

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 29 October 2019 at 1.30 pm in the Bridges Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for absence
2	Minutes of last meeting (Pages 3 - 8) The Committee are asked to approve the minutes of the last meeting, held on 10 September 2019.
3	Healthwatch Gateshead (Pages 9 - 36) A report and presentation will be presented by Kim Newton and Felicity Shenton of Healthwatch Gateshead
4	Review of Suicide - Every Life Matters - Evidence Gathering (Pages 37 - 44) Report of the Director of Public Health
5	Safeguarding Adults Board Annual Report 2018/19 & Strategic Plan (Pages 45 - 84) Report of the Business Manager, Safeguarding Adults Board
6	Review of Work to Help People Stay at Home Safely (Pages 85 - 90) Report of the Strategic Director, Care, Wellbeing & Learning
7	New Guidance on Overview and Scrutiny (Pages 91 - 98) Report of the Strategic Director, Corporate Services and Governance
8	Work Programme (Pages 99 - 102) Report of the Chief Executive and the Strategic Director, Corporate Services and Governance

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 10 September 2019

PRESENT: Councillor S Green (Chair)

Councillor(s): B Goldsworthy, M Goldsworthy, R Mullen,
J Wallace, A Wheeler, P McNally, M Hall, J Gibson, Diston
and K McClurey

APOLOGIES: Councillor(s): M Charlton, W Dick, K Ferdinand, M Hood,
I Patterson, J Lee and H Haran

CHW147 MINUTES OF LAST MEETING

The Committee agreed the minutes of the last meeting, held on 25 June 2019 as a correct record.

CHW148 OSC REVIEW - SUICIDE: EVERY LIFE MATTERS - EVIDENCE GATHERING

The Committee received the evidence gathering report as part of its review in 2019-20; Suicide: Every Life Matters.

The Committee were reminded that the scoping report agreed by OSC on 25 June 2019 identified issues in Gateshead and proposed that the first evidence gathering session would provide a detailed overview of suicide from a Legal/Coroners perspective, especially the change in the standard of proof required for a jury to return a conclusion of suicide from a *legal perspective*, “beyond reasonable doubt”, to the *civil standard*, “the balance of probabilities”.

Recent Audits of Suicide and unintentional deaths in Gateshead have identified the impact this could have with around a third of the files reviewed by Council officers showing a verdict of Suicide, the others include: Open Verdicts, Accidental/Misadventure and Narrative verdicts.

The paper also proposed that the first evidence giving session would look at the impact of suicide from someone with lived experience, enabling information to be presented to provide members with insight into the key factors involved and the impact of suicide on a community. This first evidence gathering session heard a presentation from:

- HM Senior Coroner for Gateshead and South Tyneside, Mr Terence Carney
- Paul Sams, Service User & Project Co-ordinator with Northumberland Tyne and Wear NHS Foundation Trust.

The Committee were reminded to also consider:

- Gateshead has lower than regional rates of Suicide and similar rates to England
- Suicide rates in Gateshead had increased from 2010-2012 up until the last reporting period of 2015-2017 when there was a plateau for all persons and a decrease for women.
- Suicide is the leading cause of death among young people aged 20-34 years in the UK and it is considerably higher in men, with around three times as many men dying as a result of suicide compared to women. It is the leading cause of death for men under 50 in the UK. Those at highest risk are men aged between 40 and 44 years who have a rate of 24.1 deaths per 100,000 population.
- The change in the method of recording suicides is likely to see an increase in the suicide rates in Gateshead.
- Suicide Prevention work impacting on Gateshead is being taken forward at regional, Northumberland Tyne & Wear and Gateshead level.

The Committee were advised that subsequent evidence gathering sessions will include presentations from:

Members of the Public Health Team describing the current process and findings of local Audits of Gateshead data on Suicide and undetermined injury with an outline of a real-time surveillance system being introduced in the coming months.
Regional leaders and our partners from Newcastle Gateshead Clinical Commissioning Group and on the work at Integrated Care System (ICS) level and sub regional sub groups
Representatives from the Criminal Justice system and Voluntary Community Sector (VCS) identifying high risk groups and what can be done to minimise risk.

- RESOLVED -
- i) That the information be noted
 - ii) The Committee agreed the scope, process and timescale as set out in the report.

CHW149 ADULT SOCIAL CARE & PUBLIC HEALTH - ANNUAL REPORT ON SERVICES, COMPLAINTS, COMPLIMENTS AND REPRESENTATIONS - APRIL 2018 TO MARCH 2019

The Committee received a report to ensure the Council has an effective complaints procedure that follows the legislation set out in The Local Authorities Social Services and National Health Service Complaints (England) Regulations 2009 and the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012.

The Committee were reminded that the Adults Care Complaints Process procedure has two stages:

- Local Resolution by a Team or Service Manager
- External Consideration by the Local Government Ombudsman

In 2018/19 the number of complaints and representations dealt with was as follows:

- 105 statutory complaints were received during 2018/19. This is a 62% increase on the number of complaints received during 2017/18, (65);
- Amber complaints, which are medium risk to the Council or the service user, accounted for almost 90% (94) of all complaints received.
- There were no Red complaints received during 2018/19. Red complaints are assessed as high risk to either the Council or the service users and are often extremely complex and generally contain cross service/agency issues.
- The number of complaint related queries (Crqs) have also risen. 2018/19 saw a 106% increase on the number received during 2017/18, (35 from 17).
- Complaint related queries are low-level representations that must be resolved within one working day after receipt.
- 11 complaints received were in respect of attitude or behaviour of staff, of which 10 of the complaints received were about Assessment & Personalisation.
- 73% of representations made during 2018/19 were compliments and only 27% were concerns or formal complaints.
- 23 working days was the average time to investigate complaints during 2018/19.
- This is a 36% improvement on the response times during 2017/18, (36 working days)

The following points of interest were also outlined to Committee:

- 38%, (40), of complaints were around the quality of services received and remains the greatest cause for complaint;
- Quality of service involves alleged failure of service delivery, for example;
 - Non-return of telephone calls;
 - Lack of poor communication from services or individual workers;
 - Late or missed social work visits;
 - Lack of timely response after a request for service.
- During 2018/19, delays accounted for 34% (36) of complaints received.
- From this, 58% (21) were regarding delays in social work/assessing officer allocation to an individual's case.
- After investigation, 60% (12) of complaints about allocation delays were found to be justified.

- Almost 34%, (34), of all complaints were not upheld after investigation;
- 32% (32) of complaints were found to be partially justified;
- 33% (33) of complaints were found to be fully justified;
- All improvements identified as a result of complaints that were either partially or fully justified were included within the report.

- During 2018/19, Adult Social Care received 560 compliments, which accounted for 73% of all representations received.

- 47% (261), of compliments were regarding Assessment & Personalisation;
- 48%, (269) of compliments were about Provider Services;
- 2.5% (14) of compliments were about the Care Call Service;
- 2.8% (16) of compliments were about the Health & Social Care Commissioning & Quality Assurance. Four of which were about the support offered by the Safeguarding Adults Board.

The following examples of improvements identified during 2018/19 were outlined to Committee as follows:-

- To ensure clarity around the hospital discharge process, Adult Social Care have developed a suite of standard documents which can be given to the patient or their representative. This documentation gives clear information on what care and support can be offered once the patient is fit for discharge along with options on how this care can be provided.
- When workers request financial assessment, they should always identify beforehand whether a service user has someone who acts as their financial representative. This will then ensure that the financial assessment forms are sent to the person responsible for managing the service user's financial affairs.
- All adult social care workers have been reminded that during the Assessment period, they must always offer the service user (or their representative), a Direct Payment as soon as care needs have been identified.
- The Care Call service will actively work with the Council's Customer Services team and Adult Social Care to establish a link with the Council's 'Tell us once' scheme. This will ensure that any necessary action is taken should a service user pass away.
- The Care Call service will ensure that they continually explore the latest technological developments, to secure the specific technology which would serve to notify the service when a service user (who may be disorientated and confused) disconnects their Lifeline equipment.
- All line managers have been instructed that it is a mandatory requirement of the Service to inform a service user's next of kin of any unplanned hospital admissions or any sudden changes in the service users health or wellbeing (where appropriate). This will result in improved customer care and better communication.

Objectives for 2019/20 were outlined to the Committee as follows:-

Continue to meet regularly with Managers from Adult Services and Public Health to consider what further action needs to be taken to:

- Resolve complaints at the earliest opportunity and within local timescales
- Improve the number of complaints being investigated and resolved to the complainant's satisfaction.
- Ensure that the number of complaints progressing to the Local Government Ombudsman remain low.
- Ensure that Adult Social Care and Public Health continue to use the outcomes from complaints to drive service improvement

Ensure that staff members who receive compliments continue to pass the details on to Social Care Customer Services so that they or their team receive the recognition.

- RESOLVED -
- i) That the information be noted
 - ii) The Committee were satisfied with the performance of Care, Wellbeing and Learning in responding to complaints and ensuring that this results in continuous service improvement

CHW150 ANNUAL WORK PROGRAMME

The Committee received the provisional work programme for the municipal year 2019/20.

The work programme was endorsed at the meeting held on 23 April 2019 and Councillors have agreed that further reports will be brought to future meetings to highlight current issues/identify any changes/additions to this programme.

Appendix 1 (appended to the main report) sets out the work programme as it currently stands and highlights proposed changes to the work programme in bold and italics for ease of identification.

- RESOLVED -
- i) That the information be noted
 - ii) That further reports on the work programme will be brought to Committee to identify any additional policy issues, which the Committee may be asked to consider.

Chair.....

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TITLE OF REPORT: Healthwatch Gateshead

REPORT OF: Felicity Shenton - Operations' Manager (Deputy Chief Executive) / Kim Newton - Project Manager

Summary

This report provides the Care, Health and Wellbeing OSC with an update on the range of work being carried out by Healthwatch Gateshead and asks for the assistance of the OSC in seeking further information in relation to funding under continuing healthcare (CHC).

1. NHS Continuing Health Care (CHC)

In 2018 we carried out some work around CHC and shared our findings with OSC.

We have since received contradictory information at Healthwatch Gateshead about funding of care under continuing health care (CHC). We have heard from some carers and Newcastle Gateshead Clinical Commissioning Group (NGCCG) staff that they have implemented a policy that restricts funding for care at home under CHC. This would mean that if a person requires more than eight hours care per day, they would need to move to a nursing care home. We would welcome an update from NGCCG about this matter.

2. Impacts of reduced funding for adult social care in Gateshead

Healthwatch Gateshead has produced a report on the above which includes recommendations for Adult Social Care in Gateshead. A copy of the full report is attached at Appendix 1 to this report.

3. Current Work

Adult Social Care Direct

We included Adult Social Care Direct in our public consultation for our 2019/20 priorities because we had received several negative comments about the service. Adult Social Care Direct is the telephone-based system that people need to use to access social care support and advice. The comments related to waiting times, staff attitude and the processes used by Adult Social Care Direct to assess and put care in place

The consultation resulted in Adult Social Care Direct being chosen as an area that the public would like to explore, so since June we have been working to identify the best way to find out what peoples' experiences of the service have been. We are pleased to report that we have been able to work in partnership with Adult Social Care and the service to send surveys to people who have recently used the service. We will share our findings once this work is complete.

Outreach and engagement

In May 2019 we appointed a new Volunteer and Outreach Coordinator, Beth Nichol. Between then and September 2019, we have attended and run 26 stalls and focus groups. These have varied from groups for young men (Blaydon Shed) to groups for older people (Rutherford AFC); from a stall at Newcastle Pride and the Mela to attending coffee mornings (Wesley Memorial Church and Kibblesworth Village Millenium Centre).

We were also part of the England-wide consultation on the NHS Long Term Plan coordinated by Healthwatch England. This asked people for their views on key elements of the NHS Long Term Plan and a report that covers the Northumberland, Tyne and Wear and North Durham area is available on our website (www.healthwatchgateshead.co.uk).

Strategic influencing

Our new Operations Manager (Deputy Chief Executive) for Healthwatch Gateshead, Felicity Shenton, started with us in May 2019. She has spent a great deal of her time getting to know the key decision makers within the Gateshead health and social care economy and understanding the key challenges and issues. Felicity is a great asset to Healthwatch Gateshead and will allow us to increase our presence and influence across the Borough.

Recommendations

The OSC is asked to:-

- i) Note the information provided.
- ii) Request an update on continuing health care funding from Newcastle Gateshead Clinical Commissioning Group.



**Impacts of reduced funding for
adult social care in Gateshead:
Informing, engaging, influencing**

About Healthwatch Gateshead

Healthwatch Gateshead is one of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act 2012. We have a dual role to champion the rights of users of publicly funded health and social care services for both adults and children, and to hold the system to account for how well it engages with the public.

We collect feedback on services from people of all ages and from all communities. We do this through our network of voluntary and community sector organisations; during events, drop-in sessions and listening events at a range of venues across Gateshead; online through the feedback centre on our websites; via social media; and from callers to our information and signposting helplines. As part of the remit to gather views, we also have the power to 'enter and view' services and conduct announced and unannounced visits.

Author: Healthwatch Gateshead

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Contents

1.	Executive summary	1
2.	Introduction	3
	What is adult social care?	3
	The areas of engagement	3
3.	The lives we want to lead: the LGA green paper for adult social care and wellbeing	4
	What we did.....	5
	What we found.....	5
4.	Council budget proposals on future funding for social care 2019–20	8
	What is the Thrive agenda in Gateshead?.....	8
	What we did.....	8
	What we found.....	9
5.	Revisiting the 2016–18 budget proposals	13
	What we did.....	14
	What we found.....	14
6.	Our findings	20
7.	Recommendations and responses received	21
	Inform	21
	Response to the voluntary sector briefing.....	21
	Engage	21
	Influence.....	22
	Contact details	23

1. Executive summary

Healthwatch Gateshead would like to acknowledge the very tough financial decisions that Gateshead Council has had to make, with continued cuts in financial support from central government. We feel it is inevitable that ongoing financial pressures will have a negative impact. It is apparent that such cuts appear to have the highest impact on the people who most need support and help from our social care system. That said, we want to share the following findings with a view to offering to work in partnership, ensuring effective engagement with all service users and carers, and being open and honest about why there may be service change and what impact this may have on their lives.

This report shows how we have helped local people to have a voice about social care, and the importance of involving people in decisions that are taken on their behalf. We will demonstrate how we have helped to influence social care policy both local and nationally, the methods we used to inform, engage and influence, and how we reached out to hear from those people who may have been affected by decisions made by commissioners on their behalf.

We used various methods to achieve this, including working with the local authority and the voluntary sector, and using methods such as surveys, focus groups and larger scale listening events. Our intention was to be responsive to social care consultations so that local people had the opportunity to be involved and the intelligence gathered could be used to influence policy around the future of social care.

Inform

We were able to target and connect with service users and carers we knew would be affected by proposed changes to social care funding locally. Also working with our already established relationship with local community organisations to respond quickly to a national consultation.

You will note from this report that we recognise that our findings show that funding cuts would have a negative impact on the most vulnerable people in our community, as well as on families and carers and that the findings were shared with Gateshead Council.

Engage

This report shows the various methods we used to both inform the public and seek their views on the budget changes. It was apparent through attending a voluntary sector event that further engagement activity was paramount to enable people to be more informed and to also hear their views. This report also shows the framework of our own listening event and the feedback received from local people. The direct quotes provide some powerful concerns from service users and their carers.

It was apparent that some key lessons can be learned on how the local authority engages with and involves service users and carers, for example, over half of respondents said that they did not have a follow up review to see if the new services were meeting their needs.

Influence

As a statutory organisation, we feel that our methods and findings from our information and engagement activities and reports should be heard at all decision-making levels especially through the Overview and Scrutiny Committee and the Gateshead Health and Wellbeing Board. This will be included in our communications plan. We will also share our findings with services users and carers, reassuring them that their voice has been heard. We would then request a response from the council on our findings with a view to working together, ensuring local people are kept informed on all changes and the impact these changes have on local people.

This report shows our findings from the information provided and through our engagement activities. We found that opportunities to use information and service user input already gathered to inform future decisions may have been missed. This was particularly evident in the failure to use feedback gathered for the Local Government Association consultation, held in late summer 2018, to inform and shape the 2019–20 Gateshead Council budget proposals.

We also found that the lack of full information limited the amount of input that people could give. For example, the lack of equality impact assessments around some of the budget proposals meant that people said they did not feel fully informed and engaged.

When we looked at people who had been affected by changes resulting from the 2016–18 budget savings, we found that they reported no improvements to the quality of life for service users and a deterioration of the quality of life of their carers. This is worrying as it appears that many of the current budget proposals will impact on the same groups of people.

Further details can be found in the 'Recommendations' section of this report.

2. Introduction

Lack of funding for adult social care had been highlighted in the local and national news, and the NHS stated that this is one of the reasons it was under so much pressure.

This issue was shortlisted as a potential project by the Healthwatch Gateshead Committee and put forward as a priority for our annual prioritisation exercise. The exercise took place throughout spring 2018 and consisted of a public survey and a prioritisation activity at our annual conference. Members of the public and our stakeholders decided this project should be the second priority for Gateshead (mental health services was the first priority).

With this mandate from members of the public and stakeholders, we designed the project with the aim to:

- a) Inform people about changes planned locally and nationally as a result of insufficient funding for social care.
- b) Engage people affected by the changes to get their views on the plans and to understand how previous changes had impacted on their lives.
- c) Influence policy and decision makers at a local and national level, based on the views we heard.

What is adult social care?

Adult social care (ASC) provides personal and practical support to help adults of all ages (both older people and working age adults) to retain their independence and the best quality of life possible.

We spent a lot of time speaking with people involved in the many areas of ASC and decided to focus our attention on the areas where we thought people could have the most impact by influencing decisions made on their behalf both locally and nationally.

The areas of engagement

- The Local Government Association (LGA) Green Paper on the future funding for social care
- Gateshead Council social care budget
 - proposals on future funding for social care 2018–19
 - review of the impact of the implementation of the 2016–18 proposals

3. The lives we want to lead: the LGA green paper for adult social care and wellbeing

In March 2017 the government announced it would publish a green paper that would look at future funding for social care. It said that the proposals in the green paper will “ensure that the care and support system is sustainable in the long term”. The publication has been delayed several times and has not yet been published.¹

In the absence of a government green paper the Local Government Association (LGA) launched a national consultation in July 2018, ‘The lives we want to lead: the LGA green paper for adult social care and wellbeing’². The LGA green paper aimed to seek views on adult social care and support, and how it should be paid for in the future.

We became aware of this consultation through partnership working in Gateshead. Gateshead’s Health and Wellbeing Board wanted to submit a system-wide response to the consultation and invited us to be involved. Health and Wellbeing Boards bring together relevant statutory and other organisations to agree strategic priorities and ensure commissioned services meet local needs. Local Healthwatch is a statutory member of these boards.

People who contributed to the Gateshead-wide response included:

- Bluestone Consortium
- Gateshead Community Based Services
- Gateshead Council
- Gateshead GP Federation
- Gateshead Health and Wellbeing Board
- Gateshead Health NHS Foundation Trust
- Healthwatch Gateshead
- Newcastle Council for Voluntary Service supporting the voluntary and community sector in Gateshead
- Newcastle Gateshead Clinical Commissioning Group
- Newcastle upon Tyne Hospitals NHS Foundation Trust
- Northumberland, Tyne and Wear NHS Foundation Trust

¹ <http://tinyurl.com/ycysk6pr>

² <https://futureofadultsocialcare.co.uk>

What we did

Our aim was to give people an opportunity to have their views added to the Gateshead-wide response to the LGA consultation. We decided to focus on four areas of the consultation that fit with the role and remit of Healthwatch.

- i. The role of local councils in improving health and wellbeing.
- ii. The role of individuals, families and communities in supporting people's wellbeing.
- iii. The impact of local funding cuts on adult social care.
- iv. Concerns about the future if adult social care continues to be underfunded.

Using the resource pack provided by the LGA we developed a survey which was conducted over a four-week period between August and September 2018. The survey was shared with a wide range of organisations and advertised in our newsletter and website, and on social media. We also visited two groups: a long-term conditions group and a group for women over the age of 50. These were identified by the Healthwatch Gateshead Volunteer Coordinator.

What we found

We had a total of 63 responses to the LGA consultation, 36 from the survey and 27 through our group work. Our ability to increase this number was limited by the length and timing of the LGA consultation.

The findings were shared with the Director of Adult Social Care in Gateshead and are available on our website³. The findings were used within the Gateshead system-wide response to the LGA consultation and, some of the comments we had gathered were used as direct quotes within the document. Healthwatch Gateshead findings were also included as an appendix within the response submitted to LGA.

We have summarised the comments that people made on each of the four chosen areas of the consultation. We have also included direct quotes from people who took part in the survey.

i. The role of local councils in improving health and wellbeing

Participants told us that councils should have a role in improving health and wellbeing by providing help and social care support to service users and carers both at home and in the community; providing and maintaining community buildings and spaces to promote wellbeing; working with the NHS around preventative services; providing decent housing; and targeting areas of deprivation.

³ See 'The future of adult social care and support' at <https://healthwatchgateshead.co.uk/about-us/reports/hwg-reports>

“I believe that councils have a huge role in improving and maintaining people’s health and wellbeing. People should have access to affordable, decent standard housing, community areas, i.e. parks, and open areas should be maintained, free from vandalism and be well lit and monitored closely for potential issues which could affect the lives of people in communities.”



“Access to services should be clear and simply explained particularly for the elderly, young and vulnerable members of society as well as the people who struggle every day and may not be aware of local services.”

ii. The role of individuals, families and communities in supporting people’s wellbeing
Participants said that families and neighbours should connect with each other more by talking, sharing information, motivating, and using time banking to help each other. One example was where an older person looked after a neighbour’s dog and in return, they cut her grass. People considered that taking responsibility for your own health was important.

“The role of individuals is extremely important, reporting issues such as anti-social behaviour or concerns about vulnerable people. Taking pride in the area you live in is so important, a pleasant area which feels safe and welcoming is so vital to wellbeing.”



“Families play a vital part in supporting people’s wellbeing. Care giving, taking people to appointments, help with diet and exercise.”

iii. The impact of local funding cuts on adult social care
The key issue raised was that funding cuts could have an impact on the most vulnerable people in the community as well as on families and carers. Participants expressed concerns that people could be discharged from hospital with unsuitable care packages or not discharged due to lack of rehabilitation services or safe places.



Participants said that personalised care and choices seemed to have been forgotten with the closure of day services.

“Those who are just managing who don't qualify for social care support no longer receive any low-level support to avoid crisis. They then end up needing costly support.”

iv. Concerns about the future if adult social care continues to be underfunded

Participants said that if adult social care continues to be underfunded this could impact on vulnerable people, their families and unpaid care. They expressed concerns that this impact would be mental, physical and emotional and that would affect the most vulnerable people in society and, in some cases, may lead to undignified and unnecessary deaths.

They also said that prevention in social care is essential to stop people reaching a critical level, losing their independence and needing more costly support in the long-term. Participants felt that this in turn could affect the NHS through inappropriate admissions or delayed discharge from hospital due to lack of social care support and the increase in demand for mental health services.

“Negative impact on physical, emotional wellbeing of clients, increase in hospital admissions due to accidents, emotional wellbeing, increase in need for more residential care places which don’t exist.”

“A total breakdown in social care. Councils being unable to deliver essential services. It’s time that the underfunding in social care received the same urgency of that in the NHS. Without the preventative aspects of social care, the pressure on health will increase to breaking point.”



Conclusion and impact

The LGA’s ‘The lives we want to lead’ consultation findings were published in November 2018 and it sets out fourteen recommendations to government. The LGA is strongly recommending that their response should be part of the government green paper on the future funding of adult social care.⁴

⁴ See <https://futureofadultsocialcare.co.uk/prioritised-recommendations>

4. Council budget proposals on future funding for social care 2019–20

We were aware that Gateshead Council would be publishing budget proposals for 2019–20 in November 2018, and that they were likely to include efficiency savings in health and social care. We understood from our discussions with key officers within adult social care that the ‘Thrive agenda’ would inform any budget decisions.

What is the Thrive agenda in Gateshead?

In November 2017 Gateshead Council agreed five pledges setting out priorities for Gateshead. The principle behind the pledges was to make Gateshead a place where everyone can thrive even while facing financial pressures.

To achieve this, it began to look at new ways to bring money into the council, how to better manage the increasing demand for services while still providing support to the most vulnerable, and continuing to change the way the council worked to minimise costs wherever possible.

The Thrive pledges

1. Put people and families at the heart of everything they do.
2. Tackle inequality so people have a fair chance.
3. Support Gateshead communities to support themselves and each other.
4. Invest in the Gateshead economy to provide sustainable opportunities for employment, innovation and growth across the borough.
5. Work together and fight for a better future for Gateshead.

What we did

Back in 2015 we consulted with the public and submitted our findings to the council as part of its 2016–18 budget consultation. Following positive feedback from that event we repeated the exercise for the 2019–20 budget proposals.

We attended a voluntary sector briefing hosted by Gateshead Council in November 2018 to find out more about the proposals. However, insufficient detail was available regarding many of the proposals at that time. Only a few impact assessments were available and no senior representation from social care which meant that many questions could not be answered. The briefing had to be repeated with senior heads of service in attendance to answer questions.

We approached Gateshead Council Adult Social Care, which provided us with the current budget proposals and agreed to present them at a Healthwatch Gateshead event.

Our listening event took place on Wednesday 12 December 2018 at St Mary’s Heritage Centre in Gateshead and was attended by 50 people. There were presentations by Louise Hill, Service Manager in Adult Social Care; Behnam Khazaeli, Service Manager in Commissioning; and Steph Downey, Service Director Adult Social Care.

We supported table discussions, with each group focusing on at least two of the proposals. Participants were also encouraged to raise any other issues. We asked people what they thought of each of the proposals and whether they thought they fitted with Gateshead Thrive pledges.

The following six proposals around health and social care were included in the budget consultation:

- i. Efficiencies in Commissioning and Quality Assurance Service.
- ii. Reduce the standard allowance for Disability Related Expenditure.
- iii. Deletion of posts in the adult social care service.
- iv. Increasing direct payments for payroll and HR support and advice.
- v. New or increased charges for adult social care services, including S117 mental health accommodation, day services, Guidepost drop-in and day centre meals.
- vi. Ending the council's contribution to Newcastle Gateshead Clinical Commissioning Group towards the cost of providing child and adolescent mental health services in Gateshead.

What we found

We have summarised the comments that people made around the six proposals. We have also included direct quotes from people who took part in the consultation.

i. Efficiencies in Commissioning and Quality Assurance Service

People raised concerns about the efficiency of the equipment service. They thought that there needed to be an audit of the service to ensure that equipment was registered and reused and that this would save money.

Greater use of Care Call, an emergency telecare system, was recognised as an option. However, people felt this could exclude the most vulnerable people in our community, for example, people with disabilities, people with poor mental health and people for whom English is not their first language. People also said this could not replace the personal touch where care workers can often be the first people to notice a change in a person's wellbeing.

Mental health

There were concerns raised regarding the removal of contracts with a mental health service provider to deliver mental health services. People recognised the specialised skills that are needed to deliver the service, including an out of hours service, and felt this could not be absorbed into the general advice that is provided by the Gateshead Advice Centre (Citizens Advice).

People felt it was not clear whether any consultation or engagement had taken place before the proposal and that there was a lack of detail about how the impact of the proposal would be managed.

“Gateshead council equipment service must register and collect equipment that is no longer needed, such a waste of money.”

“Without information and advice services, how can people come together under the Thrive agenda?”

“A review is yet to be carried out, so how can the council propose something before they have reviewed it to see if it is possible.”

ii. Reduce the standard allowance for Disability Related Expenditure

People expressed a great deal of concern about this proposal. Participants felt that, in view of benefits not having increased for a number of years, this could cause hardship. We believe that the service users’ right to request an individual assessment should be widely publicised.

“With the increased cost of living, along with any reduction of benefits my daughter will be at increased risk of not pay the council and not being able to pay for her support.”

“DRE [Disability Related Expenditure] needs to be accessible and understandable to service users.”

iii. Deletion of posts in the adult social care service

Some participants recognised that multi-agency working within adult social care may be reducing the need for posts, but others felt that a reduction in hours could have an impact on the delivery of service. However, the lack of detail around this proposal meant that people felt they could not comment fully.

“The proposal says there should be no frontline impact but there is not enough information to assure us that that is the case.”

“It would be useful to have had a diagram showing the hierarchy of posts within the adult social care team, which posts are vacant and which ones are planned to be deleted.”

“If Gateshead Council can make efficiency savings through changes in staffing, structure and how it works, it means that there will be more money to provide services fit in with the Thrive agenda.”

iv. Increasing direct charges for payroll and HR support and advice

“If you or someone you care for get help from social services, you can apply for direct payments. These let you choose and buy the services you need yourself, instead of getting them from your council.” (source, direct.gov)

People said it was unclear how increasing charges for payroll and HR support could save money as the cost for these services is currently provided by social care if you use your social care budget as a direct payment. If this changed and people had to find money from elsewhere i.e. benefits, this may reduce the number of service users willing to be independent and arrange care more suited to their needs.

It was also noted that people were unaware that HR support and an advice service are available for users of direct payments.



v. New or increased charges for adult social care services including S117 mental health accommodation, day services, Guidepost drop-in and day centre meals

We received comments on all three elements of this proposal. The theme running through all the comments was that charges and increases to the most vulnerable people in Gateshead will mean people will be surviving and not thriving, and that this will further worsen health and social care inequalities. It was felt that many people could be forced to stop using services or avoid seeking help in the first place which would cause social isolation for people with learning disabilities and further pressure on families and carers. Participants believed this could end up costing more in the long term for adult social care.

Participants also felt that the proposal for the mental health accommodation could put additional financial pressure and stress on people in terms of recovery.

“Introducing charges for Guidepost and increasing day centre charges will penalise people. It won’t allow them to thrive so how can the Thrive agenda underpin these services.”

“My relative currently attends a day service three times a week. With the proposed increase in charges to this and the meal costs that means a daily cost of £29. Multiply this by three, that’s almost £100 a week for just three days of service. It just can’t be done.”

“People use day centres as respite for carers too, what provision is in place or will be in place for respite when you can’t get any other form of respite to start with. Carers are entitled to a life too!”

“People who find themselves under S117 of the MHA will already be under financial difficulties and distress and this will add more pressure on people with mental health in terms of their recovery and integration back into the community.”

vi. Ending the council’s contribution to NHS Newcastle Gateshead Clinical Commissioning Group towards the cost of providing child and adolescent mental health services in Gateshead

Participants raised concerns that this proposal could result in a lack of funding, with Newcastle Gateshead Clinical Commissioning Group (CCG) unable to afford to solely fund this service. Participants commented that waiting lists for children’s mental health services in Gateshead were already long and that this proposal would have future negative impacts on individuals’ services and budgets. Many people thought that children’s mental health should be a shared responsibility that should be managed and supported in a multi-agency approach between health, the local authority and education.

“We shouldn’t be failing children – they are our future.”

“The loss of the council’s contribution can only have a negative impact on the already very long waiting lists for Children MH services - they need more money not less.”

A summary of the findings from the event was submitted to the Office of the Chief Executive in Gateshead Council. We were told that the information would be used to inform the outcome of the budget consultation and be part of the budget setting report that is scheduled to go to cabinet in February 2019.

5. Revisiting the 2016–18 budget proposals

We wanted to assess the extent of any impact on the quality of life of service users and carers from the previous changes (2016–18 budget proposals) as some of the upcoming proposals included suggestions that could affect the same group of service users.

We requested an update on the 2016–18 budget proposals to see which of the proposals were implemented. The following are summaries of the statements provided by Gateshead Council:

Proposal 1. Re-commissioning of disability day services

The proposal was to close two services providing support to people with profound and multiple learning disabilities: Blaydon Lodge respite facility and Marquisway Bungalow day support. There was also the potential closure of Marquisway Resource Centre and three community bases in Gateshead (The Phoenix Centre, Wrekenton Community Base and Winlaton Community Base).

Service users with complex needs continue to be provided with direct support from in-house council services or be supported by existing residential care or Independent Supported Living. Wrekenton Community Base was closed and some service users transferred to the Phoenix Centre or Marquisway Resource Centre based upon the complexity of their needs.

Those who were assessed as not having complex needs were offered alternatives including support into volunteering, employment opportunities, or support by their existing residential care or Independent Supported Living scheme. Further funding was secured for Blaydon Lodge and Marquisway Bungalow.

Proposal 3. Re-commission of learning disability care packages

The Achieving Change Together (ACT) team are in the process of reviewing all disability care packages.

Proposal 5. Reduce domiciliary care packages by enhanced early intervention

This was achieved through a combination of the use of assistive technology equipment (Care Call) and a focus on enablement services.

Proposal 6. Reduce residential care admissions

Gateshead Council has looked to reduce residential care admissions through different approaches such as increasing use of Promoting Independent Centres, redeveloping the enablement offer into the PRIME service (People Regaining Independence through Means of Enablement) and expanding the use of Care Call, and ensured that all other alternatives such as Extra Care, are considered before someone is admitted into residential care.

Proposal 9. Re-provision of Independent Supported living (ISL)

The budget proposal surrounded the re-provision of the council's six in-house Independent Supported Living schemes, which supported 15 tenants. The service continues but with reduced staffing support.

What we did

'Looking back' questionnaire to service users and carers

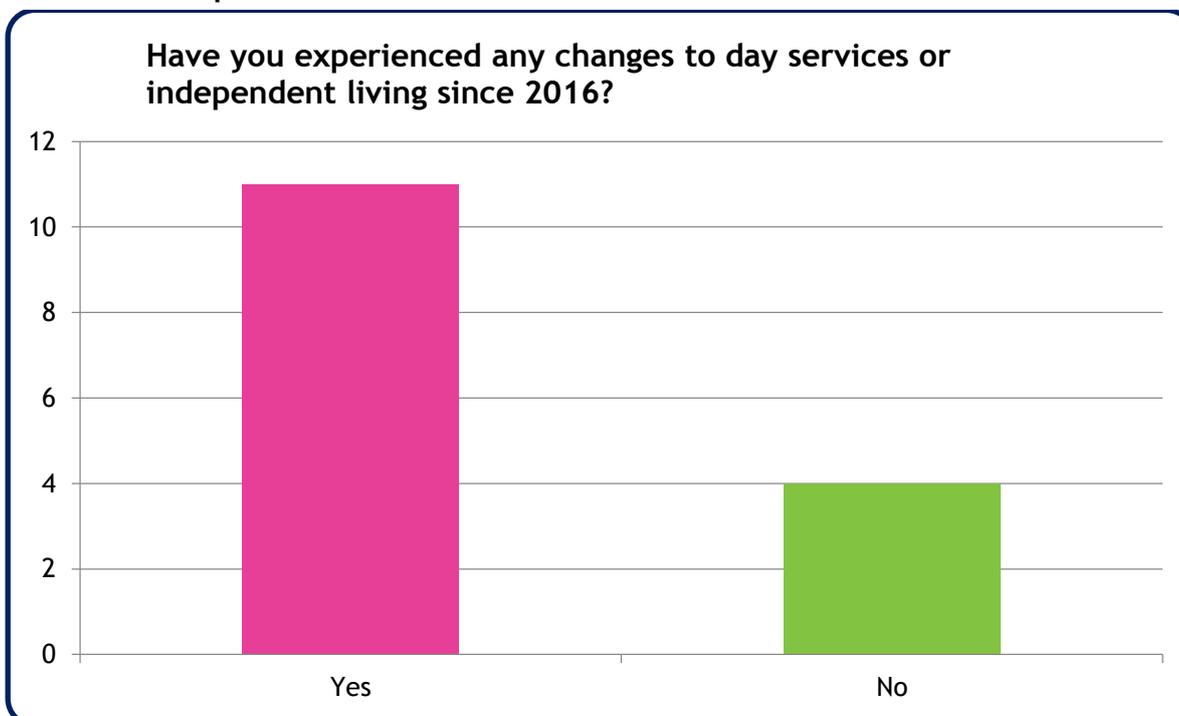
We wanted to capture service user and carer views on how the above changes had affected them. It was important that we were able to assess quality of life for service users and their carers before and after changes and therefore focused on the re-commissioning of disability day services and the re-provision of Independent Supported Living.

We asked Gateshead Council for the number of service users who had been involved in any of the changes and requested that our survey be sent to those people and their carers. Gateshead adult social care helped us to survey service users and carers who used services affected by the 2016–18 budget reductions by forwarding our survey directly to that group of people.

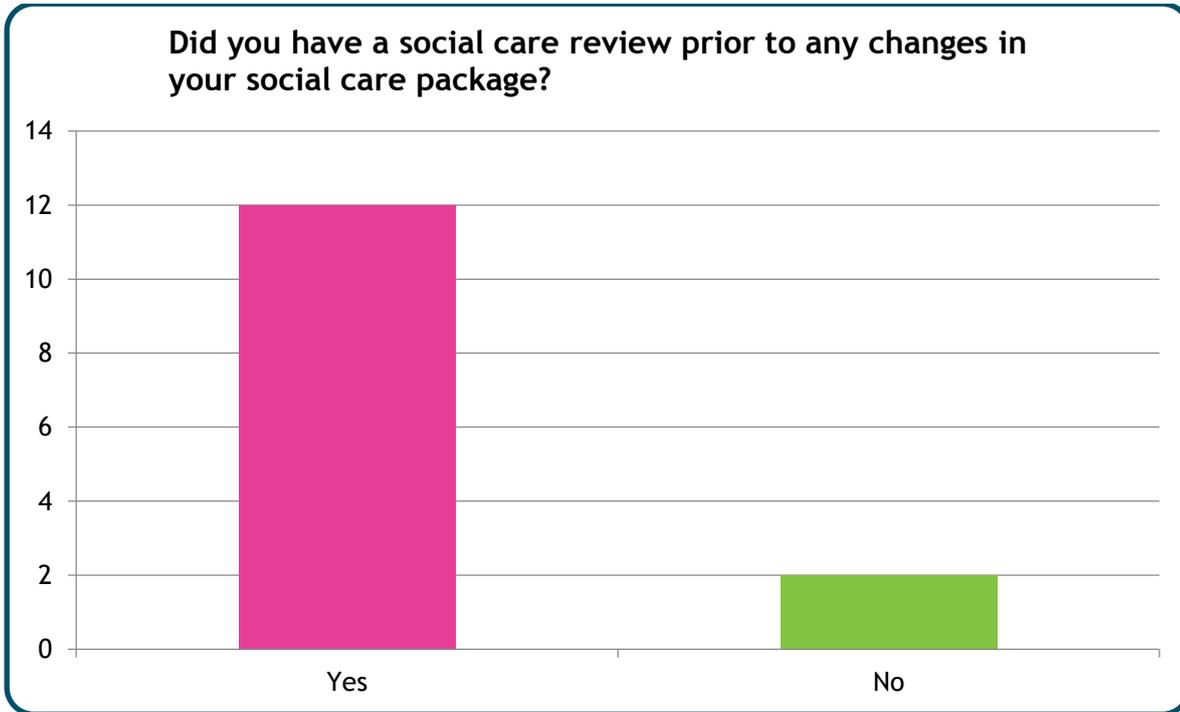
Thirty surveys were sent out through Gateshead Council and 18 surveys were returned (60%). The small number of returns reflects the number who had had actual changes made to their social care package.

What we found

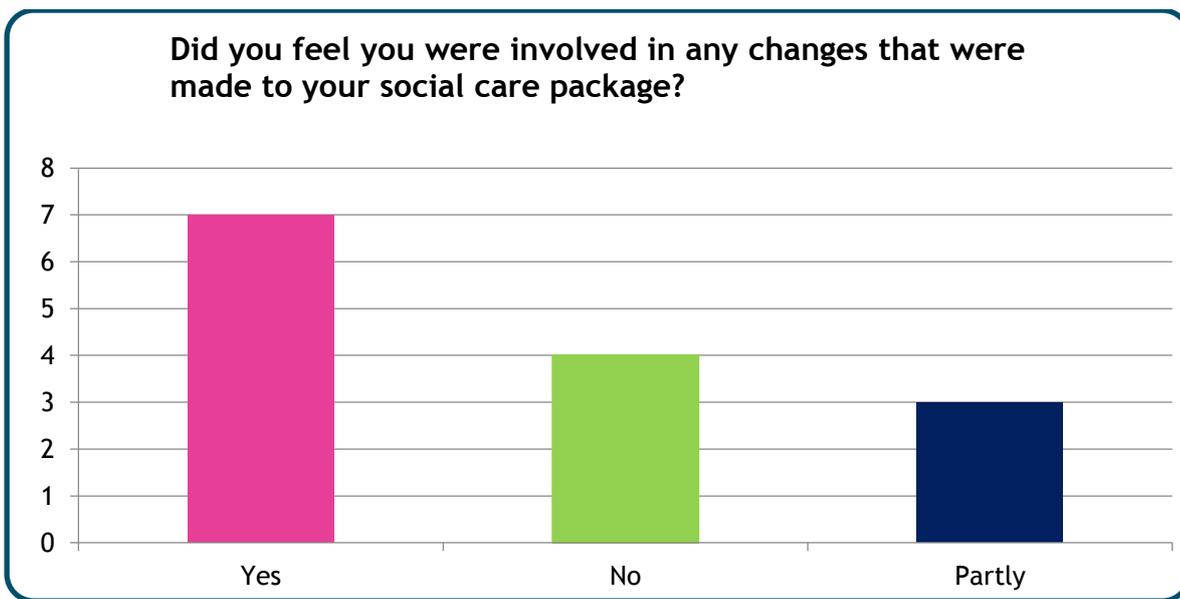
Service user questions



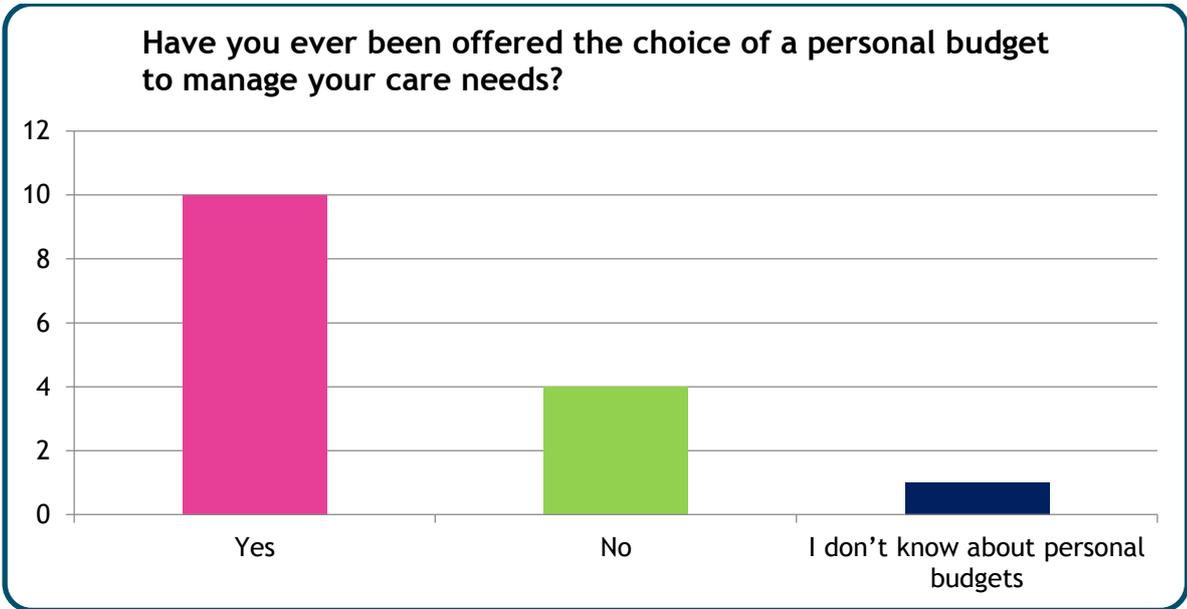
There were 15 respondents to the question in the graph above.



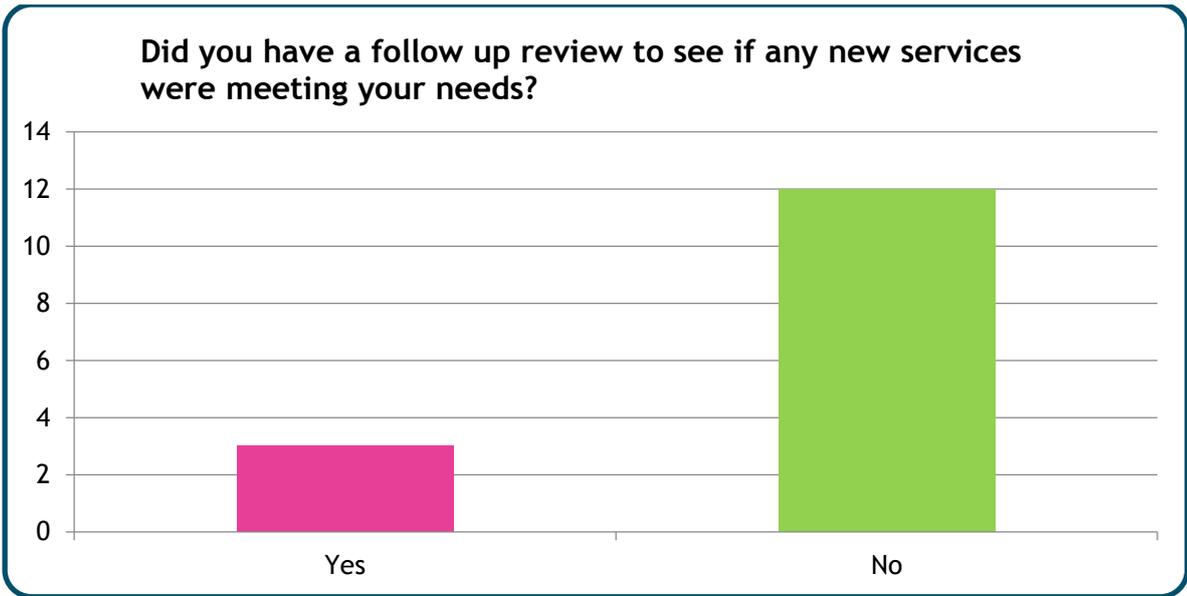
There were 14 respondents to this question. Twelve people told us that they had a review prior to any changes; two people indicated they had not received a review.



Of the 14 people who responded to this question seven people told us that they did feel involved in changes made to their care package; four did not feel involved in changes; three felt that they were only partly involved in any changes.

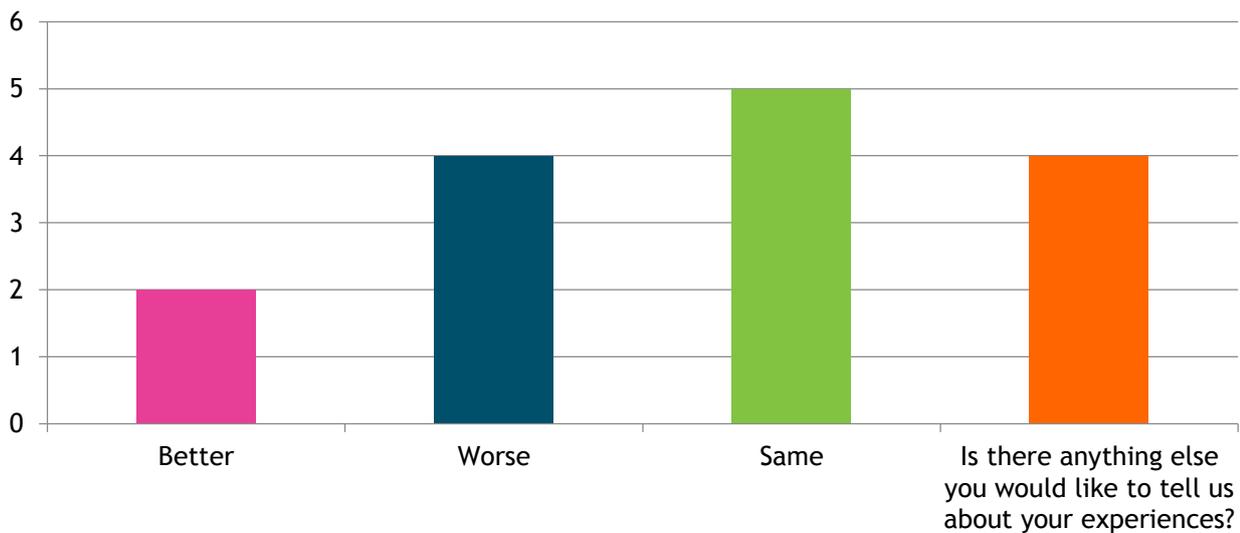


Fifteen people answered this question with the majority (ten) indicating that they had been offered the choice of a personal budget.



Of the 15 people who answered this question three people told us that they had a follow up review to see if new services were meeting their needs, while 12 people said they had not.

Thinking about your care package in 2016 and the care you receive now, how would you rate your quality of life?



The majority of respondents to this question (nine out of 11 responses) said that their quality of life was either the same or worse than in 2016. People were invited to tell us about their experiences and some of the comments included:

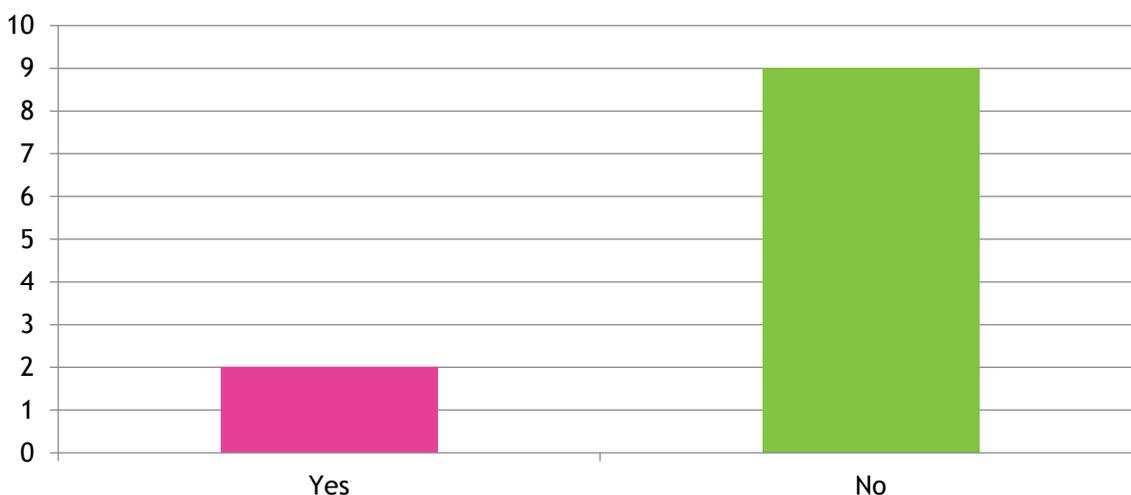
“I object strongly to the level of social care charge adopted by Gateshead and the refusal to allow reasonable disability related expenses.”

“I am much worse off now, no help no support apart from Your Voice Counts in Gateshead. The benefits are a joke as I can't fill the forms in.”

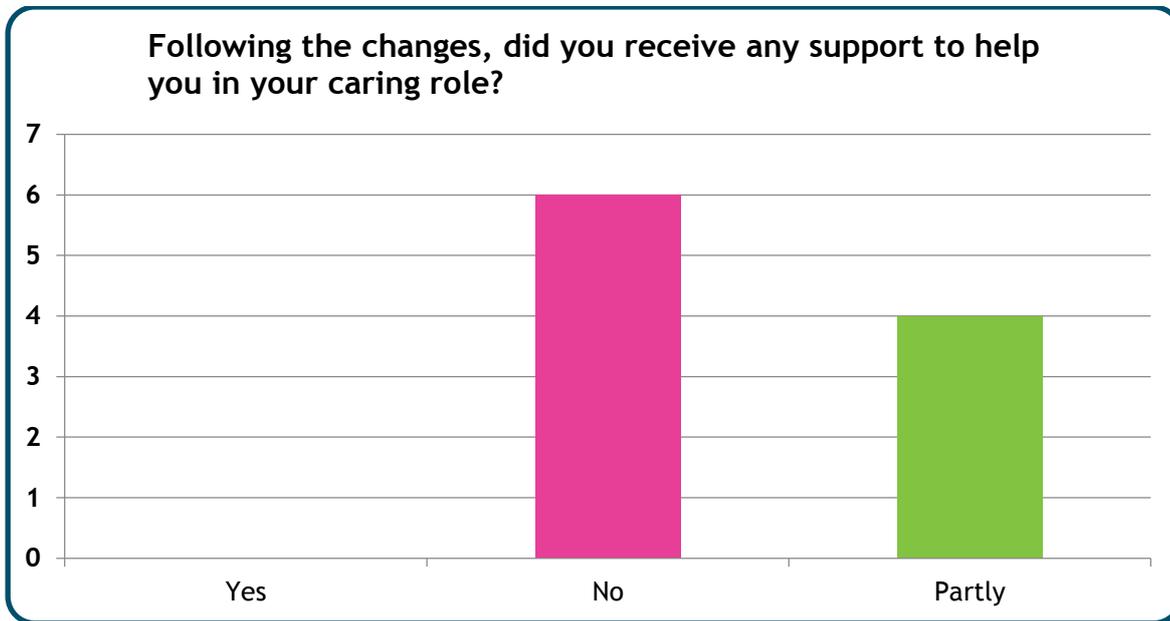
Questions for carers

We included questions for carers specifically caring for people who had been affected by the changes.

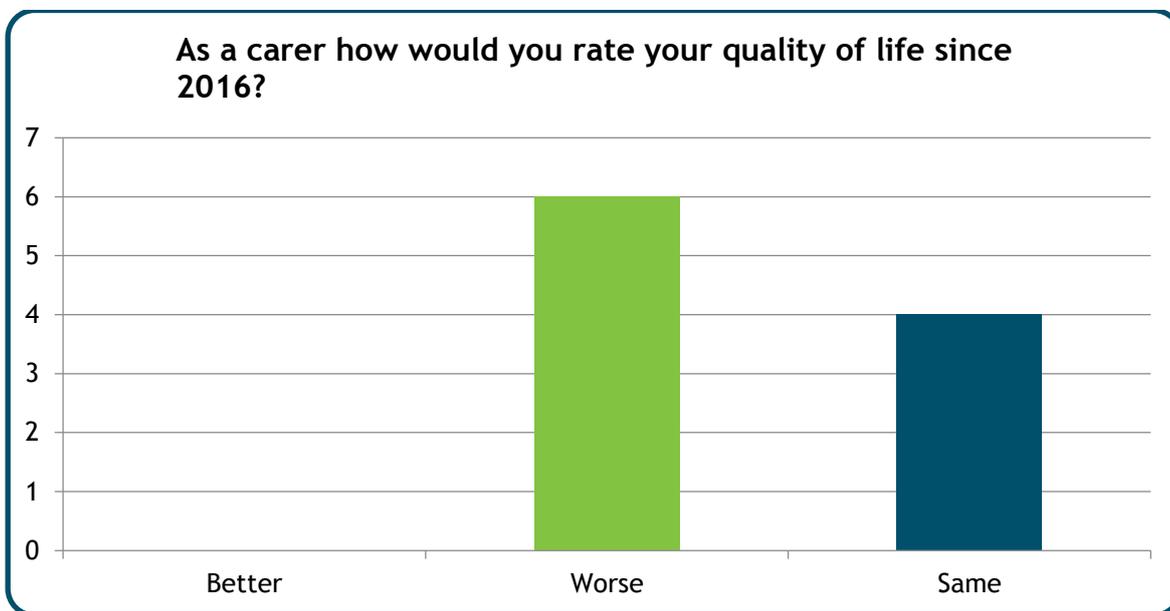
Since 2016, have you been offered a carers' assessment to assess how much care you can give as an unpaid carer?



Of the 11 carers who answered this question, two people told us that they had been offered a carer’s assessment and nine said that they had not been offered an assessment. This would be in line with the findings of our ‘Caring for carers’ report carried out during 2017.⁵



Ten people answered this question. Six people said they did not receive support and four people said they received some support, while none of the carers who answered told us that they received enough support to help them in their caring role.



Of the ten carers who answered the question, four people rated their quality of life as the same, and six rated their quality of life as worse since 2016.

⁵ See <https://healthwatchgateshead.co.uk/about-us/reports/hwg-reports>

“Gateshead Council's first proposal to close day centres was incredibly short sighted. It was only after the issues were raised during the consultation that they decided to carry out individual assessments to get a full picture of the needs and requirements. Thank you Healthwatch for your part in this.”

“We have money in the budget, but we can't get a worker that can-do Saturdays, why do the council not ask care companies when they commission if they can provide weekend workers?”

“No-one ever considers the carer it's all down to money.”

“I get absolutely no help in my caring duties.”

“Due to charges for social care we have lost social care as unable to afford £65 a week demanded by Gateshead council.”

“My daughter is in supported living now. She comes home for a weekend or if it is someone's birthday in the family. She likes where she is and is happy.”

The majority of service users said they had a social care review prior to any changes. However, the majority also said they did not have a follow up review to see if the new services were meeting their needs.

Half of the respondents felt they were either not involved or only partly involved in the changes to their social care packages.

There was a variance in how service users rated their quality of life following the changes. However, none of the carers responding saw an improvement in their quality of life, with 60% saying their quality of life was worse following the changes. Also of note is that the same percentage (60%) of carers did not feel they received any support following the changes. The other 40% felt partly supported and no one felt fully supported.

The majority of responding carers were not offered a carer's assessment.

6. Our findings

There may have been an opportunity to utilise and consider the intelligence already gathered (such as from the LGA green paper consultation) to inform and shape the 2019–20 budget proposals before going out to consultation. The intelligence could also have been a valuable resource for the impact assessments, particularly around equality.

A voluntary sector briefing on budget proposals that we attended had a lack of detail around many of the proposals. Many of the questions could not be answered due to the absence of senior managers within the council who had put the proposals forward. Although there were some impact assessments available, they were around the delivery of services within the council. There were no equality impact assessments available around the social care proposals at that time. The briefing had to be repeated with senior heads of service in attendance to answer questions.

At our Healthwatch listening event, Gateshead Council senior management for adult social care and commissioning presented the budget proposals. From event feedback people told us that they appreciated the honesty of the council when explaining the financial pressure it faced. However, attendees also said they would have liked more opportunities to ask questions and the lack of equality impact assessments around some of the proposals meant that they did not feel fully informed and engaged. This is particularly concerning as lack of equality impact assessments was raised at our budget proposal event in 2016 and again in our response to the 2018 budget.

Our survey for service users and their carers affected by the 2016–18 budget savings showed that many of the respondents did not have reviews following changes to services, and many carers felt their quality of life had deteriorated. We note that four of the six 2019–20 proposals are likely to affect the same group of people as the 2016–18 budget savings, i.e. people with learning disabilities and their carers. We feel that if reviews had taken place for both service users and carers prior to the latest proposals this could have contributed to the impact assessments around equality.

The lack of support for carers and lack of carer's assessments was an issue. We are concerned about the progress in this area as this was raised by Healthwatch Gateshead in our 'Caring for carers' report⁶.

⁶ See <https://healthwatchgateshead.co.uk/about-us/reports/hwg-reports>

7. Recommendations and responses received

The following responses were received from Gateshead Council Service Director – Adult Social Care.

“The Council welcomes the report produced by Healthwatch, and in particular would like to thank Healthwatch for the support they provided in gathering key and essential feedback from people who use services, to feed into the LGA Adult Social Care Green Paper, which enabled us to reflect and report the direct experience of people with lived experience, and ensure that we already have a rich body of evidence to feed into the government’s Green Paper when it is published. We have considered the recommendations made and provided the following responses, which we look forward to continuing to work with Healthwatch to deliver.”

Inform

1. Organisations must ensure that they have the right people present when they are engaging about proposals and changes to ensure that they can answer questions as fully as possible.

Response to the voluntary sector briefing

“There was an acknowledged issue in terms of diary management for the event mentioned; going forward the Council will ensure that the right people are available to attend such events. We were pleased to note that there was a good level of attendance at the follow up event that was arranged.”

2. Organisations should ensure that all proposals for change, and budget proposals in particular, are accompanied by full impact assessments that include equality impact assessments to assess the impact on service users and the wider health and social care economy.

Response to equality impact assessments

“The Council is currently reviewing the EIA process, so will ensure that the feedback from Healthwatch informs this review.”

Engage

3. Gateshead Council should look at opportunities to use existing intelligence, to inform and shape any proposals for change before going out to consultation, engaging at all stages throughout the process.

Response

“The Council endorses this approach and will continue to work with Healthwatch and other partners going forward; we were pleased to note the positive feedback from the listening event, so would like to work together to develop similar opportunities in the future.”

4. Following the implementation of service changes, commissioners and providers should always undertake a review of the service user experience and service quality.

Response

“Alongside the statutory Care Act review of peoples’ needs, the Council will consider implementing an “issue specific” feedback process for any large service changes going forward.”

Influence

5. Gateshead Council should demonstrate how it has used the findings in our ‘Caring for carers’ report to inform the new carers’ support service and should undertake a review of the new service (as in recommendation four).

Response

“The Council is in the process of using the findings from the Caring for our Carers report to deliver the implementation of the new Carers Contract, which will go live on 1st May. As part of the launch of the new contract, and during Carers Week in June we are developing an awareness raising campaign (as per a key recommendation of the Healthwatch report). Going forward we are working with the Carers Providers to develop a new model for Carers Assessments.”

We welcome the opportunity to work closely with Gateshead Council to ensure that effective and meaningful engagement is carried out to ensure that service users and carers are kept fully informed and involved about decisions that are being made on their behalf.

The continuing of dialogue is of paramount importance during these challenging times when budgets are being cut. There is a need to have good accessible information, to help service users and carers understand **if**, and **how**, they can influence decisions that are taken on their behalf about the lives they want to live.

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**CARE HEALTH AND WELLBEING
OVERVIEW AND SCRUTINY
COMMITTEE
29 October 2019**

**TITLE OF REPORT: Suicide; Every Life Matters – Evidence Gathering
(Session 2)**

REPORT OF: Iain Miller, Programme Lead

Summary

This report gives details of the evidence gathering session that will take place on 29 October 2019. The Committee will hear results of an Audit of Suicide and injury undetermined deaths in Gateshead for the 2018 calendar year which was conducted on 24, 27 & 30 September 2019. The Audit will identify key themes from the local data and identify risk factors and high-risk population groups for Suicide in Gateshead.

The views of the Committee are being sought on the evidence presented and the ongoing work on Suicide Prevention in Gateshead.

Background

1. Care Health and Wellbeing Overview and Scrutiny Committee have agreed that the focus of its review in 2019-20 will be Suicide.
2. In April 2013 public health transferred from the NHS and into local government. Suicide prevention consequently became a local authority led initiative working closely with the police, clinical commissioning groups (CCGs), Public Health England (PHE), NHS England, Coroners and Voluntary sector organisations.
3. Updated trend data shows a positive downward pattern with the release of the 2016 – 2018 figures in September 2019 as is shown in Figure 1, 2 & 3 below. Rates per 100,000 population are falling for the three categories; Persons, Males and Females, since the 2014-16 data reporting period. However as will be highlighted from the results of the Audit of Suicide and injury undetermined deaths in Gateshead for the 2018 calendar year and the performance in relation to the Risk Factors of Suicide as described by PHE, there is still lots of work to be done to ensure less Gateshead residents feel that the only way out of their situation is to take their own life.

Figure 1 - Gateshead Suicide trends 2001 – 2018 (All Persons)

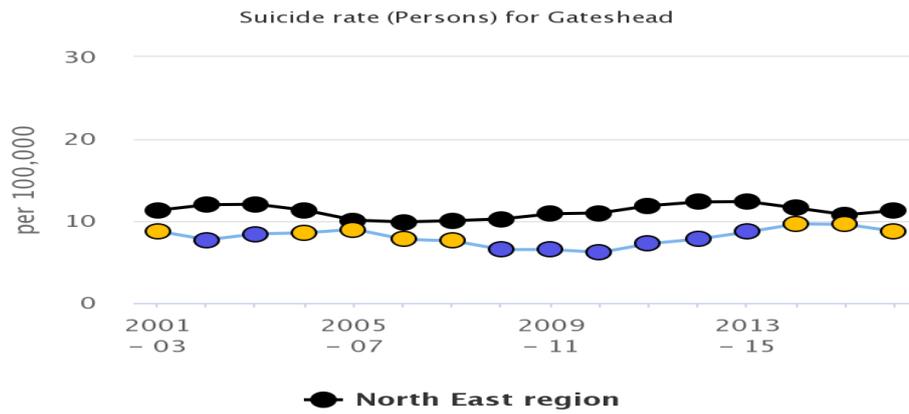


Figure 2 - Gateshead Suicide trends 2001 – 2018 (Male)

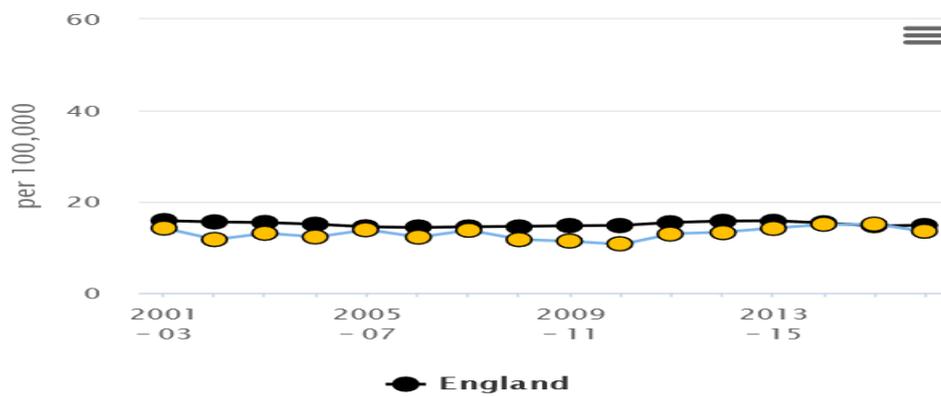
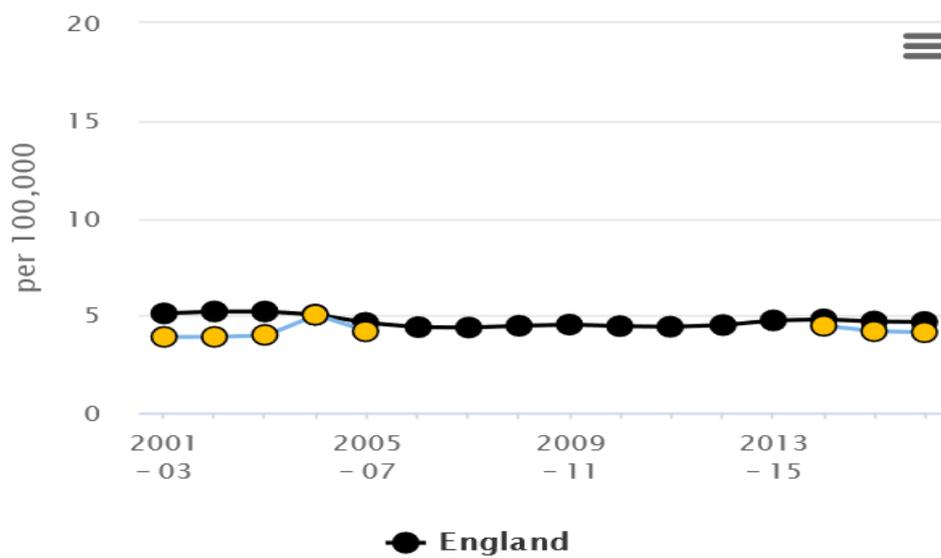


Figure 3 - Gateshead Suicide trends 2001 – 2018 (Female)



Purpose of this session

4. The first evidence gathering session provided a detailed overview of suicide from a legal/Coroners perspective and the impact of suicide from someone with lived experience, enabling information to be presented to provide members with insight into the key factors involved and the impact of suicide on a community. This was delivered on 10 September 2019, World Suicide Prevention Day.
5. This second evidence gathering session, delivered by members of the Public Health Team, will describe the process and findings of a local Audit of Gateshead data for 2018 on Suicide and undetermined injury. This was conducted on 24, 27 & 30 September 2019.
6. This Audit covers the full calendar year for 2018 for cases that have reached a verdict and the report will identify key themes from the local data and identify risk factors and high-risk population groups for Suicide in Gateshead.

The findings of the Audit will be reviewed to help inform local policy development.

Audit of Suicide and injury undetermined deaths in Gateshead for the 2018 calendar year

7. As identified above the Audit was carried out over a period of three days visit to the Coroner's office at Hebburn. The aims of the audit were to; identify local risk factors, groups at risk or localities with higher incidence, provide data for future monitoring of trends and to inform discussion about how the audit process could be carried out in a timelier way to identify emerging patterns.
8. There were 47 files reviewed in total and the main findings are shown in the following paragraphs along with recent data from PHE Fingertips Suicide Profile.

Risk Factors

9. A number of risk factors of suicide are known, these include: social isolation; certain mental health issues; bereavement; loss of employment; substance misuse; and deprivation. Furthermore, individual characteristics such as ethnicity, religion, sex (more common in men) and age may influence the risk.
10. The PHE Fingertips online suicide prevention tool collects data on a wide range of risk factors for Suicide, including:
 - Depression recorded prevalence (aged 18+)
 - Estimated prevalence of common mental disorders
 - Estimated prevalence of opiate and / or crack cocaine use.

- Long term health problem or disability, % of population
 - Children in the Youth Justice system
 - Children in care, and children leaving care
 - People living alone
 - Admission episodes for alcohol related conditions
11. For all of the above measures Gateshead has higher numbers than National (England) and Regional benchmark figures. As can be gathered from this extensive list of risk factors, there is a need for engagement of a wide range of partners in helping to reduce the risk of someone ending their own life.. The list of risk factors, or certain indicators on it, also reinforces the presentation by PS, the person with lived experience, at the last OSC meeting in September 2019.

Key Themes

12. The key themes emerging from the Audit were:

The high number 32 (68%) who **died in their own home** with a further 7 (14.9%) who died in someone else's home. This makes preventative initiatives targeting the high-risk area very difficult.

Another key theme was the number of these cases 30 (64%) that had died from self poisoning. Opiates and Benzodiazepines appeared most regularly, and Cocaine was often seen in the toxicology reports as a contributory drug.

Hanging, predominantly in their own home, was the second most common cause of death after self-poisoning with 8 (17%).

High risk population group

13. The key risk group seen in this, and other audits over the previous 4 years was being **Male**. Of all the Suicides and injury undetermined deaths in Gateshead for the 2018 calendar year 36(76.6%) were Male and 11(23.4%) were Female. This is in line with national data and why men are seen as the highest risk population group in Gateshead.
14. When looking at the marital status of the cases, 27 (57%) were **Single**. Again, this is in line with the findings from previous year's Audit and is linked to one of the other high-risk population groups, **Living Alone**. 19(40%) of the files audited the persons living arrangements identified as this.
15. Another high-risk population group is people who are unemployed with 21(45%) being identified as this.

16. Having **Relationship / Family problems** was seen as the biggest social risk factor, again in line with last year's data

Verdict

17. Looking at the verdicts for all the Suicide and undetermined deaths of Gateshead residents in 2018 there were only 3 (6.4%) that had a suicide verdict. The largest number 29 (62%) were classified Accidental/Misadventure and a further 12 (26%) had a Narrative verdict. An explanation of these verdicts is shown in **Appendix 1**

Potential opportunities for intervention

18. Looking at the profile of the people who had died from Suicide and injury undetermined deaths in Gateshead for the 2018 calendar year there were several indicators identified which could potentially provide opportunities for preventative interventions. These once more will require partnership working across the health and social care system and include the following groups of service users:

18.1. People with existing evidence of risk i.e. Alcohol/Drug use, Self-Harmers and those who have had previous suicide attempts.

18.2. Review of prescribing practices. With the high number of deaths being linked to drugs use there is scope to ensure that individuals only obtain and continue to receive drugs for personal use.

18.3. Working with Drug and Alcohol services to ensure their staff know the increased risk in their client group and where possible to provide Mental Health support alongside the therapy for the physical addiction.

18.4. Working with GP Practice staff to raise the opportunity for intervention with 29/47 visiting their GP within the 3 months prior to death. However, all this group attended for a physical health problem.

18.5. Working with providers of support for people with Depressive illness.

Issues to Consider

19. When considering the evidence outlined above the Committee may wish to consider the following:

19.1. The number of people who are confirmed to have died as a result of Suicide is only a fraction of the people who are classed to have died from Suicide and injury undetermined deaths in Gateshead. The files included a range of verdicts from the Coroner including; Suicide verdicts, Narrative verdicts and Accidental/Misadventure verdicts. See **Appendix 1** for an explanation of each verdict.

- 19.2. Gateshead has lower than Regional rates of Suicide and similar rates to England.
- 19.3. Suicide is the leading cause of death among young people aged 20-34 years in the UK and it is considerably higher in men, with around three times as many men dying as a result of suicide compared to women. It is the leading cause of death for men under 50 in the UK. Those at highest risk are men aged between 40 and 44 years who have a rate of 24.1 deaths per 100,000 population. ¹
- 19.4. Suicide Prevention work impacting on Gateshead is being taken forward at Regional, Northumberland Tyne & Wear and Gateshead level.
20. Subsequent evidence gathering session will include presentations from Regional leaders and our partners from Newcastle Gateshead Clinical Commissioning Group and on the work at Integrated Care System (ICS) level and sub regional sub groups.

Recommendations

21. Overview and Scrutiny Committee is asked to consider the contents of the report and the Audit findings as a part of their review of suicide in Gateshead.

Contact: **Alice Wiseman**
 Director of Public Health
 Ext: 277

¹ Office for National Statistics (2017). Suicides in the UK: 2016 registrations. Available at: [https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarri...](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/suicides-in-the-uk-2016-registrations) [Accessed on 21/08/18].

Definition of Verdicts

Point 1, Suicide verdicts is taken from The Crown Prosecution Service (CPS): Coroners Legal Guidance, at:

http://www.cps.gov.uk/legal/a_to_c/coroners/#a09

Points 2 – 4 are taken from Burnetts detailed explanation of inquest verdicts, at: <https://www.burnetts.co.uk/publications/blogs/inquest-verdicts-explained>

1. Suicide verdicts

When it is believed, on the basis of the factual evidence that the person genuinely intended to kill themselves. For this verdict to be returned there has to be clear evidence, for example a suicide note, which shows beyond reasonable doubt that it was definitely the person's intention to take their own life. If they did something that resulted in their death but there is not enough evidence that they intended to die, then this verdict cannot be returned.

2. Narrative verdicts

The Coroner can use a 'narrative verdict', which will set out the circumstances of the death in a detailed way based on the evidence that the Coroner has heard. For those attending an Inquest of a beloved one, it can sometimes be more satisfying to hear the Coroner's verdict in this form, as more of a detailed conclusion of events leading to the death is provided by way of the Inquest verdict. This is in preference to short form inquest verdicts such as; natural causes, misadventure, suicide, neglect and others.

3. Accidental Death

An accidental death is an unnatural death that is caused by an accident such as a slip and fall, traffic collision, or accidental poisoning. Accidental deaths are distinguished from death by natural causes (disease) and from intentional homicides and suicide. When a cause of death is listed as an accident rather than a misadventure, this implies no unreasonable wilful risk.

4. Misadventure

A death by misadventure, as recorded by coroners and on death certificates and associated documents, is one that is primarily attributed to an accident that occurred due to a risk that was taken voluntarily. For example, a death caused by an illicit drug overdose may be ruled a death by misadventure as the user took the risk of drug usage voluntarily. Misadventure is a form of unnatural death, a category that also includes accident, suicide, and homicide.

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TITLE OF REPORT: Safeguarding Adults Board Annual Report
(2018/19) and Strategic Plan

REPORT OF: Caroline O'Neill, Strategic Director Care,
Wellbeing and Learning

SUMMARY

The purpose of this report is to present the Safeguarding Adults Board (SAB) statutory Annual Report 2018/19 and the Strategic Plan 2019/2024.

Background

1. The Care Act 2014 enshrined in law the principles of Safeguarding Adults and the Safeguarding Adults Board subsequently 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.
 - publish an annual report which details how the Board and its members achieved the objectives as identified within the strategic plan
2. The Gateshead Safeguarding Adults Board is independently chaired by Sir Paul Ennals. The Gateshead SAB continues to provide leadership, accountability and vision for safeguarding adults. The Board has a strong commitment to working together, holding each other to account and seeking to learn and improve together. It has been a year of change throughout many of the partner organisations that make up SAB and a number of changes to Board representatives. Despite this, along with ongoing public-sector austerity measures, the Annual Report illustrates that good progress has been made.

Annual Report 2018/19

3. The SAB 2018/19 Annual Report provides a policy context and an overview of the SAB Structure, governance and scrutiny arrangements and performance information. Key achievements of the SAB during 2018/19 are documented within the report and are aligned to the five Strategic Priorities. These include:
 - Adult Sexual Exploitation practice guidance and implementation of the Adult Missing, Sexually Exploited and Trafficked group
 - Development of a case file audit tool
 - Successful joint Adverse Childhood Experiences conference with the Local Safeguarding Children's Board and Public Health
 - Delivery of bespoke training courses, including voluntary sector management trustees and resident groups

- Launch of Safeguarding in Gateshead website www.gatesheadsafeguarding.gov.uk and @Gatesheadsafes twitter account
- Development of the Gateshead Multi-Agency Adult Referral Team (MAART)
- Maintaining compliance with Deprivation of Liberty Safeguards

Strategic Plan 2019/24

4. The SAB Strategic Plan 2019/24 was developed following a period of consultation involving service users, key partners and providers. Importantly, the Strategic Plan also focuses upon areas of work identified from local and national Safeguarding Adult Reviews and other inquiries. The consultation identified that the five SAB strategic priorities that had been in place since 2016 remained fit for purpose for 2019-24, those are:
 - Quality Assurance
 - Prevention
 - Community Engagement and Communication
 - Improved Operational Practice
 - Implementing Mental Capacity Act / Deprivation of Liberty Safeguards.
5. Each strategic priority is accompanied by a series of key actions that the Board are committing to deliver during the five-year period. The Strategic Plan is supported by an annual business plan to assist the SAB Executive Group to prioritise workstreams and keep on track with delivery. The Plan will be refreshed on an annual basis to ensure that new legislation and emerging issues are reflected and that the Strategic Priorities remain fit for purpose.

Recommendation

6. The committee is asked to consider and comment on the Safeguarding Adult Board Annual Report 2018/19 and Strategic Plan 2019/24.

Gateshead Safeguarding Adults from Abuse

Safeguarding Adults Board

Annual Report
- 2018/19 -

July 2019

Contents	Page
Introduction	3
Policy Context	4
Safeguarding in Gateshead	5
Gateshead Safeguarding Adults Board (SAB)	5
Partner Governance Arrangements and Scrutiny	8
Strategic Plan 2016/19 and Annual Business Plan 2018/19	9
Key Achievements 2018/19	10
Our Performance	22
Safeguarding Adults Headline performance	22
Deprivation of Liberty Safeguards	24
Safeguarding Adults Reviews (SARs)	25

Introduction

It has been a pleasure and a privilege to be Independent Chair of the Gateshead Safeguarding Adult Board for this last year. Partners understand the importance of working together in order to keep vulnerable people safe, and they have shown enthusiasm and commitment to the joint working that the Board has led.

The harsh face of austerity has been evident in the city this last year. Private providers of residential and home care have faced tight budgets, whilst statutory services from all agencies have undergone further cuts. In some other areas I have known austerity to provoke competition and defensiveness amongst staff – but here in Gateshead I have seen a real commitment to partnership, to rethinking how services can still be provided with less, and to supporting each other at a time of difficulty. It will be important that this commitment continues, as it seems as if our country is not yet through the worst of the financial crisis.

We have worked ever closer with the children's board, and with colleagues across the region, in order to share best practice and learning. This report catalogues some excellent practice by partners in taking forward some of the complex new issues that we are all battling with, such as the impact of Adverse Childhood Experiences on later lives.

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 people in Gateshead remain safe. In particular, though, my thanks are due to Carole Paz-Uceira and Joe Lowrey for ensuring that the Board's ambitions are translated into concrete outcomes.



Sir Paul Ennals
Independent Chair, Gateshead SAB



Policy Context

The Care Act 2014 enshrined in law the principles of Safeguarding Adults, which aim to 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.

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

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

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

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

Safeguarding in Gateshead

Gateshead 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 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 is updated annually, and provides a 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 clinical commissioning group. However, in Gateshead, we recognise the importance of the contribution made by all of our partner agencies and this is reflected by the wider Board membership (correct as of July 2019):

- Gateshead Council
- Northumbria Police
- Newcastle Gateshead Clinical Commissioning Group (CCG) – on behalf of NHS England, North East Ambulance Service and incorporating GP lead for Adult Safeguarding
- Lay Member
- Gateshead NHS Foundation Trust
- South Tyneside Foundation Trust (STFT)
- Northumberland Tyne and Wear NHS Foundation Trust (NTW)
- Gateshead College
- The Gateshead Housing Company (TGHC)
- Tyne and Wear Fire and Rescue Service (TWFRS)
- Northumbria Community Rehabilitation Company (CRC)
- National Probation Service
- Oasis Community Housing and Advocacy Centre North, on behalf of the voluntary sector

The SAB is supported by an Executive Group that meets quarterly. The Executive Group brings together the Independent Chair, the three statutory authorities and the Sub-Group Chairs. The role of the Executive is to monitor the effectiveness of the Board and its sub groups and to report directly to the Board on any emerging themes, risks, areas of good practice and learning. The Executive Group scrutinises the annual Business Plan to ensure that progress is on schedule.

During 2018/19 the SAB and Executive Group were supported by five Sub-Groups:

- **Practice Delivery Group** (Chaired by a senior manager from The Gateshead Housing Company)

The role of the Practice Delivery Group is to ensure that the Multi-Agency Safeguarding Adults policy and procedures and supporting practice guidance continue to be fit for purpose. The Group has responsibility for keeping up to date with national policy changes that may impact upon the work of the SAB, and for the development and implementation of the Communication and Engagement strategy.

- **Safeguarding Adult Review and Complex Case (SARCC) Group** (Chaired by a senior nurse from Newcastle Gateshead Clinical Commissioning Group)

The Safeguarding Adult Review Group was reviewed by the Board in July 2018. The remit of the group was expanded to include complex cases, which resulted in a name change to the Safeguarding Adult Review and Complex Case (SARCC) group. The inaugural meeting of the SARCC was held in September 2018. The SARCC considers Safeguarding Adult Review referrals, commissions reviews and subsequently monitors their progress. The SARCC may also oversee discretionary reviews into cases that do not meet the criteria for a Safeguarding Adult Review, where the group feel there are multi-agency lessons to be learned. The SARCC also scrutinises complex safeguarding adult cases. Complex cases appropriate for the SARCC are:

- Safeguarding Adult Cases which have been in review for a prolonged period, but risks remain high and future options appear limited. These are cases that may require more creative interventions and / or a more co-ordinated and bespoke response
- Complex cases transitioning from Children's Services which will require multi-agency interventions to manage risks
- Cases which have demonstrated particularly good practice and from which lessons could be captured and disseminated

- **Quality and Assurance Group** (Chaired by a senior manager from Gateshead Council)

The Quality and Assurance Group has developed and implemented a Quality and Assurance Framework that provides a structure for scrutinising activity that is undertaken by Board member agencies and relevant services or organisations. The group monitors and scrutinises the quality of activities to ensure that the interventions offered are person-centred, proportionate and appropriate. It is also responsible for the performance dashboard and for considering lessons learned that are identified nationally, regionally and locally from any cases requiring a Safeguarding Adults Review (SAR), Serious Case Review or any other review process relevant to the Safeguarding Adults agenda. The Group will also undertake more detailed bespoke analysis to address issues of concern that have arisen from the performance dashboard or the quality assurance frameworks. This can involve tasks such as undertaking case file audits, seeking further performance data or benchmarking. Details of inspection results for partner organisations are also shared at the Quality and Assurance Group and the SAB.

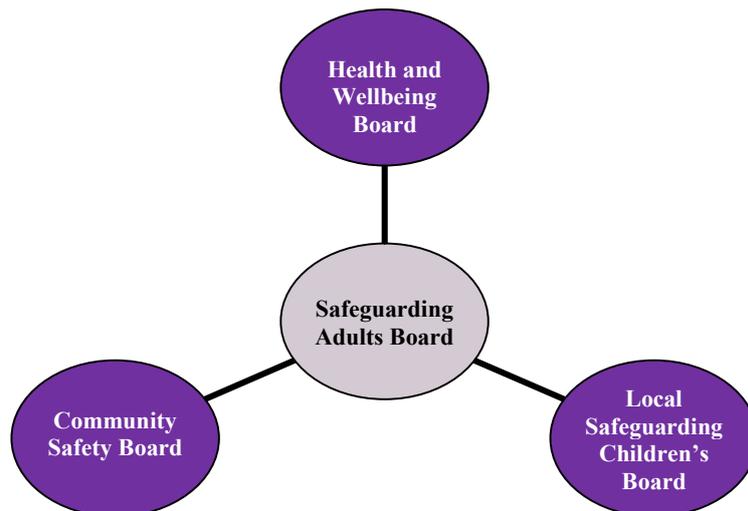
- **Training Group** (Chaired by a senior manager from Gateshead Council)

The Training Group coordinates and develops 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 and evaluation of training courses. The group develops and implements ad-hoc bespoke training courses to meet evidenced demand in addition to core training courses. The group was disbanded in April 2019, with training and learning integrated within the remainder of the Sub-Groups.

- **Strategic Exploitation Group** (Chaired by an officer from Northumbria Police)

The Strategic Exploitation Group is a sub-group of both the SAB and the Local Safeguarding Children's Board (LSCB). The group is responsible for overseeing all work with respect to sexual exploitation, modern slavery, trafficking and female genital mutilation 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 multi-agency partnerships

Partner Governance Arrangements and Scrutiny

Board members are responsible for ensuring that governance arrangements for Safeguarding Adults are incorporated within the structure of their own organisations, and that there are mechanisms for disseminating and sharing information from the SAB. Examples of the governance and scrutiny arrangements for the three statutory partners include:

- Gateshead Council – The Care, Health and Wellbeing Overview and Scrutiny Committee receive updates from the SAB and key pieces of work are submitted to Cabinet. The SAB performance dashboard and annual mandatory Safeguarding Adults Collection are scrutinised within the Adult Social Care performance clinic and strategic items are shared with the Care, Wellbeing and Learning Group Management Team. The Gateshead Council Internal Audit service provide assurance that the Board and Gateshead Council are meeting their statutory duties.
- Newcastle Gateshead Clinical Commissioning Group – An Executive Director holds the lead for the safeguarding portfolio. A Children and Adults Safeguarding Committee meets bi-monthly and a strategic safeguarding forum is held with providers three times per year. The CCG safeguarding committee reports to the CCG Quality, Safety and Risk Committee which in turn reports to the CCG Governing Body.
- Northumbria Police – All learning from national and local serious case reviews are scrutinised through the organisational delivery group and the organisational learning log. The organisational learning log is focused on the importance of identifying learning opportunities and drivers, embedding the value of lessons learned, and helping the organisation to become focused on the importance of continuous

learning. Each Area Command and Department has a responsibility to consider drivers for lessons learned and to encourage organisational learning within their areas of business. The organisational learning log is submitted to each Operational Delivery Group (ODG) and Board for discussion and agreement of new actions, and to ensure organisational wide learning has been considered. Agreed recommendations and actions from the relevant ODG or board will be managed by the assigned learning owner. Areas of learning and best practice that require Force wide communication or change are escalated through Strategic Management Board.

Strategic Plan 2016/19 and Annual Business Plan 2018/19

The Gateshead Strategic Plan 2016/19 was approved by the SAB in March 2016 and was updated in April 2018. 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 2018/19 to enable the Board to prioritise and focus activity over the three-year period.

As 2018/19 was the final year of the Strategic Plan, the SAB undertook a period of consultation for the next Strategic Plan utilising an online survey, face to face consultation with service users and workshops with residents. The SAB decided that the next Strategic Plan would cover a period of 5 years to enable the Board to plan for the longer term. The draft plan was approved by the Executive Group in March 2019 and was ready for the first Board meeting of 2019/20.

Key Achievements 2018/19

The Annual Report must demonstrate what both the SAB and its members have done to carry out and deliver the objectives of its strategic plan. The key achievements for 2018/19 are documented below and are aligned to the SAB Strategic Priorities.

➤ Quality Assurance

- **Implementation of regional Quality Assurance Framework (QAF)**

The Safeguarding Adults QAF is a useful tool that enables partner organisations to reflect upon their progress within the Safeguarding Adults agenda and drive forward continuous improvement. The Quality and Assurance Group responded to concerns from regional partners that there was duplication throughout the region with respect to quality assurance processes. The Gateshead Quality Assurance Framework had been adapted from the North of Tyne model. During 2018/19 we approached Sunderland and South Tyneside who agreed to adopt the same QAF, with slight local variances.

- **Development of Performance Dashboard**

The Quality and Assurance Group continue to refine the performance dashboard to ensure that it is fit for purpose. The first dashboard was presented to the Board in April 2018.

Gateshead SAB Performance Scorecard 2018/19											
LATEST UPDATE: March 2019		Previous Years								Comment - Narrative and recommendations	
Ref. No.	Measure	Sub measure	14/15	15 / 16	16 / 17	17/18	latest figure 2018/19	Trend Line	North East Average	National average	Narrative, comment, Action
Theme 1 - Safeguarding Concerns											
1.1	Volume of concerns		2034	1259	1097	1262					
1.2	Concerns per 100,000 population			1259	779	674	776		1596	902	HE and P National average for 2017-18
1.3	Category of abuse	Physical abuse (%)		21.9%	20.6%	20.8%	22.0%				
		Sexual abuse (%)		3.6%	4.1%	3.5%	2.5%				
		Psychological abuse (%)		10.6%	13.4%	9.8%	11.7%				
		Financial or material abuse (%)		14.9%	16.0%	14.7%	11.5%				
		Discriminatory abuse (%)		0.9%	1.3%	0.6%	0.2%				
		Organisational abuse (%)		0.6%	0.4%	1.0%	0.6%				
		Neglect and acts of omission (%)		40.9%	39.2%	45.3%	45.5%				

The dashboard contains standard Safeguarding Adult data with regards to Safeguarding Concerns and Section 42 Enquiries. It also incorporates information on Making Safeguarding Personal, Safeguarding Adult Referrals, Provider Concerns, Training and Deprivation of Liberty Safeguards. The Quality and Assurance Group analyse the dashboard information to determine future workstreams. The dashboard was refined and amended during the course of 2018/19, with further development planned in 2019/20 in light of relevant legislation changes.

- **Case File Audit Tool**

A case file audit tool has been developed by the Quality and Assurance Group and is supported by an accompanying guidance note. The Audit tool was developed based on statutory guidance in the Care Act (2014) which places a responsibility on SABs to ensure that local agencies are clear about their responsibilities, learn from experience and improve services as a result. The Quality and Assurance group recognise that learning together helps to influence and promote multi agency understanding and practice.

Gateshead Safeguarding Adults Board Standard Case Audit Tool	
Audit Theme	Date Completed
Case ID	
Section 1	
Safeguarding Adults Concern	
1.1	Was the referral made within appropriate timescales?
Analysis	
1.2	Is the detail of the abuse /neglect / self-neglect clear?
Analysis	
1.3	Has the action to manage immediate risk been recorded appropriately?
Analysis	
1.4	Was consent from the victim/representative sought? And if not has the reason for not informing them been made clear?
Analysis	

The case file audits follow a themed approach using an evidenced based approach. The first case file audit theme in 2018/2019 was with respect to the provider concern process. The results from the audit have greatly assisted with more effective triaging of adult concerns, ensuring that the most appropriate pathway is instigated. Subsequent changes in practice were reflected in performance data contained within the performance dashboard.

- **Learning from Regional and National Safeguarding Adult Reviews (SARs)**

The Quality and Assurance Group review regional and national SARs and relevant Domestic Homicide Reviews. Case details are summarised and the group consider key findings relevant for Safeguarding Adults in Gateshead. The Gateshead Safeguarding Adults Business Manager has become one of seven regional SAR champions. The Local Government Association Care and Health Improvement Programme (CHIP) commissioned Research in Practice for Adults (RiPfa), in partnership with SCIE, to develop a national Safeguarding Adults Review Champions network. SAR Champions support SABs in their region by raising awareness of the national SAR library, raising awareness of the SAR Quality Markers and producing learning in SARs that fits with the national SAR library.

- **Single Agency Inspections / Scrutiny**

A number of partners within the SAB are subject to single agency inspections and / or invite external scrutiny to improve practice. The results are shared with the Board where there are implications from a Safeguarding Adults perspective. Examples include:

- Northumbria Police invited the Modern Day Slavery Police Transformation team into the Safeguarding Department during the summer of 2018 to do a debrief of some of their Modern Day Slavery Investigations. This was in order to identify best practice which could be rolled out to police forces across the country. The “What Works team” spent three days in force and identified an area of strength as the partnership working around vulnerable adult victims of slavery. It was identified that the multi- agency victim hubs were best practice in terms of victim engagement and safeguarding support.
- South Tyneside NHS Foundation Trust undertook an external audit inspection of safeguarding and MCA/DOLS processes across the Healthcare group. Overall findings indicated: - “Governance, risk management and control arrangements provide a good level of assurance that the risks identified are managed effectively. A high level of compliance with the control framework was found to be taking place. Minor remedial action is required”. The remedial action included that each Ward and Department will have their nominated Safeguarding Adult / Children Champion and MCA Champion details identified on the Trust Safeguarding Intranet site. The link to the Intranet site will be publicised via the safeguarding Newsletter and attendance at champion forums will be monitored. Furthermore, safeguarding compliance at Level 2 will be achieved. All remedial actions were completed within the allocated timescales.
- Northumberland Tyne and Wear NHS Foundation Trust (NTW) invited colleagues from the Local Authority to visit their Trust HQ in February 2019 to quality assure their safeguarding adult processes. The Gateshead Council Safeguarding Business Manager, Safeguarding Adults Team Manager and Adult Social Care Direct Team Manager had the opportunity to view the NTW safeguard system and were satisfied with the current arrangements. NTW were able to provide key contact details within the Trust to support with Multi-Agency Safeguarding Adult Section 42 enquiries and were happy to share their performance dashboard. NTW subsequently provided a list of all cases referred to the Local Authority in 2019 so that the Local Authority could track the journey of the cases once they have been received within Gateshead Council.

➤ Prevention

• Adverse Childhood Experience's across the life course

Gateshead SAB and Local Safeguarding Children's Board worked in partnership with Public Health to host a conference in February 2019 about Adverse Childhood Experiences (ACEs) and the impact upon the life course. Over two hundred delegates attended from a wide variety of partner organisations.

Following the conference, work has commenced to consider how the SAB can champion the importance of understanding and responding to the impact of Adverse Childhood Experiences and Adult attachment theories. As such, this has been included as a challenge within the 2019/24 SAB Strategic Plan.



• Care Market Challenges

The SAB have worked closely with commissioning colleagues in the Local Authority and the Clinical Commissioning Group to understand the challenges facing the care market nationally and locally in Gateshead. Local authority and CCG finances are under pressure, demand for services is rising and the risks of market failure have been made clear by the high-profile potential collapse of several care providers. With pressured finances for providers, workforce recruitment and retention issues, people entering care with more complex needs for example, this current climate brings a higher risk / potential for failure within the local care market. During 2018/19 the Board discussed these challenges at a number of the Board meetings, and scrutinised the new Standard Operating Practice (SOP) for emergency incidents in the care market in Gateshead. The Serious Provider Concern process is fully integrated with Safeguarding operational practice in Gateshead.

• Training

The SAB Training Sub Group worked alongside the LSCB and Community Safety Partnership to produce a comprehensive training directory for 2018/19. Training courses advertised within the directory are free of charge to

practitioners and volunteers within Gateshead. Key training highlights for the SAB in 2018/19 include:

- ✓ A recruitment drive was held to encourage partner agencies to nominate officers to join the multi-agency Level 1 Raising Concerns trainer pool. A train the trainer session was subsequently held for all of our multi-agency trainers. As a result, the volume of training courses increased from 14 in 2017/18 to 31 in 2018/19. The number of delegates attending Level 1 subsequently increased from 594 in 2017/18 to 707 in 2018/19.
- ✓ Both the Level 1 and Level 2 training courses were updated to incorporate more recent case examples and learning. In addition, the courses were updated to include a section around the duty to refer in accordance with the homelessness reduction act.
- ✓ The Gateshead Council Workforce Development Advisor, SAB Business Manager and LSCB Business Manager worked with their counterparts in Newcastle to develop safeguarding training for voluntary and community organisation trustees. The sessions were promoted via Newcastle Council for Voluntary Services who provide an independent voice for voluntary and community organisations and social enterprises in Newcastle and Gateshead and excellent feedback was provided by attendees



- ✓ The mate crime training course, led by Community Safety, includes a Gateshead safeguarding adult case study – the Safeguarding Business Manager and Community Safety Policy Officer met with a victim of mate crime who had been within the safeguarding adult process to ensure that their experiences were accurately portrayed within the training.
- ✓ The Training Sub group considered the guidance contained within the Intercollegiate Document published by the Royal College of Nursing which articulates required competencies for health care staff within safeguarding and sets out minimum training requirements. A robust programme of training was already being implemented across General

Practice and internally within the CCG, with internal training within the CCG at Levels 1, 2 and 3 being in excess of 90%.

- ✓ Female Genital Mutilation (FGM) training courses were commissioned during 2018/19. These Level 3 courses were aimed at staff from voluntary, statutory and independent agencies whose work may bring them into contact with those who have experienced or could be at risk of FGM. Practitioner feedback was very positive, with comments such as 'I now have an awareness of countries in which FGM is prevalent'
- ✓ A safeguarding adults awareness raising session "looking after your neighbour" was held for residents of The Gateshead Housing Company. The session was a trial with the aim of developing an awareness raising training course that can be adapted for future sessions within resident / community settings in relation to identifying and reporting concerns in the community.

- **Adult Sexual Exploitation**

The Strategic Exploitation Group produced Practice Guidance for front line practitioners with regards to Adult Sexual Exploitation and this was approved by the SAB in April 2018. This guidance is relevant for all cases of Adult Sexual Exploitation, regardless of whether the individual meets the Safeguarding Adult definition. The Practice Guidance includes our Gateshead referral pathway, allocation process, screening tool and case management procedure. A series of awareness raising sessions have been held about sexual exploitation procedures in Gateshead for front line practitioners from a number of different partner organisations.

The SAB was successful in obtaining funding from the Northumbria Police and Crime Commissioner Supporting Victims Fund to support training in sexual exploitation. Ten full day sessions and ten bespoke half day sessions were delivered by Changing Lives on behalf of the SAB. Recipients included A&E and security staff at the Queen Elizabeth Hospital, Adult Social Care staff from Gateshead Council, front line practitioners from The Gateshead Housing Company and supported living workers from the Home Group. Three sessions were held to examine the recommendations from the Newcastle Joint Serious Case review on Sexual Exploitation.



Subsequently, in response to Recommendation 10 from the Newcastle Joint Serious Case Review a 'Sexual Exploitation and Grooming Risk Identification Checklist' was launched throughout the urgent care settings in November

2018. The aim of this tool is to be used by practitioners that have 'time limited' contact with patients (Emergency Care/ Walk in Centre Staff), to help them quickly identify risk of sexual exploitation and grooming.

The Adult Missing, Sexually Exploited and Trafficked (AMSET) Group was established to provide a multi-agency forum for partners to discuss Adult Sexual exploitation referrals and cases in Gateshead. The multi-agency group is also responsible for analysing trend information, mapping hotspot areas and sharing good practice. The AMSET collaborates closely with the police led multi-agency Sanctuary sexual exploitation hub South of Tyne. The AMSET group has received interest from colleagues throughout the region and beyond in terms of tackling sexual exploitation.

- **Hate Crime Champions**

The Gateshead Council Community Safety team, on behalf of the Community Safety Partnership, have launched a hate crime champion scheme. This is in recognition that the impact of hate crime on an individual and their family can often be devastating, affecting social, psychological and physical wellbeing. There are now over 100 Champions in Gateshead, acting as a point of contact, who understand the different ways to report and advise on the support that is available to victims.



Hate Crime Champions within the Queen Elizabeth Hospital

- **Self-Neglect**

A multi-agency one day workshop was held in May 2018 on self-neglect, facilitated by an independent expert on the subject. Feedback from the workshop was gathered and draft practice guidance was subsequently produced for front line practitioners. This will be published once the multi-agency policy and procedures have been revised in 2019/20.

- **Responding to high number of drugs deaths**

Operation Salvator was ran within the Central Area Command between October 2018 and March 2019. This was a pro- active operation designed to tackle the supply of class A drugs and associated harm. The strike phase of

this operation was mounted in March 2019 and resulted in 34 arrests. As part of this Operation a number of vulnerable adults who had been “cuckooed” in their own properties were identified and safeguarded by police and local authority partners working alongside housing associations.

- **Housing**

The SAB worked alongside colleagues within Gateshead Council and The Gateshead Housing Company (TGHC) to assist in raising awareness about the new ‘Duty to Refer’ within the Homelessness Reduction Act 2017. A workshop was held for Board members and information was disseminated widely.

The Northumbria Community Rehabilitation Company (CRC) Gateshead Local Management Centre have worked in partnership with TGHC to develop the strategy and approach to meeting housing needs for vulnerable offenders and potentially victims of offending. They have developed a partnership whereby service users are housed, helping to contain and manage risk and subsequently protect victims. This strategy includes supporting victims of multiple traumas including mental health, drug use, alcohol related difficulties and domestic abuse. The CRC see many of their service users as ‘hidden victims’ as often it is their offending that becomes the key identifier or label and their underpinning experiences and traumas, or victimisation is not met.

TGHC recruited an officer with specific responsibility to develop and maximise their approach to safeguarding and raise awareness across the organisation. TGHC were invited to attend a Northern Housing Company (NHC) seminar in Leeds to present to other social landlords on best practice approaches in Safeguarding.

- **Claire’s Law**

In December 2018 Northumbria Police ran a publicity campaign to highlight Claire’s law (Domestic Violence Disclosure Scheme) which allows disclosures to the public about their partners domestic violence history in order to assist them in making safe relationship choices. Since the campaign the numbers of applications for disclosure have doubled and in the first three months of 2019 there has been a month on month increase in the number of disclosures made in the Gateshead Area. This has helped in safeguarding Gateshead’s vulnerable domestic abuse and sexual exploitation victims.

➤ **Community Engagement and Communication**

- **Safeguarding Conferences**

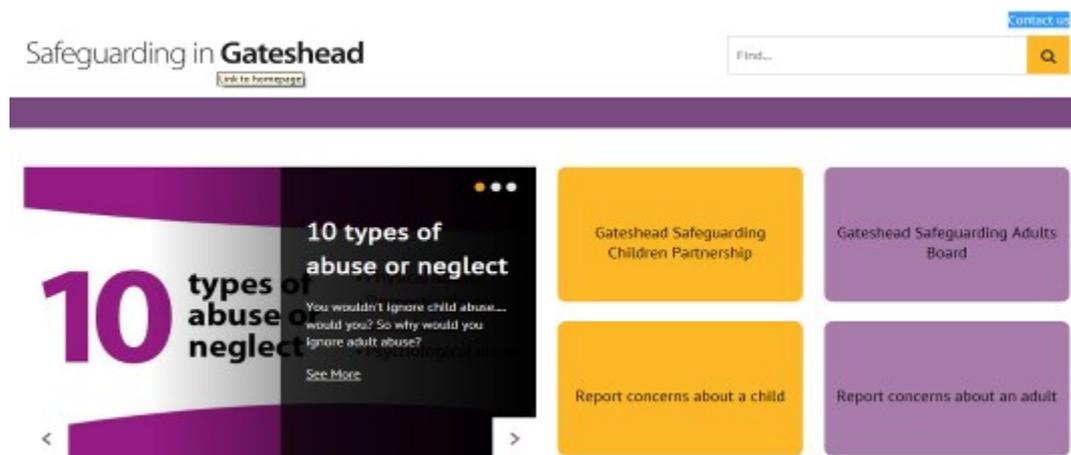
Gateshead NHS Foundation Trust – A Safeguarding Conference was held at the Queen Elizabeth Hospital Education Centre in September 2018. The Conference was organised by the Children and Adult Safeguarding Teams within Gateshead NHS Foundation Trust as a collaborative project to raise

awareness of the diverse range of areas covered by Safeguarding and that Safeguarding is 'Everyone's Responsibility'. Speakers included Jasvinder Sanghera talking about honour-based violence and forced marriage and the Brook Foundation providing comprehensive information about online safety. 102 delegates attended the conference from a wide variety of disciplines within the Trust along with colleagues from the Local Authority, Housing, Police and Probation services.

South Tyneside Foundation Trust - In March 2019, the Safeguarding Adults and Children team organised a multi-agency "Think Family" Safeguarding Conference. This featured a number of external speakers, was very well attended and received positive feedback.

- [Safeguarding in Gateshead website](#)

The SAB and the LSCB developed and launched their bespoke safeguarding website www.gatesheadsafeguarding.co.uk. We have received excellent feedback from partners in Gateshead and beyond.



The website includes:

- ✓ information about the Board
- ✓ policy, procedures and practice guidance
- ✓ details about Safeguarding Adult Reviews (SARs) and an online SAR referral form
- ✓ practical information and advice, including publications and our training directory
- ✓ news and updates
- ✓ a direct link to the Gateshead Council website online safeguarding adults concern form

- [Launch of the @GatesheadSafe twitter account](#)

The SAB and LSCB launched their twitter account in February 2019. The account is very active and at the time of writing the annual report (June 2019) the @GatesheadSafe account had 232 followers and over the previous 28 days had experienced 5,463 tweet impressions. The twitter account allows the

SAB and LSCB to share news stories, launch new publications, promote events and link with partners locally, regionally and nationally.

- **Safeguarding Adults Champion Scheme**

The Practice Delivery Group developed the Safeguarding Adults Champion Scheme. The scheme provides a link between the SAB and our voluntary, community and statutory services in Gateshead. Safeguarding Adults Champions are named individuals within organisations that operate in Gateshead. Gateshead Safeguarding Adults Champions will be responsible for:

- Raising awareness about Safeguarding Adults within their organisation;
- Ensuring that all staff, volunteers and service users within their organisation are aware of the Gateshead Multi-agency safeguarding adult policies and procedures;
- Disseminating updates on key legislation, policies, training and other information
- Being a single point of contact within your organisation for Safeguarding Adults information and advice

In return for signing up, Safeguarding Adult Champions can expect:

- Bespoke awareness raising sessions;
- Invitation to an annual Safeguarding Adults Champions event;
- Information regarding learning and training opportunities; and
- Regular Safeguarding Adults update

- **Posters and Visual media displays**

The Practice Delivery Group produced new posters and visual media displays for TV screens. The group wanted these publications to focus upon raising awareness about the 10 categories of abuse and include information about how to report. Partners can download these resources from the Safeguarding in Gateshead website.



➤ Improved Operational Practice

• GP Toolkit

Newcastle Gateshead CCG has worked very actively with the 30 GP Practices in Gateshead to develop a new GP Toolkit for Adult Safeguarding and Public Protection, in order to provide clear guidance to enable front line practitioners to offer support to the vulnerable individuals they work with on a daily basis.

• Development of the Gateshead Multi-Agency Adult Referral Team (MAART)

The MAART in Gateshead evolved from the previous adult MASH which had been funded via the Home Office Police Innovation Fund. The Gateshead Multi Agency Adult Referral Team (MAART) co-locates Northumbria Police and Adult Social Care in order to improve the initial response to adult concerns in relation to vulnerable adults. The role of the MAART is to bring together key partners and forge stronger links with other agencies which enables information to be shared quickly and effectively and allows better informed decisions to be made by social care. MAART provides an early intervention for residents of Gateshead who are experiencing chaotic lifestyles, multiple exclusions and negative social outcomes for themselves, families and communities but do not meet eligibility criteria under the Care Act and are not engaging with services. The MAART held a multi-agency workshop in December 2018 to define the terms of reference.

• Adult Social Care front door

A Local Authority multi-disciplinary core project team worked on the Adult Social Care Front Door work programme to improve efficiencies, particularly in relation to call waiting times. This was the establishment of online forms, and some small telephony changes:

- 12th November 2018 – Adult Social Care Initial contact, Care Review and General Enquiry forms went live
- 10th December 2018 – Safeguarding Adult concern form went live

All forms can be accessed via the Gateshead Council website. The Safeguarding Adult Concern form can also be accessed via the Safeguarding in Gateshead website. Performance data illustrates significant improvements in efficiency at the Adult Social Care front door.

• NEPO Portal for Procurement of SAR Chairs

Gateshead instigated the need for a regional approach for the procurement of SAR Chairs and Authors due to the limited number of providers operating in the North East. The North East Procurement Organisation (NEPO) portal for the procurement of Independent Chairs of Safeguarding Adult Reviews, Serious Case Reviews and Domestic Homicide Reviews went live on April 1st 2019. A final meeting took place on 13th March 2019 in Newcastle to finalise the process with the 12 participating localities. Approved providers on the portal include a mix of sole traders and organisations. Providers can join the

portal at any time and will only be required to go through the comprehensive tendering process once.

➤ **Implementing Mental Capacity Act (MCA) / Deprivation of Liberty Safeguards (DoLS)**

• **Maintain compliance with Deprivation of Liberty Safeguards**

Gateshead Council, as DoLS Supervisory Body, continues to remain legally compliant with the judgement despite the national challenges and evidence to suggest there are significant backlogs elsewhere, both regionally and nationally.

Gateshead Council has continued to invest in the DoLS staff team responsible for the processing and managing of all DoLS applications by increasing ability to meet most of our demands “in-house”, thereby improving efficiency.

• **Practical Application of MCA work**

Throughout 2018/19 a task and finish group has been working to revamp the training with respect to Mental Capacity, with a focus upon it’s practical application. This has been in response to recommendations from local and national Safeguarding Adult Reviews and a general recognition that practitioners require more practical tools and guidance to support them.

• **Preparation for implementation of Liberty Protection Safeguards**

The landscape with respect to the proposals for the introduction of the Liberty Protection Safeguards via the Mental Capacity (Amendment) Act 2019 continues to be fluid and ever changing and is being closely monitored by partners within Gateshead. The Local Authority Strategic Lead for MCA / DoLS is the Chair of the regional DoLS steering group and is also on the national DOLS Leads group.

Our Performance 2018/19

Safeguarding Adults Headline Performance

A summary of the headline performance information is provided below.

- **Volume of Concerns and Enquiries**

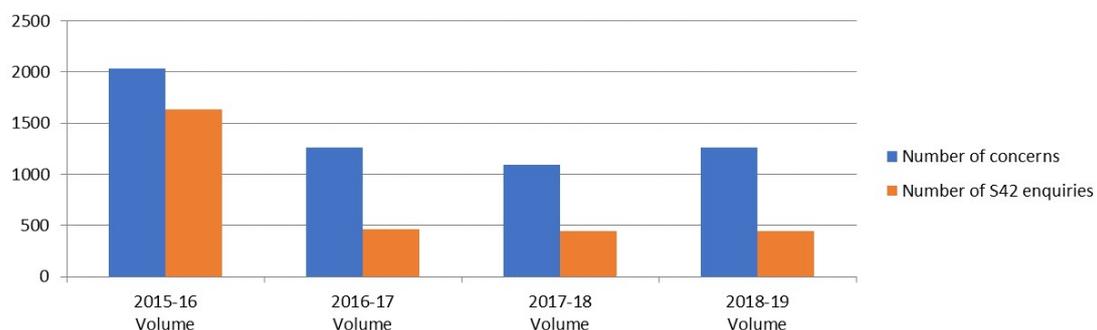
For a Concern to progress to a Section 42 Enquiry it must meet the statutory criteria. The Safeguarding duties apply to an adult who:

- 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 2018/19 there were 1262 Safeguarding Adult Concerns which led to 442 Section 42 Safeguarding Enquiries. In percentage terms, 35% of Concerns led to a Section 42 Enquiry. The number of concerns progressing to an enquiry is similar to the 2017-18 NE (36.4%) and England (33.4%) averages.

The graph below illustrates that the volume of S42 Enquiries has largely remained static over the last three years. There has been a slight fluctuation in the volume of concerns. Partners at the Quality and Assurance Group and Executive Group believe that the fluctuation can be attributed in part to audit of the provider concern process and further strengthening of adult social care 'front door' arrangements. Both of these ensure that cases are progressed into safeguarding if they meet the statutory criteria

Volume of concerns and S42 enquiries



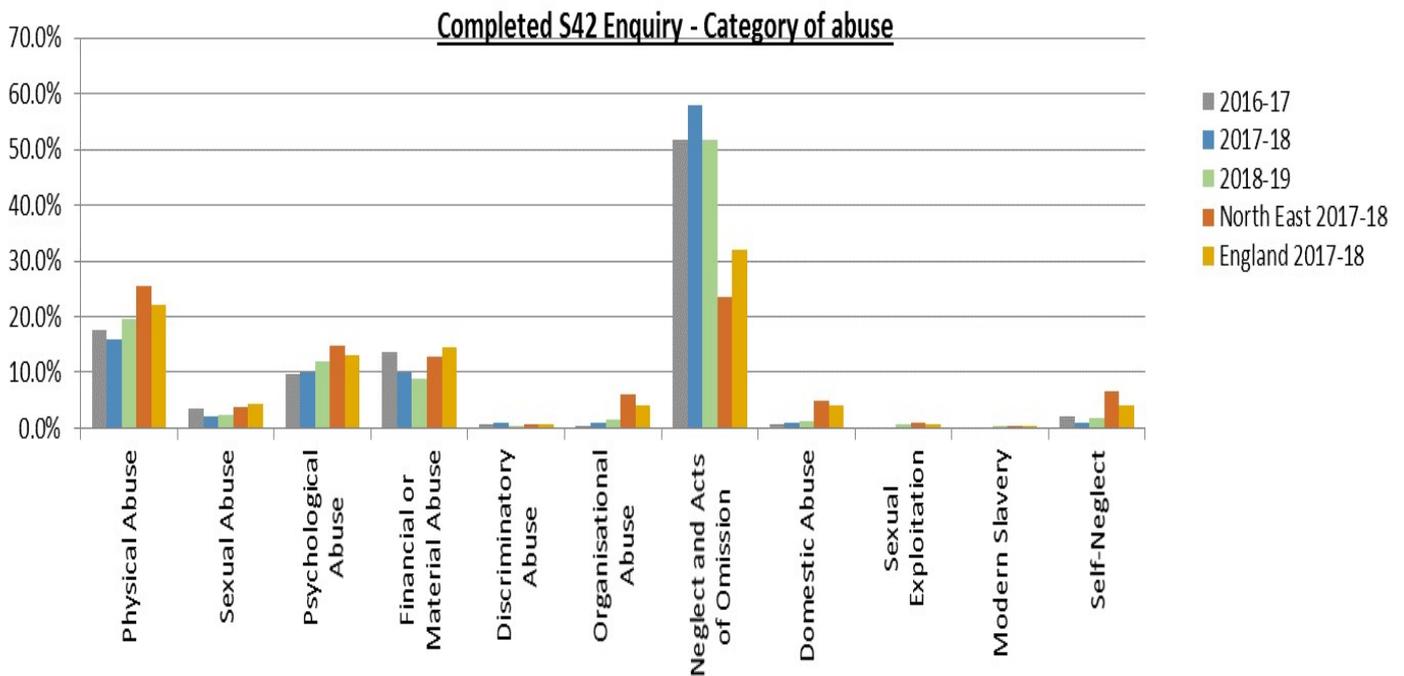
- **Categories of Abuse**

Utilising a count of completed Section 42 Enquiries, and allowing for multiple recording of abuse, the most common category of abuse in Gateshead continues to be Neglect and Acts of Omission which represented 51.7%. This was followed by Physical Abuse (19.6%) and Psychological (14.95%).

Neglect and Acts of Omission in Gateshead continues to be an outlier compared to North East and England averages, however it does show a drop from the 58.0% of last year. The Quality and Assurance Group subsequently commissioned a case file audit of Neglect and Acts of Omission cases in May 2019 which demonstrated a recording issue. This will be rectified and reported upon in the 2019/20 annual report.

The new categories of abuse introduced by the Care Act represented relatively small volumes in 2018/19:

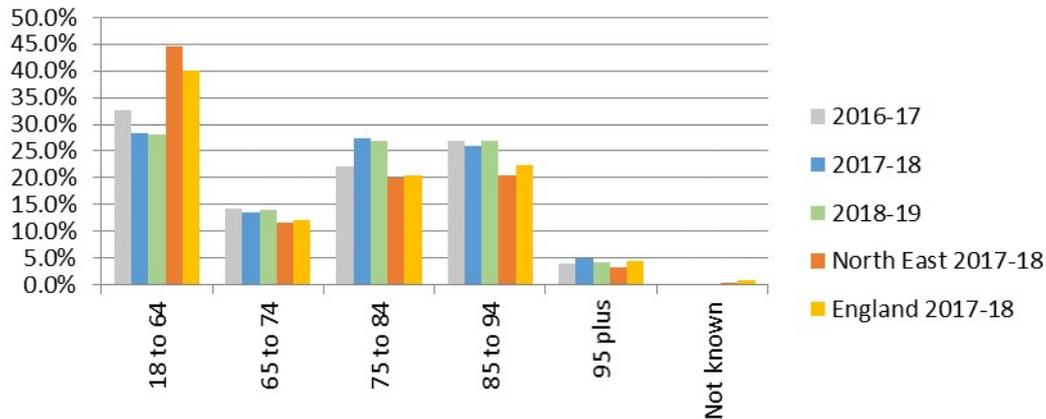
- Domestic Violence – 8 cases, 1.3%
- Modern Slavery – 1 case, 0.2%
- Self Neglect – 10 cases, 1.7%



- Age

In Gateshead, 72% of Concerns were raised for adults aged 65 and over.

Concerns: percentage of individuals by age



Deprivation of Liberty Safeguards (DoLS)

For the period April 2018 to March 2019 Gateshead Council received 2121 Deprivation of Liberty Safeguard applications. This was a slight increase in activity from the previous financial year (2113) and compared to activity from previous years represents a continued levelling out of the demands placed on local authorities in meeting statutory obligations.

The highest rate for DoLS applications remains with those over the age of 65. Within Gateshead this represents 1853 applications (87% of all applications) for those aged over 65 and 268 for those under 65.

There were 339 applications which have not been authorised, due to various standard reasons. The primary reason for non authorisation of a DoLS was down to a 'Change in Circumstances', which took place in 244 cases.

Our demographics remain in accordance with previous data with predicted higher percentages of those 85+ being more likely to be subject to DoLS authorisations, (39%) and those more likely to be female (59%).

Safeguarding Adults Reviews (SARs)

The SARCC Group is responsible, on behalf of the Gateshead SAB, for statutory SARs introduced by the Care Act 2014. The SAB has produced a SAR Practice Guidance note to provide a framework for SARs in Gateshead. All reviews and enquiries are reported back to the SAR Group for scrutiny and challenge. Learning from reviews is fed into the Quality and Assurance Group and Training Group when there are specific actions or learning that needs to be taken forward.

During 2018/19 the SAR referral form was placed online, providing an accessible and secure mechanism for partners to refer SARs.

During 2018/19 the SARCC received 6 Safeguarding Adult Referrals. Of those:

- 0 progressed to a SAR
- 2 resulted in other reviews
 - Drug Related Death review
 - Joint report was requested by CCG, Gateshead Council and Gateshead NHS Foundation Trust
- 1 case formed part of a serious provider concern process
- 2 cases are still being considered as further information is required
- 1 case required no further action
- **Winnie Smith Appreciative Inquiry**

In March 2019 the SARCC group completed an appreciative inquiry that was instigated in 2017. Winnie Smith is the pseudonym chosen by the Adult at the centre of this inquiry. Winnie has been involved in all stages of the inquiry, supported via an advocate chosen by herself and her social worker.

The inquiry was instigated following a significant and sustained period of abuse and neglect experienced by Winnie. She alleged that she had been held for approximately two years by her perpetrators in a property in Gateshead, during which she was regularly abused. When she was found by the police she was so malnourished that she was hospitalised for a month. She had to be sedated during the evenings to assist her to sleep. Two years after she was found, Winnie resides within 24/7 residential care and is subject to a Deprivation of Liberty Safeguard. The effect of the abuse and neglect upon Winnie has been profound.

Organisations that work within the safeguarding adult arena increasingly talk about the challenges of working with complex cases. The life of Winnie Smith was, and continues to be, complex. Winnie experienced significant levels of abuse and neglect as a child and this continued into adulthood. Winnie has been involved with a myriad of services, both statutory and non-statutory, throughout her life and professionals have struggled to identify her health and social care needs. Winnie has at times been a prolific user of services, and at other times has determinedly refused to engage.

The Inquiry identified some elements of good practice and some areas for future consideration. The inquiry recognises that some improvements have already been made within Gateshead and that operational practice has evolved. Key challenges emanating from the inquiry have been included within the Gateshead SAB Strategic Plan 2019/24:

- Explore how partners can understand and respond to the impact of Adverse Childhood Experiences (ACEs) in adulthood
- Develop a shared approach to missing
- Enhance our approach to managing risk. This is to include:
 - Understanding perpetrator motivations
 - Person Centred approach v managing risk
 - Identifying and responding to coercive and controlling behaviour
- Explore the use of 'vulnerability' markers
- Understand health diagnosis in the context of the practical application of the Mental Capacity Act

Gateshead Safeguarding Adults Board

Strategic Plan 2019-2024

Contents

	Page
Introduction	3
Policy context	4
Gateshead Safeguarding Adults Board	5
Our vision.....	5
Governance arrangements.....	5
Developing the plan	7
Strategic Priorities and Key Challenges	8

Introduction

This is the second Strategic Plan for the statutory Gateshead Safeguarding Adults Board (SAB) post implementation of the Care Act (2014) on April 1st 2015.

The Gateshead SAB remains committed to making Safeguarding in Gateshead person-led and outcome focussed whilst ensuring that there is an underpinning ethos of prevention. The Board have worked hard to ensure that they are Care Act compliant and have demonstrated via internal and independent scrutiny that we deliver quality services.

The Gateshead SAB continues to provide strategic leadership for our approach to responding to statutory duties detailed within the Mental Capacity Act. As such we are preparing for imminent changes to legislation proposed via the Mental Capacity (Amendment) Bill which includes the abolition of the Deprivation of Liberty Safeguards (DoLS) and the subsequent introduction of Liberty Protection Safeguards.

The challenges faced by the Board are evolving. Since the commencement of our last Strategic Plan in 2016 we have seen challenges in relation to the stability of the care market, a growth in mechanisms for responding to complex cases and extensive learning from national, regional and local Safeguarding Adult Reviews. This is combined with uncertainties caused by continued austerity and Brexit.

As part of the consultation process for this Strategic Plan an anonymous responder said:

'In this very challenging economic climate keep up the good work as a lot of what you do goes unnoticed, but it is vital to the individuals that are being safeguarded'

The national and local policy landscape is constantly changing, and we will review the Strategic Plan on an annual basis to ensure that the Strategic priorities remain right for Gateshead. We have a strong commitment from its members to implement the Strategic Priorities identified within this plan. This five-year Strategic Plan is supported by annual Business Plans to enable the Board to prioritise and focus activity.

Policy Context

The Care Act 2014 has 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. Chapter 14 of the Care and Support Statutory Guidance issued under the Care Act replaces the No Secrets document as the statutory basis for all safeguarding activity. The Care Act sets out the Safeguarding Adult responsibilities for Local Authorities and their partners and places a duty upon Local Authorities to establish SABs.

A corner stone of the Care Act is the general responsibility placed on all local authorities to promote wellbeing. The Care Act emphasises the assumption that individuals are best placed to judge their own wellbeing, and that protection from abuse and neglect is fundamental.

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

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

Schedule 2 of the Care Act (2014) stipulates that SABs must publish a Strategic Plan each financial year, identifying 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 hold – you have a responsibility to take action to help protect our local residents when you hear about allegations of abuse or neglect.

We know you share our vision and it is 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 SAB became a statutory body in April 2015, assuming the strategic lead and overseeing the work of Adult Safeguarding arrangements in 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. We have 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 SAB are defined as the local authority, the local police force and the relevant clinical commissioning group. However, in Gateshead, we recognise the importance the contribution made by all of our partner agencies and this is reflected by the wider Board membership (correct as of April 2019):

- Gateshead Council
- Northumbria Police
- Newcastle Gateshead Clinical Commissioning Group (CCG) (on behalf of NHS England, North East Ambulance Service and incorporating GP lead for Adult Safeguarding)
- Lay Member
- 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
- Northumbria Community Rehabilitation Company
- National Probation Service
- Oasis Community Housing
- Advocacy Centre North

The SAB is supported by four Sub-Groups:

- **Practice Delivery Group** (Chaired by a senior manager from The Gateshead Housing Company)

The role of the Practice Delivery Group is to ensure that the Multi-Agency Safeguarding Adults policy and procedures and supporting practice guidance continue to be fit for purpose. The Group has responsibility for 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 Communication and Engagement strategy and implementation of the Dignity Strategy.
- **Safeguarding Adult Review and Complex Case Group (SARCC)** (Chaired by a senior nurse from Newcastle Gateshead Clinical Commissioning Group)

The Safeguarding Adults Review Group (SARCC) will consider Safeguarding Adult Review (SAR) referrals, commission reviews and subsequently monitor their progress. The SARCC may also oversee discretionary reviews into cases that do not meet the criteria for a SAR, where the group feel there are multi-agency lessons to be learned. It will collate and review recommendations from SARs and other reviews, ensuring that achievable action plans are developed and that actions are delivered. The SARCC also provides a forum to discuss complex Safeguarding Adult cases that require additional scrutiny and support.
- **Quality and Assurance Group** (Chaired by a senior manager from the Local Authority)

The Quality and Assurance Group have developed and implemented a Quality and Assurance Framework that provides a structure for scrutinising activity that is undertaken by Board member agencies and relevant services or organisations. The group monitors and scrutinises the quality of activities to ensure that the interventions offered are person-centred, proportionate and appropriate. The Quality and Assurance Group is responsible for updating and analysing the performance dashboard. They also consider lessons learned that are identified nationally, regionally and locally from any cases requiring a SAR, Serious Case Review or any other review process relevant to the Safeguarding Adults agenda.
- **Strategic Exploitation Group** (Chaired by a senior officer from Northumbria Police)

The Strategic Exploitation Group is 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, criminal exploitation, trafficking, missing and female genital mutilation in Gateshead.

A SAB Executive Group, which includes the Sub Group Chairs, meets on a quarterly basis to monitor the effectiveness of the Board and to discuss emerging themes, risks, good practice and learning opportunities.

Developing the Strategic Plan

The Gateshead SAB Strategic Plan 2019-24 has been developed in consultation with a variety of stakeholders. It is underpinned by performance information, learning from reviews and feedback from members of the general public and safeguarding adult service users. Targeted consultation includes:

- Board member consultation
- Online survey which was circulated to all Sub Group members, key stakeholders, commissioned providers and members of NCVS who support voluntary organisations within Gateshead
- Face to face consultation with:
 - Shared Lives carers
 - Young women in supported housing provision
 - The Gateshead Housing Company residents

Strategic Priorities and Key Challenges

The consultation process identified that the five SAB Strategic Priorities that had been in place since 2016 remained fit for purpose for 2019-24, those are:

- Quality Assurance
- Prevention
- Communication and Engagement
- Operational Practice
- Mental Capacity

1. Quality Assurance

The SAB will 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. In particular, the Board will ensure that quality is driven by learning.

Key Actions 2019 - 24 include:

- Develop training for front line practitioners that is guided by learning from reviews and inquiries
- Develop and implement annual Quality Assurance challenge event utilising the regional Quality Assurance Framework
- Enhance our multi-agency approach of sharing learning with front line practitioners
- Revise the Safeguarding Adults Review Policy and Practice Guidance to include a strengthened approach to practical application of learning

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. The Board would like to see Prevention at the forefront of all Policies, Procedures and Practice Guidance and woven into practice.

Key Actions 2019 - 24 include:

- Strengthen and embed our Multi-Agency Adult Referral Team (MAART) as a mechanism for supporting vulnerable residents who do not meet the statutory criteria for Safeguarding Adults
- Support closer integration of public services, including the work of Public Sector Reform and the Gateshead Care Partnership
- Become Adverse Childhood Experiences (ACE) / Adult Attachment informed
- Revise the Self-Neglect Practice Guidance note and deliver updated multi-agency practitioner training
- Revise the Financial Abuse Practice Guidance note, taking into account the issues arising from implementation of Universal Credit
- Strengthen multi-agency arrangements for Modern Slavery in Gateshead; to include awareness raising, responding to pre-planned and unplanned incidents and quality assurance
- Raise awareness about Criminal Exploitation
- Build community resilience so that our residents are better equipped to keep themselves safe from harm

3. Community and Engagement

The Safeguarding Adults Board has made significant improvements in 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 when deciding any action. Consultation has demonstrated that there continues to be a lack of understanding about Safeguarding within the wider community, which can impact upon the effectiveness of Safeguarding Adults as a whole.

Key Actions 2019 - 24 include:

- Effectively communicate and champion our good practice
- Enhance communication and engagement with partners and providers who are not routinely engaged with the Board and Sub-Groups
- Promote Safeguarding Adult key messages within our communities
- Widely promote our Safeguarding website and social media presence
- Implement our Safeguarding Adult Champion Scheme and develop Safe Reporting Centres
- Develop a safeguarding adult resource library which includes communication and engagement tools, including visual media aids

4. Operational Practice

Whilst this is a Strategic Plan, the SAB must ensure that operational practice is fit for purpose. Whilst significant improvements have been introduced by the SAB and our key partners we know from our quality assurance processes and the sharing of best practice nationally and regionally that further improvements can always be made.

Key Actions 2019 - 24 include:

- Work with the Health and Wellbeing Board and Community Safety Board to improve how our partner organisations identify and respond to complex cases
- Refresh the SAB Multi-Agency Policy and Procedures by enhancing accessibility and simplifying the procedures
- Enhance our approach to managing risk, to include:
 - Understanding perpetrator motivations
 - Person centred approach v managing risk
 - Identifying and responding to coercive and controlling behaviour
- Improve communication flow with referrers, providers and Adult at risk after a concern has been submitted
- Strengthen multi-agency transition arrangements
- Develop a shared approach to missing adults, including consideration of the use of 'vulnerability markers'

5. Mental Capacity

Understanding and applying the Mental Capacity Act is central to the Safeguarding Adults process. It remains one of our most common areas for improvement in Gateshead, and beyond. Legislative changes are again on the horizon with the proposed Mental Capacity (Amendment) Bill which will reform the Deprivation of Liberty Safeguards (DoLS) and replace them with Liberty Protection Safeguards. The agenda will continue to evolve as new ways of working and case law is embedded into practice. Practitioners need tools and guidance to support them with the practical application of the Mental Capacity Act within everyday safeguarding, assessment and care provision.

Key Actions 2019 - 24 include:

- Understand, and effectively respond, to changes within the Mental Capacity Act (Amendment) Bill
- Develop a mechanism for assuring that the proposed Liberty Protection Safeguards are effectively implemented within Gateshead
- Develop and implement a programme of awareness raising for front line practitioners, providers, partners and the wider public about the application of the Mental Capacity Act
- Explore how a health diagnosis supports the practical application of the Mental Capacity act



Produced by Gateshead Adults Safeguarding Board, June 2019

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**CARE HEALTH AND WELLBEING
OVERVIEW AND SCRUTINY
COMMITTEE
29 October 2019**

TITLE OF REPORT: Review of Review of Work to help people to Stay at Home Safely – Monitoring Report

REPORT OF: Caroline O'Neill, Strategic Director Care, Wellbeing And Learning

SUMMARY

Care, Health & Wellbeing OSC agreed that the focus of its review in 2018/19 was to investigate how health, social care and voluntary sector services in Gateshead support people to live at home safely. The review focused on how successful these services are in terms of supporting people to be independent and providing accounts from people who work in and receive services with the aim of examining areas where there may be scope for improvement/greater joint working with partners in the NHS and voluntary sector.

This report provides a summary update on progress against those recommendations to date.

Progress Update – October 2019

Recommendation 1: To explore potential delivery models (with colleagues in health), in relation to the prevention of admissions to hospital for those people who arrive at A&E/Urgent Care, building on best practice evidence nationally and regionally.

Update:

Utilising the Better Care Fund, agreement has been made to trial a new social work role in A&E/Urgent Care, to seek to support people to return home with support, as opposed to being admitted to hospital, where there is no clinical need for this. Partners are working together to develop this service, and crucially to determine the success factors that would be anticipated, so that the benefit (or not) of the investment can be demonstrated.

Additionally, social care colleagues are working with NHS colleagues in A&E to:

- Work with the hospital frailty team in looking at a patients first 72 hours to improve the journey and prevent unnecessary admissions.
- Devise a discharge to assess protocol which is looking at discharging people from the Front of house and the patient being seen within 2 hours at home.

Adult Social Care Assessment Model - Whilst things have not progressed as quickly as we would have liked in the East of the borough there has been significant development in the West.

A five day cover of social workers (using 2 social workers) was implemented the 7th October at Blaydon Primary Care Centre where the social care staff sit alongside the District Nurses. These daily attendances are to discuss any “patients” that the district nurses have issues/queries or concerns about. The social worker can offer advice and information/signpost or take referrals for an assessment under the Care Act if required. Whilst the social work staff are out on visits there has been a process developed to ensure any queries are picked up when they return to the Care Centre, and as well as this they attend the district nurse “handover” meetings (20 minutes). Whilst the above has been developed this is ongoing work with our health partners to ensure that people get the right service at the right time and reduce the possibility of needing longer term services.

Recommendation 2: To work with partners in the Council, the ADASS regional team, and the ICS workforce stream to develop career pathways for health and social care, in order to address the workforce issues across the sectors.

Update:

There are a number of national, regional and local challenges facing the adult social care sector. In 2018, the National Audit office (NAO) confirmed that a perception from the general public of low rates of pay, along with tough working conditions and a poor image, are preventing workers from joining and remaining in the sector. The NAO confirmed that while many people working in the sector find it rewarding, there was widespread agreement that workers feel undervalued and there were limited opportunities for career progression.

There is a recognition that across the ASC and Health Workforces there are a significant number of shared synergies and challenges, such as the workforce required to support Hospital Discharge, or enabling people with complex needs to live independently. Likewise there is correlation between the cohorts of people that health and social care workers support, and indeed across the employee population there are people who work across/move between sectors, and the dependency of both groups of employees on each other in multi disciplinary working, are well understood.

As a consequence a range of activities are progressing in terms of work with the NHS on our shared workforce priorities. Steph Downey as the Service Director for ASC in Gateshead now represents NE ADASS at the Integrated Care System Workforce Transformation and Strategy Board. In August the Board received a presentation on the ASC workforce and regional colleagues are now in the process of identifying and agreeing the top workforce priorities across social care and health, and ensuring that links with our independent sector providers, (who employ the vast majority of the ASC workforce) are central to these discussions.

In terms of local developments, colleagues in the Council are in the process of developing an Adult Social Care recruitment strategy. The strategy will serve to

achieve the 3 main aims of improving the quality and 'style' of job adverts, increasing the response rates to advertised posts and improving the quality of applications.

Some of the key actions of the Adult Social Care Recruitment Strategy are:

- Greater use of Social Media to advertise vacancies
- Add promotional material to Intranet / Internet Care.
- Development of an Adult Social Care Careers Microsite
- Greater use of advertising sites and DWP 'Find a Job'
- Links to national advertising campaigns such as the 2018-19 'Dept. of Health and Social Care – Adult Social Care recruitment'.
- Consider an employee referral programme
- Open days, recruitment fairs and events
- Explore a Care Academy model with local training providers
- Reviewing mandatory requirements
- Working with Gateshead and Newcastle Colleges to offer 'T Level' placements
- Succession planning and workforce mapping
- Apprenticeships (including x 3 social work degree apprentices)
- Joint work with health colleagues on Health and Social Care Apprentices

Recommendation 3: To further develop the Extra Care offer in Gateshead, in particular focusing on the provision of Dementia Specific Extra Care provision, which can meet the needs of people with cognitive impairment, and enable them to continue living in the community, thereby preventing admissions to care.

Update:

A Housing Options Appraisal was carried out in June 2018 to evidence the need for future Extra Care developments in the borough. The appraisal identified a need for a further 245 units to build by 2024 with a proportion of units to be dementia specific.

Planning permission has been granted for an 82 unit extra care scheme in Lobley Hill called Ravensdene Lodge, which is planned to be open in late autumn 2021. Ravensdene Lodge will be dementia friendly throughout and there will be an allocated wing with their own staffing which will be dedicated for people with dementia.

Further developments across the borough will include dementia requirements which will support the Council in delaying the need for admissions into long term residential care

Recommendation 4: To continue to further develop the enablement offer within the services the Council provides and commissions, thereby preventing more people from requiring long term care.

Update:

The enablement offer has been expanded and utilised within the Learning disabilities team. It will be further developed so that this way of working becomes integral to the service offer across adult social care.

Recommendation 5: To continue to work with NHS colleagues and commissioned providers to continue the downward trajectory of Delayed Transfers of Care (DTOCs), enabling people to be “discharged to assess”, and reducing delayed transfers of care from hospital.

Update:

To further support this work we are working with our trust partners in the following:-

The Bridging Service is continuing in Zones 1 and 3 where there is greater pressure to get packages of care. As more people have been going through PRIME this has reduced the need for longer term packages of care and therefore the bridging service. The service will continue until the end of March 2020 where a decision will be made as to its longer term need, or whether the function will need to change as part of our new model for home care.

In terms of discharge pathways, we have developed the following:

- Trusted assessor to intermediate care beds – patients are discharged to Eastwood via the frailty nurse or social worker
- Regular meetings to discuss patients who are in hospital over 7 days to identify any issues to discharge

There are regular meetings as part of the transformation work at the QE hospital to discuss the above and evaluate their progress.

Gateshead LA is also working with the regional LAs in understanding what each authority is reporting in respect of Delayed Transfers of Care, to ensure we have a standard approach and are not interpreting the discharge protocol differently. We have had a recent meeting with our health partners to be clear of our own understanding as a whole system.

Recommendation 6: To undertake a systematic review of all assessment functions, to explore the potential to introduce “Trusted Assessor” models, thereby reducing duplication across the system whilst improving the journey for people using health and care services.

Update:

Existing Trusted Assessor approaches into Eastwood PIC and PRIME are operating well - reducing duplication and transfers between services as well as crucially,

augmenting high quality care within both services. There has been the continuous expansion of the Trusted Assessor approach into PRIME with Intermediate Care bed OT, Physio and Clinical Educator undertaking shadowing of PRIME officers as from 9/9/19 and Community O.Ts as from 4/11/19. There are 3 intended further developments: (1) A range of Q.E. Hospital Ward Therapists to become Trusted Assessors (2) Community OT to become Trusted Assessors (3) The creation of a trusted assessor role to secure equipment for hospital discharges and (4) Eastwood OT & Physio's to become Trusted Assessors.

Since January 2019 there have been 414 successful Trusted Assessments taken, which have led to people being enabled to fully or partially achieve their reablement goals.

In terms of monitoring the impact for people/patients, to ensure that the Trusted Assessment improves outcomes, The Adult Social Care Outcomes Framework (ASCOF) confirms that 90% of service users using Eastwood PIC are still living at home 91 days post hospital discharge period (up 4.8% on the same period last year) and 90.7% of service users using PRIME are still at home 91 days post hospital discharge period, up 1.3% on the same period last year. These increases indicate that the Trusted Assessor model is working well, as the 'right' pathways of care are being identified for people.

Recommendation 7: Develop and operationalise an Assistive Technology strategy, including the opportunity to learn from local, regional and national technology projects.

Update:

Linking to the outcomes from the OSC review a number of recommendations are to be taken forward as part of an Assistive/Digital Strategy, some key points were: -

- Evaluation of the current referrals process across all Adult Social Care teams
- Consider new ways of raising awareness of products available
- Assistive Technology market place event
- Ongoing review of cost effectiveness of new systems and technology
- Look at how Assistive Technology may benefit parents and children with disabilities or special educational needs in young adults.
- Learn from other organisations on the use of Assistive Technology to meet care and support needs
- Embed Technology Enabled Care as a mandatory requirement.
- Include Assistive Technology as a mandatory field within the new Social Care Software system and add appropriate defaults.

Recommendation:

Care Health & Wellbeing Overview and Scrutiny Committee is asked to note and comment on the progress highlighted in the six - monthly update.

The Committee is asked to receive a further progress update in six months' time when the recommendations will have been further progressed.

Contact: Steph Downey

Ext:- 3913

TITLE OF REPORT: **New Guidance on Overview and Scrutiny**

REPORT OF: **Mike Barker, Strategic Director, Corporate Services and Governance**

Summary

The report sets out proposed areas for improvement arising from the new guidance on Overview and Scrutiny and seeks the Committee's views.

1. Background

New statutory guidance on overview and scrutiny in local government and combined authorities has been published by the Ministry of Housing Communities and Local Government. The guidance has been produced following a commitment made by the Government in early 2018 following on from the Communities and Local Government Select Committee's inquiry into O&S.

The revised guidance is light touch and aims to raise the profile of scrutiny committees and increase the effectiveness and relevance of their work. The updated guidance takes into account changes such as the establishment of combined authorities and the increase in commissioned services. It aims to ensure that the purpose of overview and scrutiny is better understood, and provides advice on what effective scrutiny looks like, how it can be achieved and the value this can bring to policy development and decision making. It reminds authorities of the powers available to scrutiny committees; highlights the benefits of effective scrutiny; and provides practical advice and proposals for improving the function.

A central theme of the statutory guidance is the importance of a strong organisational culture which supports scrutiny to provide effective challenge and a commitment to scrutiny across an authority, not just amongst those members and officers with a scrutiny role. It also focuses on resourcing, selection of committee members, powers to access information, planning of work programmes and evidence sessions.

Compared to the previous guidance, which concentrated on explaining the legislation, the new guidance is practically focused and grounded in the experience of scrutiny in local authorities since the 2000 Act. It leaves scope for local practice and does not intend to be prescriptive.

2. Proposal and / or Issues for Consideration

Having reviewed the areas highlighted within the new guidance it is considered that Gateshead already has in place much of what is set out in the guidance. However, it is considered that the below represent potential areas for improvement:-

2:1 Executive – Scrutiny Protocol

The guidance suggests the development of an Executive - Scrutiny Protocol as a positive means of defining the relationship between Cabinet and Scrutiny and providing a framework for managing /mitigating any differences of opinion.

In Gateshead we already have a protocol in place relating to Cabinet attendance at OSC meetings and it is considered that this could be widened further to cover several matters raised by the guidance eg managing disagreements between scrutiny and the executive; reflect the good practice already in place around early engagement with the executive regarding scrutiny's future work programmes and set out the position in relation to scrutiny's powers to access information.

A proposed revised Protocol is attached at Appendix 1 – (Revisions highlighted in red)

2:2 Whistleblowing

As part of establishing a strong organisational challenge culture the guidance, for the first time, references whistleblowing. It suggests that whilst scrutiny has no role in the investigation or oversight of whistleblowing arrangements the findings of independent whistleblowing investigations might be of interest to scrutiny committees as they consider their wider implications. The guidance indicates that this should always be subject to the Council's Monitoring Officer directions on this matter and the authority's constitution.

At this point in time, the Council's Monitoring Officer has advised that there have been insufficient whistleblowing cases in Gateshead to identify any emerging themes / issues to enable scrutiny to have a worthwhile role. Therefore, at this stage, councillors are asked to note their potential future scrutiny role in this area.

2:3 Communicating work of scrutiny to wider Council

The guidance also indicates that Councils should take steps to ensure that all members and officers are made aware of the role scrutiny committees play in the organisation. The guidance indicates that a means of achieving this could be by some reports and recommendations being submitted from scrutiny to full Council rather than solely the executive, taking account of the relevance of the reports to Council's business and its capacity to consider and respond in a timely manner.

However, having regard to Council's capacity to consider additional reports from scrutiny it is considered that it would be sufficient to submit an annual report to full Council on scrutiny's activities in order to raise awareness of ongoing work. Currently OSCs already receive a report at the end of their annual work programme which looks back at the work each OSC has carried out over the year as well as looking forward to the new work programme and this could form the basis of the annual report.

2:4 Following the Council Pound

The guidance suggests that the Council may wish to consider, when agreeing contracts with organisations using public funds to deliver goods and services, whether it would be appropriate to include a requirement for them to supply information to or appear before scrutiny committees.

It is considered that there is significant potential in the role scrutiny could play here: in the context of a number of areas of council policy, existing and emerging in terms of achieving value for money and outcomes with regards to local employment and training; climate change; and other areas of corporate social responsibility and social value generally.

As this is a large area for area for consideration, it is proposed that a workshop is organised for Corporate Resources OSC during November 2019 (which has as part of its remit, efficiency, value for money and procurement) so that they can better understand, explore and prioritise the role that scrutiny could play here.

The workshop will be led by Andrea Tickner, Service Director Corporate Commissioning and will explore scrutiny of the following options:-

- Overall Review of Council third party expenditure (eg key value high spend areas, which suppliers, contracted and off contract/ local and national suppliers
- Process – taking councillors through a particular tender process and what has been achieved on a previous contract
- Social value and what is being achieved

Recommendations

3. The Committee is asked to

- a) Note the information provided.
- b) Endorse the proposed areas for improvements outlined in paragraphs 2:1 to 2:4

Contact: Angela Frisby

Extension: 2138

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Cabinet and Overview and Scrutiny Protocol

Relations between Scrutiny and Cabinet

1. Scrutiny will maintain liaison with the Cabinet; in particular the Leader will from time to time meet with the Chairs and Vice Chairs of Overview and Scrutiny Committees to discuss issues of mutual concern.

Scrutiny Work Programmes

2. All Cabinet Members will receive information on the proposed work programmes and meeting dates for each OSC prior to the start of each municipal year.
3. Prior to each OSC meeting Cabinet members will be notified when the agenda papers are available to view.
4. Opportunities will be provided for discussing the respective OSC work programme / agendas at relevant Portfolio meetings.

Scrutiny of Performance Issues

5. Cabinet Members whose Portfolio area covers the remit of specific OSCs have a standing invitation to attend those six monthly meetings where the OSC formally considers performance issues relating to Making Gateshead a place where everyone Thrives and partnership work generally, to provide an update on their Portfolio area to the Committee.
6. Where specific concerns relating to a performance matter arise outside of the six monthly meetings, and the OSC would like the relevant Cabinet Member to attend to provide an update on this matter, a specific invitation will be extended via the Cabinet Office for the Cabinet Member to attend the next scheduled meeting of the OSC.
7. Where OSCs have any specific concerns relating to a performance matter the relevant Cabinet Portfolio Holder will be made aware of these by the relevant OSC Lead / scrutiny support officer prior to the meeting.
8. Where a Cabinet Member is unable to attend an OSC meeting he/she may nominate another Cabinet member who supports the Portfolio area to attend, or the relevant strategic or service director.

Scrutiny and Policy Development

9. Where OSCs are considering matters which support the development of Council Policy, Cabinet Members will be invited to attend OSC meetings as follows:-

OSC Reviews

10. Cabinet Members will be made aware of the Policy Reviews to be carried out by each OSC annually through the OSC's Work Programme, including the dates of the meetings where the OSC will receive evidence on these reviews, and will receive the agenda papers for these meetings for information.
11. As the OSC work programmes are flexible, Cabinet Members will be notified of any changes to the Work Programme as they arise.
12. Where the OSC Review covers a Cabinet member's Portfolio area, the scrutiny support officer will contact the Cabinet Office to invite that Cabinet member on behalf of the OSC to attend one of the evidence sessions to highlight any issues/concerns/challenges that they would like the OSC to have regard to.
13. Where a Cabinet Member is unable to attend he/she may nominate another Cabinet member who supports the Portfolio area to attend, or the relevant strategic or service director.

ad hoc Policy Issues

14. Where an OSC's views are being sought on policy matters during the course of the year on an *ad hoc* basis, the scrutiny support officer will inform the Cabinet Office and invite the relevant Cabinet Member on behalf of the OSC to attend the meeting where this issue is considered to highlight any issues/concerns/challenges that they would like the OSC to have regard to.
15. Where a Cabinet Member wishes to attend any other meeting of an OSC and speak on a particular matter he/she should liaise with the relevant Chair of the OSC or the relevant scrutiny support officer for the OSC in question, seeking an invitation from the Chair. If agreed, the OSC will then be notified of the Cabinet Member's intention to attend.

Managing Disagreements

16. The above processes should ensure that OSC recommendations to Cabinet / Council, in relation to future Council policies and practices, take account of Cabinet members

position on particular matters and help facilitate Cabinet support for proposed recommendations. Never-the-less there may be occasions, in relation to particularly contentious issues, where Cabinet may disagree with a finding or recommendation of a scrutiny committee.

Where such disagreements occur in relation to OSC Reviews these are likely to become apparent at the Interim report stage providing an opportunity for OSC Chairs to discuss with relevant Cabinet members whether there is scope for a midway compromise position to be achieved.

Where it is not possible to find a compromise position and Cabinet, as the decision maker, considers it is not able to support a particular recommendation or finding of a scrutiny committee then Cabinet should provide full and clear reasons as to why this is the case.

Call in

- 17 Where an OSC Chair and Vice Chair agree that a request for Call - In is reasonable and Cabinet is asked to think again on a particular issue a meeting of the relevant OSC should be convened within five working days to consider the Call - In, the relevant Cabinet member will be invited to attend to make any comments they would like the OSC to have regard to. The representations of the Cabinet member will be in addition to any presentation given by the relevant Strategic Director responsible for the service which is the subject of the called in decision.

Scrutiny Powers to Access Information

- 18 The statutory guidance on O&S indicates that Scrutiny members should have access to a regularly available source of key information about the management of the authority, particularly on performance management and risk.

Each request for information should be judged on its individual merits but authorities should adopt a default position of sharing the information they hold, on request from scrutiny members. However, there may be instances where it is legitimate for the Cabinet to withhold information. In such circumstances, Regulation 17(4) – Local Government (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 places a requirement on the Cabinet to provide Scrutiny with a written statement setting out its reasons for that decision. However, the guidance states that before a decision is taken not to share information, serious consideration should be given as to whether such information can be shared with Scrutiny in closed session.

Scrutiny and full Council

- 19 An annual report setting out scrutiny's activities for that year will be submitted to a meeting of full Council to ensure that the wider Council has a good awareness of the role, purpose and ongoing work of scrutiny across the Council.

TITLE OF REPORT: Annual Work Programme

REPORT OF: Sheena Ramsey, Chief Executive
Mike Barker, Strategic Director, Corporate Services and
Governance

Summary

The report sets out the provisional work programme for the Care, Health and Wellbeing Overview and Scrutiny Committee for the municipal year 2019/20.

1. The Committee's provisional work programme was endorsed at the meeting held on 23 April 2019 and Councillors have agreed that further reports will be brought to future meetings to highlight current issues / identify any changes/additions to this programme.
2. Appendix 1 sets out the work programme as it currently stands and highlights proposed changes to the programme in bold and italics for ease of identification.

Recommendations

3. The Committee is asked to
 - a) Note the provisional programme;
 - b) Note that further reports on the work programme will be brought to the Committee to identify any additional policy issues, which the Committee may be asked to consider.

Contact: Angela Frisby

Extension: 2138

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Draft Care, Health & Well-being OSC 2019/20	
25 June 19 1.30pm	<ul style="list-style-type: none"> • Constitution (to note) • Role and Remit (to note) • Making Gateshead a place where everyone thrives – Year End Assessment and Performance Delivery 2018-19 • OSC Review of Suicide– Scoping Report • Implementation of Deciding Together – Progress Update • Diagnostic X Ray Services - Briefing
10 Sept 19 5.30pm	<ul style="list-style-type: none"> • OSC Review of Suicide – Evidence Gathering • Social Services Annual Report on Complaints and Representations – Adults • Work Programme
29 Oct 19 1.30pm	<ul style="list-style-type: none"> • OSC Review –Evidence Gathering • Annual Report of Local Adult Safeguarding Board and Business Plans • Monitoring OSC Review - Helping People to Stay at Home Safely • New O & S Guidance • Gateshead Healthwatch Interim Report • Work programme
10 Dec 19 1.30pm	<ul style="list-style-type: none"> • OSC Review – Evidence Gathering • Making Gateshead a place where everyone thrives – Six Monthly Assessment of Performance and Delivery 2019 -20 • Health and Wellbeing Strategy Refresh • Proposed Practice Merger – Rawling Road • Proposed Merger of Crawcrook & Rowlands Gill Medical Practices • Work Programme
28 Jan 20 1.30pm	<ul style="list-style-type: none"> • OSC Review -- Evidence Gathering • Drug Related Deaths • Sepsis Prevention - Case Study • Health & Well-Being Board Progress Update • Work Programme
3 Mar 20 1.30pm	<ul style="list-style-type: none"> • OSC Review -- Interim Report • Gateshead Healthwatch • Support for Carers (Adults) • Work Programme
21 April 20 1.30pm	<ul style="list-style-type: none"> • OSC Review of Suicide–Final Report • Monitoring - OSC Review - Helping People to Stay at Home Safely • Health and Well-Being Board – Progress Update • OSC Work Programme Review

Issues to slot in

- Universal Credit – Impact on Emotional Health and Wellbeing (possible joint meeting with other OSCs)

- Deciding Together Delivering Together – Progress Updates / Potential Consultation
- Impact of any health transformations on adult services.
- Quality Accounts - Gateshead Health NHS Trust and NTW NHS Foundation Trust and South Tyneside NHS Foundation Trust
- ICS Updates - as appropriate.
- ***Green Paper on Adult Social Care -Council Response***