurance Group** (Chaired by the Strategic Safeguarding Lead at the Queen Elizabeth Hospital)

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. 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 locally or nationally by the Safeguarding Adult Review group.

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

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

Developing the Strategic Plan

The Gateshead Safeguarding Adults Strategic Plan 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 professionals from a range of service users.

Stakeholder consultation included:

- Safeguarding Adults Board partner organisations
- 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 in November 2015
- Commissioned Providers – via two workshops
- Practitioner feedback – via training courses, self neglect workshops, housing conference

Information gathered:

- Performance information
- Independent case file audits
- Partner inspection processes

Strategic Priorities

The Gateshead Safeguarding Adults Board has established five Strategic Priorities for 2016/19:

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

These will all be underpinned by the six Principles of Safeguarding identified within the Care Act (see page 4).

1. Quality Assurance

The Safeguarding Adults Board would like to continue to prioritise Quality Assurance in its widest sense. This will enable the Board to demonstrate quality and effectiveness at both strategic and operational levels. It aims to support a better understanding of how safe adults are locally and how well local services are carrying out their safeguarding responsibilities in accordance with the Care Act and the Gateshead Multi-Agency Policy and Procedures.

2. Prevention

Prevention is one of the six Principles of Safeguarding. Within Gateshead we have prioritised preventative work and have produced a range of practice guidance notes and bespoke training courses to support our front line practitioners. Challenge has also been encouraged at Board level to develop services that are preventative and proactive rather than reactive. Nonetheless the Policy landscape is changing, along with operational practice, and it is important that the Safeguarding Adults Board continue to focus on the prevention agenda.

3. Community Engagement and Communication

The Safeguarding Adults Board have prioritised empowerment, personalisation and Making Safeguarding Personal to ensure that those adults involved within the safeguarding process have their wellbeing promoted and, where appropriate, that regard is given to their views, wishes, feelings and beliefs in deciding on any action. Everyday practice however has demonstrated that there is a lack of understanding about Safeguarding Adults with the wider community which can impact upon the effectiveness of Safeguarding Adults as a whole.

4. Improved Operational Practice

Whilst this is a Strategic Plan, the Safeguarding Adults Board must ensure that operational practice is fit for purpose and delivering person-centred outcomes. Following implementation of the Care Act on April 1st 2015 and the subsequent implementation of revised Multi-Agency Policy and Procedures in Gateshead feedback from Adults who have been through the Safeguarding process and from practitioners has identified a number of key challenges that the Board must ensure are addressed.

5. Implementing Mental Capacity Act / Deprivation of Liberty Safeguards

The Mental Capacity Act, including Deprivation of Liberty Safeguards, have been subject to significant legislative changes resulting in an unprecedented increase in resource demands nationally and local. The agenda will continue to evolve as new ways of working and case law is embedded into practice. There is an increasing need to improve the knowledge base of the MCA and DoLS agenda and to further enhance engagement with partner agencies and service users in relation to the MCA to enable the successful incorporation into everyday assessment and care provision.

Key challenges 2016 – 2019

Year 1	Year 2	Year 3
Improve data collection from all partner organisations	Implement a Quality Assurance framework that can provide assurances to the board that agencies are working effectively to safeguard adults	Develop and implement a self-assessment process
Devise an enhanced comprehensive performance management framework	Review all practice guidance notes and multi-agency policy & procedures	Develop and implement a programme of peer reviews
Revise Safeguarding Adult Review practice guidance note	Provide assurances that partner agencies are completing mortality reviews	Revise / review the Quality Assurance framework, with a focus upon effectiveness and recognising and responding to risk
Revise Safeguarding Adult Review practice guidance note	Provide assurances that the SAB and sub groups are effective	Improve reporting mechanisms from partner organisations to the Board
Continue to learn from, and respond to, best practice/ inspections/audits and reviews	Produce an annual report that reflects the board and its sub groups work in meeting the requirements of the Care Act	Revise the financial abuse practice guidance note and deliver updated training
Revise the self-neglect practice guidance note and deliver updated training	All partners are aware of the function and requirements of the board	Develop an understanding of the safeguarding implications for integration of health and social care
Work with the LSCB to develop an action plan for the Strategic Exploitation Group which focuses on sexual exploitation, trafficking and modern slavery	Ensure professionals and the public are aware of safeguarding processes and procedures	Work with the Community Safety Board to enhance the operational response to the prevent agenda
Work with the LSCB to produce practice guidance in relation to FGM	Ensure professionals and the public are aware of safeguarding processes and procedures	Harness partner / community resources to support with community engagement activities
Embed the role of housing practitioners within the safeguarding process	Continue to implement and embed learning, findings and recommendations from SAR's, reviews and inspections	Continue to develop the Safeguarding Adults Board identity

Year 1	Year 2	Year 3
Develop a comprehensive Community Engagement and Communication strategy	Training needs analysis to ensure appropriate multi-agency training is in place	Work with the community and Healthwatch to develop a rolling programme of consultation
Develop and disseminate key Safeguarding Adult messages to the wider community	Develop and implement an operational response to Modern Slavery	Develop and implement a Safeguarding Adults Champion scheme to raise awareness about the Safeguarding Adults agenda
Deliver focussed engagement activity, i.e. expand activities during SAFE week and Dignity week	Work with other partnerships to strengthen links and improve the visibility of the SAB	Improved user engagement mechanisms utilising recommendations from the national Making Safeguarding Personal programme
Where appropriate, ensure feedback is provided to those who raised the Safeguarding concern at the beginning/end of the process		Improve the implementation of Mental Capacity Act assessments and Best Interest decisions with the Safeguarding process
Work with partners and providers to encourage swifter responses from single agency investigations		Focused awareness raising with professionals with respect to 16/17 year olds and the Mental Capacity Act
Raise awareness about the importance of seeking consent prior to the concern being raised and clearly document why, in certain circumstances, consent is overridden		Community engagement with respect to MCA and DoLS
Enhance the quality of safeguarding concerns raised		Develop a targeted approach to MCA and finances
Raise awareness and improve understanding of the Mental Capacity Act across partner agencies		Practitioner training with respect to Court processes
Agree an approach to manage the increase in DoLS applications		Continue to raise awareness of the full DoLS process
Understand and respond to the impact of Domestic DoLS		

Appendix 2 Business Plan 2017 - 2018

Overall Aim: To improve safeguarding outcomes for adults in Gateshead

Specific aims: Quality Assurance, Prevention, Community Engagement and Communication, Improved Operational Practice, Implementing MCA/DOLS Safeguards, Strategic Governance

Priority	Objective	Activities	Targets (RAG rated)	Outcomes	Outcome indicators	Who is responsible
Strategic Governance Quality Assurance	To produce an Annual Report that reflects the Board and its Sub Groups work in meeting the statutory requirements of the Care Act.	Agree format for Annual Report.	Draft 6th July 2017 Completed	Annual report that endorsed and owned by the SAB.	An annual report that shows what difference the board and sub groups have made to the adult safeguarding agenda in Gateshead. The report shows that people in Gateshead are safeguarded effectively.	Business Manager (with assistance from partners)
Strategic Governance	Partners are aware of the function and requirements of the Board.	Advise partners agencies/subgroups of content required Business manager to produce an induction pack to be used by Board members.	Completed	Board members induction pack endorsed by the SAB.	All Board members are fully aware of the function, purpose and requirements of the SAB and can effectively contribute to the partnership.	Business Manager
Strategic Governance Quality Assurance Improved Operational Practice	SAB and sub groups work smarter and more efficiently	SAB executive group to be formed that will have an oversight of SAB and sub group activities.	Completed Executive group formed	High challenge and high support around the role, function and effectiveness of SAB and sub groups.	Partners are provided with assurance that the SAB and sub groups are making a meaningful difference in safeguarding adults in Gateshead.	Independent Chair, Business Manager, Chairs of sub groups, director CWL

Priority	Objective	Activities	Targets (RAG rated)	Outcomes	Outcome indicators	Who is responsible
Quality Assurance	The SAB has processes in place to monitor the effectiveness of the board, local pathways and partner agencies in Safeguarding Adults	Implementation of a Quality Assurance Framework, incorporating a "check and challenge" model. Development of data sets to reflect activity and compliance. Exploration of additional processes for audit and peer review.	Ongoing process	Board receives assurance that agencies are working effectively to safeguard adults	Key agencies have completed QAF Data sets are collected and analysed A timetable of audit and peer review is made available to the SAB	Quality and Assurance sub group
Quality Assurance Prevention Improved Operational Practice	Practitioners are aware of safeguarding processes and procedures	Produce/review procedures/ practice guidance notes for different areas of adult Safeguarding agenda	1st September 2017	Improved safeguarding awareness and practice.	Practice Guidance notes for the following areas: SAR process. Self Neglect Financial abuse Policy guidance for partners. FGM. Raising concerns.	Practice Delivery Group
Community Engagement & Communication	People in Gateshead are aware of their role in the safeguarding adults agenda, how to keep themselves and others safe and how to report concerns	Develop a comprehensive community engagement and communication strategy	1st September 2017	New task and finish group established and the strategy endorsed by the SAB. Update and maintain new look SAB website. Newsletter. Media presence Road shows	The local community, voluntary/community organisations and people with care and support needs know what safeguarding is, how to protect themselves and others and how to report abuse.	Task and finish group

Priority	Objective	Activities	Targets (RAG rated)	Outcomes	Outcome indicators	Who is responsible
Implementing MCA / DoLs Strategic Governance Quality Assurance Improved Operational	Local authority and partners continue legal compliance with DoLS Ongoing safeguarding of human rights using MCA/DoLS framework Partner agencies and commissioned providers updated on new practice requirements/ compliance issues Development of new forms and guidance to improve adherence to MCA Principles	Data set maintained and collected by NHS Digital Increased awareness of statutory advocacy Policy and Processes reviewed and changed when necessary Development of Audit tools/ repeat of 2013	January 2018	In house management tool to be developed to capture reporting requirements Regular monitoring of compliance Updated information launch once electronic management system is live Steering group established and feeds into wider implementation network	People will understand the work of the SAB and how to access information about it. Easy to read information leaflets. Better quality safeguarding referrals submitted. There are consistent safeguarding messages given to practitioners and members of the public. Annual report from NHS Digital will demonstrate local and national comparators Meet & Greet and awareness raising by Advocacy Provider to all partners Outcomes of DoLS authorisations available in a more timely manner Better training and understanding of MCA across all partners, including housing, social care, health and children's services.	

Priority	Objective	Activities	Targets (RAG rated)	Outcomes	Outcome indicators	Who is responsible
Quality Assurance	Partner agencies are completing mortality reviews, including the statutory requirement of the LeDeR programme	Learning monitored by Q&A group and fed into the SAB	Ongoing process	The learning is embedded into practice and any learning fed into the SAB	RPIW (rapid process improvement workshop) completed March 30th standard operating process developed for review of all deaths. Panel agreed to further review 20% of reviewed deaths for lessons learnt and preventable deaths. All relatives will be contacted for feedback and opportunity to have a meeting as part of the being open policy (duty of Candor)	Quality and Assurance group
Quality Assurance Prevention Improved Operational Practice	Lessons learned	Implement and embed the learning, findings and recommendations from the SARG, SAR's, inspections and peer reviews as they arise and cascade the learning across partner agencies	Ongoing process	Any lessons learned or recommendations are fully embedded into practice	How safe are people and has our safeguarding work made a difference?	Quality Assurance Group
Improved Operational Practice	Training needs analysis	Gateshead Council Organisational Development team will carry out a training needs analysis and include internal and external partners	1st February 2018	All partners will complete the TNA within the specified timescales.	Training will be focused on those areas raised by partners.	Training Group

Priority	Objective	Activities	Targets (RAG rated)	Outcomes	Outcome indicators	Who is responsible
Improved Operational Practice	Modern Slavery operational response	An operational response plan will be developed by Gateshead Council	1st July 2017	Operational response plan produced, endorsed by the SAB and embedded into partner agencies	All agencies will know how the local authority will respond to any incidents of modern slavery. Victims are made safe in an appropriate and timely manner.	Practice Delivery Group
Strategic Governance	Strengthen links with other partnerships	Work with other partnerships to strengthen links and improve the visibility of the SAB	1st October 2017	Receive the annual report from the LSCB on activity and priorities Receive the annual report from the CSP on activity and priorities Submit the SAB annual report to the LSCB Submit the SAB annual report to the HWB Submit the SAB annual report to the CSP Joint training Joint sub groups Alignment of strategies	Better links with the other partnerships to avoid duplication. Ensure a joined up approach to any work that cuts across partnerships. Improved understanding of the work and priorities of the other partnerships	



Produced by Gateshead Safeguarding Adults Board, August 2017

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