

# CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 13 September 2016 at 5.30 pm in the

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From the Acting Chief Executive, Mike Barker

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Item	Business
1	<b>Apologies for absence</b>
2	<b>Minutes of last meeting</b> (Pages 3 - 10)
3	<b>Improvements to Stroke Services in Gateshead</b> (Pages 11 - 20) Report of the Newcastle Gateshead Clinical Commissioning Group
4	<b>Review of GP Access - First Progress Update Report</b> (Pages 21 - 26) Report of Interim Strategic Director, Care, Wellbeing and Learning
5	<b>Healthwatch Gateshead Progress Report</b> (Pages 27 - 40) Report of Healthwatch Gateshead
6	<b>Review of the Role of Housing in Improving Health and Wellbeing - Progress Update</b> (Pages 41 - 44) Report of the Director of Public Health
7	<b>Annual Report on Adult Services Complaints and Representations, April 2015 - March 2016</b> (Pages 45 - 58) Report of the Interim Strategic Director, Care, Wellbeing and Learning

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# Public Document Pack Agenda Item 2

## GATESHEAD METROPOLITAN BOROUGH COUNCIL

### CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Friday, 1 July 2016

**PRESENT:** Councillor N Weatherley (Chair)

Councillors: M Hood, D Davidson, C Bradley, M Charlton,  
K Ferdinand, B Goldsworthy, J Wallace, R Mullen and  
I Patterson

**APOLOGIES:** Councillors M Goldsworthy, P McNally, J Simpson, J Kielty,  
L Kirton and A Wheeler

#### **CHW APOLOGIES FOR ABSENCE**

1

Apologies for absence were received from Councillors Kielty, M Goldsworthy, Kirton, Simpson, McNally and Wheeler.

#### **CHW CONSTITUTION**

2

RESOLVED - That the constitution of the committee and the appointment of the Chair and Vice Chair as approved by the Council for the 2016/17 municipal year is noted.

#### **CHW MINUTES OF LAST MEETING**

3

RESOLVED

- i) That the minutes of the meeting held on 19 April 2016 were agreed as a correct record.
- ii) That the thanks of the Committee be placed on record to the outgoing chair and vice chair for all their hard work and dedication.
- iii) That the Committee were advised that the CCG decision had been announced that the location of the acute inpatient mental health services would be on the proposed site in Newcastle (formerly known as option N)
- iv) That the Committee were advised that NHS England had extended the contract at Blaydon GP Practice until June 2018 which gives some degree of stability and allows further work to be done to embed services and work on publicising the practice within the local area.

## **CHW ROLE AND REMIT**

4

- RESOLVED i) That the role and remit and terms of reference of the Committee are noted.

## **CHW REVIEW OF WINTER 2015-2016**

5

The Committee received a report and presentation from Marc Hopkinson from the Newcastle Gateshead Clinical Commissioning Group (CCG) which summarised the impact of the 2015/16 winter period on the Gateshead health economy.

The Committee were advised that whilst winter 2015/16 can be described as being 'mild' due to minimal disruptive weather (such as snow and ice) and without the level of norovirus outbreaks that have been experienced in previous years, all providers, in all settings and services experienced sustained pressures throughout the whole of the winter period.

This caused the whole system to be less operationally resilient than planned, particularly in the Emergency Care Centre (ECC) at the Queen Elizabeth Hospital, due to a number of determinants which impacted on the whole systems ability to effectively manage the level of demand placed upon it. This included patients' lack of rapid access to GPs, emergency beds, community and social care capacities; delayed discharges and demand for ambulances (with the North East Ambulance Service capacity and response significantly affected by handover delays at various hospitals across the region).

Whilst it must be acknowledged that there was a significant increase in the number of locally registered patients presenting to the EEC and Blaydon Walk in Centre which placed a strain on these services, increased and sustained pressures were also created by other Foundation Trusts across the region that were simply unable to effectively managed their own patient flow and therefore became reliant on Gateshead Health NHA Foundation Trust to assist them in meeting their demand for urgent care.

Several of these Foundation Trusts frequently had cause to divert patients away from their own hospital sites to Gateshead who despite being under significant, sustained pressure still provided mutual aid to these 'out of area patients'.

In the interest of patient safety, NEAS often felt it clinically necessary to transport patients away from their local or nearest hospital because of delays in handing over patients from ambulance crews to A&E staff. This caused not only increased demand on the Queen Elizabeth Hospital but then created repatriation problems when patients were later medically fit for discharge as NEAS struggled to provide a transfer or their local hospital was not able to provide a bed.

The number of Delayed Transfers of Care, that is adult inpatients in the Queen Elizabeth Hospital (children are excluded from this definition) who are ready to go home or move to a less acute stage of care but are prevented from doing so, also increased during this time for both Gateshead and out of area patients due to the

volume of patients needing support and complexity. Sometimes referred to in the media as 'bed-blocking', delayed transfers of care are a problem for the NHS as they reduce the number of beds available to other patients who need them, as well as causing unnecessary long stays in hospital for patients.

The Committee were advised that within the NHS there are three main indicators which are used to measure performance of the urgent and emergency healthcare system. These are:

### **1. The 4 hour A&E Standard**

This standard is part of the NHS Constitution and is considered a crucial indicator of the overall success in the delivery of high quality health services to NHS patients. It is a requirement that 95% of all patients who present to the Accident and Emergency Department/Walk in Centres are seen, treated and discharged or admitted within 4 hours of arrival.

Gateshead Health NHS Foundation Trust struggled to achieve this target during the winter months in 2015/16. Analysis of annual activity has indicated that whilst there was a decrease in the overall number of ambulance arrivals in 2015/16 (although there was some increase in patients being conveyed from County Durham and Northumberland) there was a 7.6% increase in patients self-presenting to Gateshead urgent and emergency care services in 2015/16 (6,397 patients). Whilst two thirds of this growth was Gateshead residents (4098), there was a marked increase in patients presenting from South Tyneside (43%).

### **2. Ambulance Service – Category A Calls**

The number of Category A calls – life threatening – resulting in an emergency response arriving at the scene of the incident within 8 minutes. There is a national target of 75% for ambulance services.

North East Ambulance Service (NEAS) managed to respond to 68% of these calls in 2015/16 within the specified timeframe.

### **3. Delayed Transfers of Care (DToC)**

The number of days delayed involving Gateshead patients during 2015/16 was 24.5% above the trajectory of 3,330 days and 4% higher than 2014/15. The number of days delayed increased sharply in the second half of the year.

The Committee were advised that an evaluation event was held in early April which resulted in positive feedback on the schemes and ways of working, feeling that all had worked fairly well and were deemed to have made a material positive contribution to managing and assisting with pressures.

However, a number of issues were also highlighted which significantly impacted on the system. These include:

- Higher proportion of elderly attendances than in previous years.
- Acuity of patients severely impacted patient flows.

- Increased attendances added more pressure to the system not just A&E.
- Bed capacity, availability and access.
- Patient Transport Service capacity, delays and availability – due to high demand impacted on discharge flow.
- Out of area patients – issues with diverts to A&E and repatriation to other Foundation Trusts once medically fit for discharge caused delays and capacity issues.
- Access to step down beds caused significant flow problems.
- Patient expectation impacted on flow – particularly the choice agenda.
- Delays with complex discharged impacted on patient flow.

The outcomes of this evaluation process will influence the planning process as well as the reform programme for Urgent Care during 2016/17 which is currently being discussed with providers and the Gateshead System Resilience Group.

- RESOLVED -
- i) That the information be noted.
  - ii) That officers be asked to share the Committee's concerns with other NHS Trusts/Scrutiny Committees in the area about the issue of diverting patients from out of the area to the QE Hospital which is placing unnecessary pressure on the QE.
  - iii) That all steps necessary are taken to communicate that Blaydon is open to 10pm in order to try and encourage walk in patients to use this facility instead of the QE.
  - iv) That further updates are given in due course.

## **CHW 6 SAFEGUARDING ADULTS STRATEGIC PLAN 2016/19 AND ANNUAL BUSINESS PLAN 2016/17**

The Committee received the Safeguarding Adults Strategic Plan 2016/19 and Annual Business Plan 2016/17.

The Committee were advised that the Safeguarding Adults Board held a development day in May 2016 to reflect upon progress during 2015/16 for the Annual Report and to ensure that the Annual Business Plan for 2016/17 would enable the Board to focus activity and assist in meeting the challenges identified within the Strategic Plan.

The key successes for the Board during 2015/16 were also outlined to the Committee and the Committee were advised that in 2015/16 there were 2034 Safeguarding Adult Concerns which led to 1638 Section 42 Safeguarding Enquiries. For a concern to progress to a Section 42 Enquiry it must meet the statutory criteria.

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

- RESOLVED -
- i) That the Strategic Plan and Annual Business Plan be noted and endorsed.
  - ii) That a breakdown of cases be provided to the Committee at a future meeting.

## **CHW 7 REVIEW OF THE ROLE OF HOUSING IN IMPROVING HEALTH AND WELLBEING**

The Committee received a report setting out the proposed scope for the review in 2016-17, the role of housing in improving health and wellbeing and the process for taking it forward.

The Committee were advised that the relationship between poor housing and ill health is very clear, and acknowledged. Evidence suggests that living in poor housing can lead to an increased risk of cardiovascular and respiratory disease, as well as mental health problems such as anxiety and depression. Problems such as damp, excess cold, disrepair and structural defects, can present serious hazards to health.

The suggested scope of this review includes a consideration of factors influencing the ability of individuals and households to access and sustain a good quality home, suitable to their needs, and factors that impact upon the quality and suitability of homes. These factors include:

- availability, affordability and choice
- security of tenure
- property maintenance and management
- energy efficiency of properties (linked also to fuel poverty)
- design that helps meet the requirements of those with specialist needs
- the location and infrastructure of the neighbourhood
- the provision of supported accommodation and/or housing support services

The review would consider existing service activity and Council interventions aimed at: improving housing standards; increasing the supply of good quality homes that will meet the Borough's changing needs; and providing support to residents to enable them to access and sustain a safe and healthy home that meet their needs.

The Committee were advised that it is proposed that the above is considered in the context of:

- reaffirming the relationship between housing, health and health inequalities
- existing and anticipated demand for housing
- existing and anticipated demand for health and social care services
- demographic changes (especially the proportional increase in numbers of older people)
- national and local housing, health and social care policies

The process and timescale for the review is proposed to take place over an eleven month period from 21 June 2016 to 25 April 2017 and will involve the presentation of

expert evidence, research and site visits.

The first evidence gathering session will provide an overview of the relationship between health, housing and wellbeing and further refine an understanding of the issues to be addressed. Subsequent evidence gathering sessions will include presentations from internal services, external organisations and experts in their respective disciplines.

Evidence will be sought from Economic and Housing Growth, Development and Public Protection, Commissioning and Quality Assurance, Gateshead Public Health Team, Public Health England, NEA (National Energy Action) and leading academics. There will also be a number of site visits, including extra care housing, supported accommodation for people with learning disabilities, Dunston Staiths and other local housing developments.

- RESOLVED -
- i) That the information be noted.
  - ii) That the scope, process and timescale be agreed

## **CHW 8 THE COUNCIL PLAN - YEAR END ASSESSMENT OF PERFORMANCE AND DELIVERY 2015/2016**

The Committee received a report outlining the year end assessment of performance for 2015/2016, providing an update on the performance and delivery of the Council Plan 2015-2020.

The new Council Plan 2015-2020, which was approved by Cabinet on 14 July 2015, enables the Council, along with partners to be better placed to achieve positive outcomes for the people of Gateshead and deliver the ambition of Vision 2030 over the next 5 years.

Gateshead's Sustainable Community Strategy Vision 2030 was also refreshed and approved by Cabinet on 3 November 2015.

Five year targets were set as part of the Council's Performance Management Framework, for the period 2015/2016 to 2019/2020 to enable performance to be monitored to ensure continuous improvement. These targets were approved by Cabinet on 14 July 2015.

The year end 2015/2016 assessment of performance report relates to the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee and focuses on achievements, areas identified for improvement and future actions.

Progress as to how well the Council is performing in relation to the 2015/16 targets set and the equalities objectives where information is available at the year end stage was also reported to Committee.

- RESOLVED -
- i) That the information was noted.
  - ii) The Committee agreed that the activities undertaken at the year



end 2015/16 were achieving the desired outcomes in the Council Plan 2015-2020

- iii) That the report be referred to Cabinet on 12 July
- iv) That further information on the number of obesity related deaths in Gateshead be provided to Committee as a further update.

**CHW CORPORATE STRATEGIC TRACKER AND TARGET INDICATOR - 2020**

**9**

The Committee were advised of the proposed service targets to be agreed for the period up to 2020.

The Committee were advised that the targets set express the planned level of performance and are based on a sound understanding of current and past performance and the likely influences over future performance. They will be used as a tool for driving continuous improvement and stretching performance against a particular measure over a given period of time and help set out what needs to be done to achieve improvement within an appropriate timescale. Committee was asked to consider these targets so that the Council's performance continually improves and contributes to the delivery of Vision 2030 and the Council Plan.

- RESOLVED -
- i) The Committee agreed that the proposed 2020 targets set for the corporate strategic indicators and the available benchmarked performance be agreed.
  - ii) That the report be submitted to Cabinet for approval.

**Chair.....**

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# Briefing: Stroke Services in Gateshead

## **Context**

NHS Newcastle Gateshead Clinical Commissioning Group has been reviewing the current Gateshead model of acute stroke care to ensure it is compliant with evidence based best practice and national guidance. In addition there are capacity issues at the Queen Elizabeth Hospital (QEH) that reflect the national picture. A new care model is being developed to ensure we deliver the best stroke care we can for people in Gateshead and Newcastle.

## **Current State**

When the patient presents with suspected stroke they need rapid assessment, diagnosis and treatment by specialist staff. The team at the QE is depleted, carrying vacancies they have been unable to fill. Currently the team is supported by their colleagues in South Tyneside and Sunderland out of normal working hours. This support is delivered remotely using telemedicine, however, changes in treatments now mean that a face to face assessment is considered the gold standard for treatment and delivers the best outcomes for patients.

## **Drivers for change**

National policy is driving change in how stroke services are arranged locally. NHS England's 'Five Year Forward View' advocates a new model for stroke services based on evidence which tell us which model delivers the best outcomes for patients who have suffered a stroke. This involves services being delivered through a Hyper-Acute Stroke Unit (HASU) -where patients are assessed and start initial treatment for stroke, supported by Acute Stroke Units (ASU) where patients are transferred for specialist rehabilitation, usually 2-3 days after their stroke following their initial treatment and stabilisation.

The national recommendations from the evidence are for stroke units to:

- Be a seven-day dedicated specialist unit with more than 600 confirmed stroke admissions and no more than 1500 admissions. Less than 600 stroke patients per year would not be sufficient to ensure staff have enough clinical and institutional learning experience and care standards would be more difficult to achieve.
- Achieve rapid assessment - diagnosis within 1 hour and treatment within one hour
- Have patients admitted directly onto a specialist stroke unit within four hours
- Have patients stay in the stroke unit for 90% of their time in hospital
- Assess patients by specialist stroke consultant and stroke trained nurse and therapist within 24 hours
- Have seven-day stroke consultant cover
- Have seven-day stroke trained nurse and therapist cover

Along with the national recommendations the Local Stroke Network (North East and Cumbria) has produced a paper summarising how ideally we can meet these standards and recommends that there is a maximum of 6 Hyper Acute Stroke Units supported by acute stroke units. Importantly, we do not have the numbers of stroke consultants to be able to provide the extended hour's emergency cover for acute stroke patients under the current configuration.

*“The network acknowledges that with the current model of stroke service provision in the region the required quality of care cannot be guaranteed. In order to provide sustainable and safe good quality care for stroke patients in the region there needs to be some significant changes to the configuration of stroke services.*

There has been a vacancy in one of the two stroke consultant posts at the QEH since April 2014 which the Trust has been unable to fill. There is also a stroke consultant vacancy in South Tyneside NHS Foundation Trust, which provide out of hours cover for Gateshead. This is causing an additional strain on the stroke service in Gateshead.

All of these factors have put pressure on the Stroke Service in Gateshead and in 2014 the QE approached the CCG to ask if we would consider a new stroke pathway moving the initial care of stroke patients to a larger unit based at the RVI.

### **Newcastle Stroke Unit**

The Stroke Unit in Newcastle is recognised nationally as providing good care and has a strong record in leading research and innovation. The unit has taken part in trials to evaluate new treatments such as Thrombectomy (physically removing the clot from the artery in the brain) and is likely to be one of the two regional centres to provide this service. The unit has 6 Stroke Consultants, 2 Neuro-Radiologists and a large and experienced support team. The unit sees about 600 people with acute strokes per year. Consultant recruitment has not been as challenging for Newcastle compared to other units locally.

### **Quality of services in Gateshead**

The Sentinel Stroke National Audit Programme (SSNAP) is the single source of stroke data in the UK. The clinical audit is completed quarterly and measures stroke units across 44 key indicators grouped across 10 domains. (See Appendix 1) SSNAP use this information to produce colour coded performance tables which give a high level summary of hospitals' performance across the ten domains with an overall SSNAP score. The overall score is rated from A-E, with A being the best rating and E being the worst.

The stroke unit at the QEH, for at least the last 12 months, has been scoring an overall rating of D or E. It is clear that staffing is one of the main contributing factors but there are other factors that affect outcomes for patients including the speed at which appropriate scanning is completed, percentage of inpatient stay spent on a

stroke unit, rapid access to treatment and being seen by a dietitian and continence specialist before discharge and also mood and cognitive screening before discharge.

During the same period Newcastle Hospitals scored a B at each quarterly assessment.

Data from the Office for National Statistics for Gateshead and Newcastle shows the early mortality rate for stroke in 2012-14 was 19.2 (compared to 13.8 for England) and the gap has been increasing from 2010

## Future State

It is clear the current situation is not sustainable. The unit currently has 2 consultant posts, 1 of which has been vacant for over 12 months despite several attempts to recruit. The QEH clinical and management team have approached the CCG and suggested that they would like to work in collaboration with Newcastle Hospitals to update and improve the Stroke Service

## Options considered to meet national and regional guidance on stroke services

### 1. Gateshead Stroke unit continues to receive hyper-acute strokes

The stroke unit at QEH would not meet the threshold of at least 600 patients per year that is specified in national guidance and does not have the infrastructure to deliver the standards for hyper acute stroke care. The QEH unit currently treats approximately 380 people with an acute stroke per year of which about 300 are from Gateshead.

### 2. HASU at City Hospitals Sunderland with acute stroke unit in QEH.

Patient flows from Gateshead have traditionally been to Newcastle Hospitals with low levels of activity at City Hospital Sunderland. Consultations on service redesign in other areas have shown that patient preferences are for services either in Gateshead or Newcastle rather than Sunderland. Journey times for patients in Inner and Outer West Gateshead would be prohibitively long. This model would have 2 Consultant vacancies which may prove challenging to fill.

### 3. HASU at RVI with Acute stroke unit at QEH.

This option would allow the service to meet national and regional guidance, would match patient flows and fits with the direction of travel laid out in the Sustainability and Transformation Plan of NUTH and QEH working in an increasingly collaborative manner. The new service will be a 7 day service and would provide a significantly improved standard of care. The combined unit would see approximately It is felt that Gateshead would be much more likely to attract a good Stroke Consultant under this model. This model is supported by both Trusts and both clinical teams have led the development of the new clinical model.

### **Proposed new model of care**

The CCG and Foundation Trusts believe Option 3 described above would best meet the challenges that have been highlighted and improve the care for patients suffering a stroke. The RVI in Newcastle will assess and treat all patients from Gateshead in the acute phase of their illness. For those patients who are well enough to go directly home from the RVI, they will be supported by Gateshead community teams. For those patients who require a longer stay in hospital, they will be transferred to the QEH acute unit and will be supported through their rehabilitation and re-ablement by the specialist team who are based there before being discharged home when they are well enough

Under the new model:

- The majority of patients suffering from a suspected stroke will be taken to hospital by emergency ambulance which is consistent with the current practice
- New protocols would be put in place for ambulance crews to take patients suffering a suspected stroke to the hyper-acute stroke unit at the RVI
- If a patient makes their own way to hospital with a suspected stroke then they would be most likely to attend their nearest emergency department (A&E). If a patient presents at A&E at the QEH, they would be triaged using the FAST assessment. If the assessment shows a patient is having a stroke, an emergency ambulance would be called and they would be transferred under blue-lights to the RVI. In-hours, an on-site stroke consultant could offer further assistance to the emergency care team at the QEH

### **Hyper-acute stroke services**

- The hyper-acute stroke service will be provided at the RVI and will include a 24/7 on call team of stroke responder nurses and medical staff who have specialist stroke training
- They will see all suspected stroke patients as soon as they arrive in the emergency department (A&E) or at the stroke unit
- Patients will be assessed and have diagnostic tests completed in line with the National Clinical Guideline for stroke, which has been prepared by the Royal College of Physicians
- This will often include a CT scan within the first hour of arrival in hospital and if indicated the patient will be given the recommended thrombolysis treatment as soon as possible after arrival in hospital
- Patients will remain in the hyper-acute stroke service for up to 72 hours

*Where patients will go after using the hyper-acute stroke service?*

- Depending when it is clinically appropriate, patients will either be discharged home or transferred to the acute stroke unit at the QEH

- It is anticipated that approximately 40% of patients will require a stay at the QEH before being discharged and a further 40% will be discharged directly to home supported by the Gateshead Community Stroke Team

### **Acute stroke unit at the Queen Elizabeth Hospital**

- The unit will have consultant cover during normal weekday hours
- Patients who are transferred from the hyper-acute stroke service will be admitted to the acute stroke unit. A bed will be kept free to accept transfers of patients who have suffered a stroke or for patients who had been assessed at the RVI and found not to have had a stroke but need ongoing care in their local hospital.
- If there is no bed available in the unit then the patient will be transferred via the emergency assessment unit
- Patients who are already at the QEH and are showing signs of a stroke will be assessed by a stroke consultant. If this happened out of hours then a telephone consultation would be made with the on-call consultant at the RVI.
- A decision would be made on whether to transfer the patient to the RVI or continue to care and treat them at the QEH. The on-call telephone consultation already happens for patients at the Freeman Hospital and has been proven to be safe and effective

### **Mini-stroke (TIA – transient ischaemic attack) clinics**

- Clinics will be provided by the QEH Mondays to Fridays and at the Royal Victoria Infirmary on Saturdays and Sundays
- Any patient follow-ups will be at the QEH
- Patients being discharged from the RVI would be seen by the QEH's Assisted Discharge team or the Community Stroke Team in Gateshead

### **Benefits of the proposed model**

- It is anticipated that the new service will result in at least 3 fewer deaths from stroke each year in Gateshead.
- Improvement in quality standards measured by the Sentinel Stroke National Audit Programme (SSNAP)
- Patients will be admitted to a unit that meets the recommended standards of both national and local stroke networks
- Patients will have access to the most up to date treatments
- The service will be sustainable and robust
- Patients will have access to new treatments such as thrombectomy
- Patients will benefit from access to research programmes which are trialling the latest advances in stroke medicine.
- The new service will be a 24/7 service



- Average length of stay in hospital is expected to reduce by 2 days as a result of these changes.

### **Proposed engagement with the public**

The National and Regional advice on configuration of stroke services along with the evidence given earlier in this briefing have led us to conclude that there is only one model that would provide the most effective treatment for Gateshead Patients. The CCG feels that a full consultation would not be practicable because of the clear clinical reasons for the proposed model. The CCG plans, with its partners, to engage with patients and the public to explain what these proposed changes mean for them, hear their concerns and understand issues affecting patients and their carers. The CCG will then ensure that these issues are addressed during implementation.

The Stroke Association have been represented on the project group and have helped with the pre-engagement with users of the current service. This pre-engagement that has allowed us to start to understand the experience of people from Gateshead who have had a stroke. Some of the themes we heard are:

- Patients and carers want to receive specialist stroke support in specialist wards
- Have rapid access to diagnostic scans to prevent a delay in diagnosis
- Be treated with respect and dignity
- Be assured the correct medical information is shared between professionals in hospital and on discharge.
- Emotional support be available in hospital and on discharge for both patient and carer's

We have proposed a period of six week engagement to allow people the opportunity to have their say on improving stroke services within Gateshead. It will enable patients who have used stroke services to have their say about the current services, improvements that they feel need to be made and to comment on the proposed model

To involve patients and the public, our proposed engagement activity will include:

- Briefing to key stakeholders and partners including Heal watch in both Gateshead and Newcastle
- Survey to focus on what patients of the stroke services and carers think of the current service, any improvements and what they think of the new model
- Liaising with the Stroke Association to facilitate focus groups and/or one-to-one interviews
- Liaising with key groups as appropriate and ensuring that equalities duties are met

The established project group will ensure that patient and carer concerns are addressed when developing protocols for the new pathway and that a patient experience mechanism is agreed to measure experience against themes identified in the planned engagement and take any remedial action where required. Patient and carer feedback will be collected from patients and carers who have experience of the new pathway and will be used to further improve the service. We have discussed the proposal with Healthwatch who would be welcome to help with the evaluation of the new service.

It is proposed that the new model will take effect from the end of November 2016. The CCG is confident that this change in service model will result in improved care for patients from Gateshead.

The Overview and Scrutiny Committee are asked to review and comment on this proposal.

## Appendix 1 : Sentinel Stroke National Audit Programme (SSNAP) Domains

- Domain 1: Scanning
- Domain 2: Stroke unit
- Domain 3: Thrombolysis
- Domain 4: Specialist assessments
- Domain 5: Occupational therapy
- Domain 6: Physiotherapy
- Domain 7: Speech & language therapy
- Domain 8: MDT working
- Domain 9: Standards by discharge
- Domain 10: Discharge processes

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**TITLE OF REPORT: Review of GP Access – First Progress Update Report**

**REPORT OF: Interim Strategic Director, Care, Wellbeing & Learning**

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## **Summary**

This report provides the first update to Care, Health & Wellbeing OSC on progress made against recommendations and actions identified from the review of GP Access in Gateshead.

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## **Background**

1. Care, Health & Wellbeing OSC focused its 2015/16 review on GP Access in Gateshead.
2. Access to GP services continues to be a key issue for local communities across the borough as a whole, whether from urban or more rural areas. The Committee received a significant amount of evidence as part of the review and undertook a series of visits to GP practices and other sites across the borough in order to scrutinise current arrangements in place, gain a better understanding of both the challenges and opportunities relating to GP access and the quality of care provided.
3. In particular, the evidence gathering sessions and site visits focused on:
  - Key issues relating to 'Access' to GP services, drawing on survey findings and other evidence on GP appointments, opening hours, out-of-hours etc.;
  - Issues relating to the quality and experience of care;
  - GP Access and quality of care in the broader context of service developments/initiatives relevant to the review topic.
4. Committee Members acknowledged the input of GP practices to the review and expressed their thanks to their practice managers. The Committee also expressed its thanks to Newcastle Gateshead CCG, NHS England Cumbria & North East, Healthwatch Gateshead and Gateshead Community Based Care Ltd. for their contributions to the review.

## Headline Findings

5. The Committee noted that a strong partnership approach is essential to ensure appropriate, timely and quality GP services can be accessed by Gateshead residents. Patients themselves also have a key role to play in providing feedback to their practice.
6. It was reported to Committee that Practice Action Plans are developed by all practices working with Newcastle Gateshead CCG and NHS England and are reviewed and updated annually. In continuing to develop these plans in the future, it was recommended that a specific focus is placed on ways individual practices can enhance access to GP services for their patients and actions that can be taken in this area. It was also noted that practice facilitators will continue to support practices in taking these actions forward.
7. The headline findings of the review acknowledged the opportunity to build upon existing work and continue the direction of travel set by local NHS Partners and GP practices themselves to enhance access to GP services in Gateshead. Progress against recommended priorities and actions to-date are set out below.

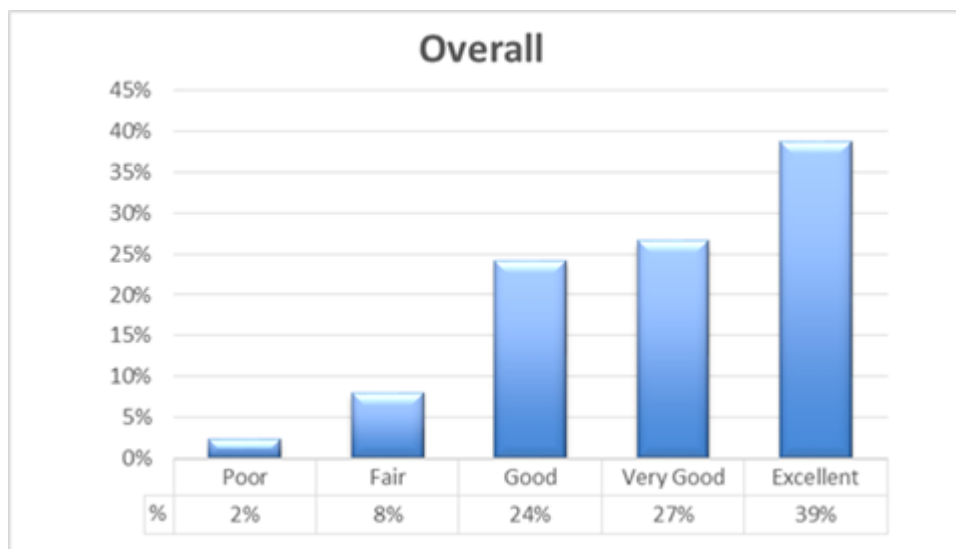
## Priorities and Actions

### Priority 1: Access & Appointments

Action	Progress
<b>Action 1.1:</b> Work with practices to ensure patients are aware of the different methods available to book an appointment and other options if an appointment is not available.	The national General Practice Patient Survey (GPPS) reports that booking of online appointment at the GP practice is up from 3.8% to 5% in the Gateshead area.
<b>Action 1.2:</b> Communicate and explain to patients with long term conditions the 'Year of Care' approach to promote self-care for patients and to signpost them to available support, such as Live Well Gateshead.	The long term conditions patient reference group is developing the communication materials for patients with LTCs. This will be re reinforced at LTC appointments.
<b>Action 1.3:</b> Raise the awareness of patients of the scope to request a longer appointment if they feel it is necessary, so that appointments are less likely to overrun with a knock-on effect for other patient waiting times.	This is being actioned by practice managers through the Practice Managers group.

Action	Progress
<p><b>Action 1.4:</b> Improve patients' reported experience of out-of-hours services - compare data from the GP Patient Survey with GatDoc data, explore the variation further and address any issues identified.</p>	<p>The most recent national General Practice Patient Survey (GPPS) reports that overall (good) experience of out-of-hours service in the Gateshead area has increased from 55% to 70%.</p> <p>Overall satisfaction rates for the GatDoc out-of-hours service which have been compiled by Gateshead Community Based Care Ltd. show that 90% of respondents gave the out-of- hours-service a rating of Good to Excellent as at June 2016 (see <i>Figure 1</i> below).</p>
<p><b>Action 1.5:</b> Ensure patients have access to 7 day GP services. Continue to review data and the experiences of patients as a result of the Prime Ministers Challenge Fund initiative – working to implement 7 day access to primary care.</p>	<p>Patients continue to have access to Gateshead extra care appointments 7 days a week. The service at Trinity Square has now moved to Gateshead Health Centre, this has resulted in increased access from 8am to 8pm Monday to Friday, with continued access on Saturday and Sunday.</p>

Figure 1: Overall satisfaction rates for GatDoc as reported at June 2016



## Priority 2: Addressing Variation in Quality

Action	Progress
<b>Action 2.1:</b> Continue to improve quality in GP services through identification of outliers in terms of performance and standards of care through the GP assurance framework and work with these practices to address variation through the CCG Practice Engagement scheme.	This is monitored through the NHSE assurance framework. In addition, the CCG's monthly visibility wall 'report out' continues where plans to address issues raised are discussed.
<b>Action 2.2:</b> Ensure that Practice Action Plans agreed with individual practices identify areas for development/particular focus as required, working closely with their designated practice facilitator to achieve targets jointly agreed with practices.	In 2016/17, the CCG has 100% sign up to the PEP (Practice Engagement Scheme) with a 100% return of practice plans which are now being monitored.
<b>Action 2.3:</b> Deliver two learning and sharing events a year, to share good practice, help raise standards and reduce variation across practices.	The first event is planned for October 2016 across Gateshead and Newcastle.
<b>Action 2.4:</b> Make the most of the Gateshead Practice Managers network to share good practice across the borough and provide support to practices when needed.	This is ongoing.
<b>Action 2.5:</b> To further improve quality in GP services, establish links and regular dialogue with CQC local managers to triangulate information and ensure a more holistic approach to quality improvement.	Quarterly meetings have been arranged with CQC to ensure triangulation of information to improve services. Last meeting was in July 2016.

## Priority 3: Estates

Action	Progress
<b>Action 3.1:</b> Make the most of opportunities presented by the NHS Primary Care Transformation Fund to upgrade/extend GP premises to meet current and future care needs of Gateshead patients.	An Estates Transformation Technology Fund (ETTF) Plan was submitted to NHSE in June; the CCG is currently awaiting feedback on the plan.



Action	Progress
<p><b>Action 3.2:</b> NHS partners to continue to work with the Council to ensure that plans for housing development are factored into estate plans as required and that there is sufficient capacity within the primary care system to meet the needs of local communities.</p>	<p>This is ongoing through the Estates Strategy Group on which the Council is represented.</p>
<p><b>Action 3.3:</b> Principal to be observed of making the most of the Gateshead £ when developing services by making the most of all stakeholders' property portfolios to rationalise estates and avoid void costs.</p>	<p>This is on-going.</p>

#### Priority 4: Workforce

Action	Progress
<p><b>Action 4.1:</b> Acknowledging the shortage of doctors entering the GP training scheme and the consequent impact upon recruitment and retention:</p> <ul style="list-style-type: none"> <li>• Develop a career start GP programme;</li> <li>• Develop a nursing in primary care programme;</li> <li>• Ensure workforce strategies are aligned.</li> </ul>	<p>A GP fellowship is being worked up to attract 4 new GPs into the CCG footprint.</p> <p>Work is also underway with Health Education England on the broader workforce agenda.</p>
<p><b>Action 4.2:</b> Support practices to make the most of the particular skills/areas of expertise of individual doctors and other practice staff in seeking to provide the best care for their patients.</p>	<p>Gateshead Community Based Care (Gateshead GP federation) is developing inter-practice referral schemes and further developing the 'bureau' which supports back office functions.</p>
<p><b>Action 4.3:</b> As part of the broader Gateshead place shaping agenda, stakeholders to continue to work with the Council to make Gateshead an attractive place to live and work.</p>	<p>This is on-going.</p>

## Priority 5: IT

Action	Progress
<b>Action 5.1:</b> Implement the NHS Digital Roadmap to support GP Practice appointment systems and help ensure patients receive the most appropriate care (the NHS Five Year Forward View included a commitment that by 2020 there would be “fully interoperable electronic health records so that patients’ records are paperless”).	A Plan was submitted to NHSE in June and feedback is awaited.

## Priority 6: Patient Engagement

Action	Progress
<b>Action 6.1:</b> Promote Patient Engagement Groups across all GP practices to raise awareness among patients and also promote within Practices themselves.	This is being promoted through the Practice Managers Group and supported by the CCG engagement team.
<b>Action 6.2:</b> Look at new ways to promote Patient Engagement Groups and patient engagement generally e.g. through the Council Newsletter.	A review of how patients are engaged will be completed in November, led by the Director of Nursing. This will inform engagement work going forward.
<b>Action 6.3:</b> Consider how the role of practice champions (volunteers) can be used to work with practices in engaging with patients.	The scheme is being evaluated during 2016/17 to inform future commissioning arrangements.

## Recommendations

8. The Care, Health and Wellbeing Overview and Scrutiny Committee is asked to:
  - (i) Note the contents of this report and the progress achieved in the last six months.
  - (ii) Comment on whether the Committee is satisfied with the level of progress to-date.

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

## **Healthwatch Gateshead Activity Report April 2016 to August 2016**

- 1. Introduction.** This report outlines the key activities undertaken by Healthwatch Gateshead to support, promote and encourage residents to have a stronger voice in their health and social care by either being the representative of diverse communities or by providing intelligence – including evidence from people’s views and experiences – to influence the policy, planning, commissioning and delivery of health and social care.
- 2. Healthwatch Gateshead.** The Health and Social Care Act 2012 set out that Healthwatch would be established in April 2013 in order to provide local citizens and communities with a stronger voice to influence and challenge how health and social care services are delivered within their locality.
- 3. Governance.** The Board currently has a core of four Directors, previous Directors have left due to illness or work promotion out of the area. The Board is actively recruiting individuals who can commit to the ethos and goals of Healthwatch Gateshead.
- 4.** The Board has decided to concentrate its energies on developing Healthwatch Gateshead to meet the changing health, social care and wellbeing landscape while guiding the existing team to deliver its contractual obligations. This will form the basis of our bid to win the next contract to provide Healthwatch Gateshead services as an independent organisation.
- 5.** A senior strategic manager, Philip Kerr, has been recruited to manage the operations, to be the contact point for the contract management and delivery and also to support the Board to deliver on their strategic priorities over the course of 2016/17.
- 6. Research Projects.** Healthwatch Gateshead engages with residents, commissioners, service providers and stakeholders to inform the type of research and engagement activities that Healthwatch Gateshead may undertake based on residents’ experiences of health and social care.
- 7. Customer Relationship Management (CRM) system.** We have installed the latest version of Healthwatch England (HWE) CRM system. This latest version enables us to capture information

more efficiently from meetings, activities, residents' issues etc in a single place. This enables us to track issues, identify local problems and enable Healthwatch England to identify potentially national issues. IT enables us to satisfy requests from the Care Quality Commission in a more efficient and effective manner.

**8. Volunteer Programme.** Following the Enter and View visit to the Teams Medical Practice on 31 March 2016, the final report was published in May 2016. The purpose of the visit was to identify and share good practice examples of how meaningful patient engagement contributes to improving services. This report has now been shared widely with key stakeholders and publicised through normal channels. Authorised Representatives made a number of recommendations including increasing awareness of the different ways patients could get involved, developing the peer support function and social prescribing role of the Practice Health Champions, using an outcomes approach to reporting how patients had influenced service delivery and further developing the use of social media and newsletter as engagement tools. The report was positively received by the Practice who advise us that they have already implemented some of the recommendations made and would explore other changes in the future.

Authorised Representatives undertook a second Enter and View visit on 24 June 2016. This visit was to Hawksbury House Residential Care Home. The purpose of this visit was “talk to residents, family members, staff and managers, in order to find out what opportunities residents are offered during their day to participate in meaningful activity that promotes their health and mental well-being”.

This links directly to NICE: ***Mental wellbeing of older people in care homes, Quality Standards, 12 December 2013 – Quality Statement 1: Participation in meaningful activity.*** A report has been produced and comments from the provider are awaited. Once received, the report will be finalised and circulated to key stakeholders and published on the website.

**9. Healthwatch and Young People.** We have been working with key partners to explore and develop opportunities for young people to be involved in Healthwatch Gateshead.

Partners include:

- a) The Youth Council – following attendance at the Youth Council Portfolio Meeting in June it was agreed that working with the Youth Council could offer:
  - A mechanism for consultation with a diverse range of young people including those with disabilities and long term conditions.
  - Established channels for dissemination of information through each members' individual networks.

- Links to almost all comprehensive schools in the area as the majority have pupil representation on the Youth Council.
  - General promotion of our volunteering opportunities.
  - A strategic link for engagement of young people – which could offer an opportunity of building upon this to form a “Young Healthwatcher Board”.
- b) National Citizen Services – this organisation matches graduates (aged 16-18) with volunteering opportunities. They use ‘**vInspired.com**’, the NCS Opportunity Hub, e-newsletters and social media to spread the word to graduates. They have agreed to promote our volunteering roles with the young people they are in contact with.
- c) Gateshead College – they have been very receptive to working together to offer their students placements and voluntary work experience. This work is ongoing and will be further developed from September 2016 when the new term starts.
- The Learning Facilitator L1/3 Health and Social Care has a remit for co-ordinating learners to access placements in the sector. They are proactively promoting our volunteer roles to students as high quality opportunities to gain knowledge and valuable work experience in order to support their studies and develop personally.
  - The Curriculum Lead for Access to HE and Foundation Degree in Health and Social Care has a remit for supporting students (young and mature) to access placements to support their studies. They are also promoting our volunteer opportunities to the students they support.
- d) Gateshead Trinity Square Student Accommodation – The General Manager has agreed to circulate and promote HWG generally and volunteering specifically through Facebook and posters.

**10. Expanding the volunteer offer.** An exciting new “Mystery Shopping” role has recently been developed which should not only broaden the appeal of volunteering in general, but to young people in particular.

The purpose of this role is:

- To test the service user experience of the health and care services for Gateshead residents using different scenarios and situations.
- To find out about the consumer experience of people with disabilities or other specific groups such as young people.
- To see if contacts and services advertised are up to date and still available.

Expected outcomes include:

- Recognise good practice and highlight areas of excellence.
- Identify areas of concern to assist with service improvements.
- Gain a good understanding of what it feels like to be a service user.
- Make recommendations to the service provider about how to improve the service user experience.

This role is currently being promoted and advertised through partners and via normal publicity channels. This has so far resulted in three new volunteer applications. Existing volunteers have also expressed an interest in training as Mystery Shoppers.

**11. Developing the volunteer team.** There are currently eleven trained Enter and View volunteers and five Healthwatchers (who can provide outreach support to members of the team). A further three volunteers have applied and are currently going through the recruitment process. Promotion of volunteering opportunities has been, and continues to be, ongoing. In addition to using HWG's existing promotion and communication channels, promotion has also been undertaken via outreach events during National Volunteer Week, promotion at the Party in the Park, information at the Local Authority Volunteer Event at Trinity Square, a presentation at the Healthwatch Gateshead public meeting, a presentation to the Vanguard Project volunteers and through community engagement work in outreach venues.

**12. Working with the Queen Elizabeth Hospital.** Preliminary discussions with representatives from the hospital regarding Healthwatch Gateshead volunteer involvement have been very positive. Both parties agreed it could be beneficial to work together on a project involving Healthwatch Gateshead volunteers. Initial ideas include involvement of volunteers in the '15 step challenge' and the possibility of recruiting and training hospital patients as volunteers who would report on their own personal experience of care at the hospital and identify how it could have been improved. A further meeting is planned with hospital representatives in September to explore this further.

**13. Oversight and Scrutiny Committee.** We attended the May meeting of the OSC to provide HWG statements on Quality Accounts for NTW, Gateshead Foundation Trust and South Tyneside Foundation Trust.

**14. North East Ambulance Service.** We attend the regular meetings of the Health Ambulance Forum, to raise issues for Gateshead residents. At the last meeting we raised concerns about the NHS 111 Service and examples of delays experienced by the residents. We also raised concerns about booking patient transport from nursing homes in Gateshead. We are currently awaiting their response.

**15. Care Home Vanguard.** Significant involvement with the various Vanguard groups to understand the new models being proposed and to influence their development. Where their new models include volunteers, Healthwatch Gateshead will be delivering a portion of the training courses. We have challenged the role of the Steering Committee as their purpose is unclear.

**16. Adult Safeguarding Board.** HWG provided an interim chair for the May during the transition period until a new independent chair was appointed. HWG role is to challenge any proposed policy which could detrimentally affect Gateshead residents without adequate safeguards.

**16. Empowering and Informing Gateshead Residents.** Healthwatch Gateshead has a statutory duty to empower local residents to enable them have a voice in both national and local consultations which could impact on their health and social care and to represent their views to those who commission and provide health and social care services.

**17. Deciding Together Consultation on the Future of Specialist Mental Health Services in Newcastle & Gateshead.** We continue to actively promote the residents' views on the proposed changes to Adult Mental Health Services in Gateshead and Newcastle.

**18. Other Consultations publicised.** We have publicised 32 consultations covering a range of health and social care topics, far too many for any one individual to have the time to read, digest and then respond. Those we have publicised are shown at **Appendix 1.**

**19.** Healthwatch Gateshead informs residents about national and local consultations which could affect the health and social care. This is undertaken by either holding special events, participating in local events across the borough, through our social media, website, our electronic newsletter, council newsletter or through partners, our contacts database and Survey Monkey. Our electronic newsletter goes to over 500 organisations and individuals, as shown at **Appendix 2.**

**20.** We have developed “**Have your say**” comment cards which gather the experiences people have received in respect of Health & Social Care services they have received. The comment cards are on an A5 card with a Freepost return address to Healthwatch Gateshead. These comments are analysed to influence and shape our areas of work.

**21.** We have continued to hold local events across the borough to engage with residents. One series of events is in partnership with the police at ‘**Cuppa with a Copper**’ where we provide Gateshead residents with the opportunity to raise any social or health care issues. Residents are encouraged to either put forward their views as individuals or to use Healthwatch Gateshead to represent their views where they feel unable or vulnerable.

*A summary is shown at **Appendix 3***

**22.** Healthwatch Gateshead has reminded organisations of the limitations of using the web and glossy brochures to inform and engage Gateshead residents and will continue to encourage organisations to use suitable language and delivery mechanisms which reach the majority and minority groups in Gateshead.

**23.** Healthwatch Gateshead has a duty to inform, promote and feed into local consultations which impact upon local services. Here are some examples of consultations where we have been actively promoting:-

- Gateshead Parks, Play Areas, Nature Reserves and Other Open Spaces
- Gateshead Libraries Consultation
- Dementia Friendly Swimming Sessions

## **25. Strategic Partnerships Representing Gateshead Residents**

Healthwatch Gateshead Chair, Board members and the Staff team represent Healthwatch Gateshead at a variety of forums, networks and strategic boards. Our role is to ensure that the voice and opinions of local people are taken into account when decisions are being made about health and social care services. We have had regular representation and input to the following: -

- **Primary Care Joint Commissioning** - the body responsible for the planning and commissioning of healthcare services to meet the needs of the local community.



- **Gateshead Safeguarding Adults Board**- whose overarching purpose is to help and safeguard adults with care and support. Healthwatch Gateshead has provided an Interim Chair for this committee until a new chair is appointed.
- **Local Engagement Board** - Members of the public are invited to these quarterly Local Engagement Boards (LEBs) to discuss important health issues and services and to help shape, improve and develop local NHS services.
- **Health and Wellbeing Board** - established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health.
- **Care, Health and Wellbeing Overview and Scrutiny Committee** - Council overview of provision of health services to the local population.
- **Gateshead Patient User Carer Public Involvement Group (PUCPI)** - aims to ensure that the needs and issues identified by members are brought to discussion with commissioners.
- **Gateshead Smoke free Tobacco Alliance (Ten Year Tobacco Plan)** - reducing the number of residents who smoke in Gateshead. Healthwatch Gateshead is providing the Vice-Chair for this committee.
- **Gateshead Care Home Vanguard** - a joint approach by NHS Newcastle Gateshead CCG and Gateshead Council to deliver improved health and social care into homes for local residents and their families.
- **North East Commission for Health & Social Care Integration** - The purpose is to establish the scope and basis for integration, deeper collaboration and devolution across NECA's area to improve outcomes and reduce inequalities. (The area covered by NECA and the Commission is County Durham, Gateshead, Newcastle, North Tyneside, Northumberland, South Tyneside and Sunderland.).
- **Joint Integrated Care Programme Board/STP** - response to NHS England regarding the future structure of healthcare in the North East.

- **Achieving More together** - Gateshead Strategic partnership to enable residents make the most of their capabilities.
- **Gateshead Voluntary Sector Advisory Group** - provide input to Health and Wellbeing Board.
- **Gateshead and Newcastle Joint Overview and Scrutiny Committee** - has a statutory role in considering whether it has been appropriately consulted and whether any proposed developments are in the best interests of the health service in their area.
- **Northumberland Tyne and Wear NHS Foundation Trust** – provides ambulance services which cover the counties of County Durham, Northumberland, and Tyne and Wear, along with the boroughs of Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees.

**27. Website.** The website has been refreshed and offers more information on local services and our marketing and promotional activities are increasing, including closer working with Citizens Advice. We provide an A to Z list of services for all kinds of health and social care information, advice, complaints, care pathways, patient and support groups. There is also a section on frequently asked questions which is reviewed on a regular basis to save individuals time if we have already responded to a similar question. We do however encourage new questions.

**28. Partnership Working.** Healthwatch Gateshead works in partnership with both voluntary organisations and statutory bodies to reduce duplication of effort and provides greater value for money in an era of austerity. Our partners inform Healthwatch of issues raised by their members or who may be affected by the various consultations.

**29.** In accordance with our business plan we have continued to offer our assistance by informing key stakeholders of the views HWG has gathered. This includes: -

- participating whenever possible in consultation events run by Health and Social Care commissioners and providers.
- continuing to work closely with the Care Quality Commission to help inform and shape their forward plans. We will assist CQC in their inspections, provide detailed information received from Gateshead residents.

- working with the North East Commission for health and social care integration to try and ensure that any future design is resident orientated, rather than institution based.
- working with the joint integrated care programme board to develop a sustainable transformation plan with is more patient based then institution based.
- delivering the agreed contract with Gateshead Council.
- promoting and supporting the Council's 10 Year Tobacco reduction programme.
- considering how we can support the focus on housing and its impact on the health and wellbeing of residents.
- considering how we support the issues around delayed discharges, specific challenges and examples of good practice
- considering how we can support ensuring that end of life policies in hospitals and care homes respect a patient's dignity.

There will no doubt be many further areas of actual or potential activity which will arise during the year. HWG will continue to respond positively wherever possible to requests for our involvement.

**40. Summary.** This OSC is asked to note the contents of the report and the significant contribution that Healthwatch Gateshead has made in enabling residents of Gateshead have a voice in the health and social care they receive.

**D.G.Ball**

**Chair of Healthwatch Gateshead**

## **Appendix 1 – Consultations promoted**

Improved Support for Carers  
New Health Data Security Standards  
Children’s Social Care Inspections  
Neurological Hospital Discharge  
Patient and Public Participation in Primary Care Commissioning  
Health and Social care in the Criminal Justice System  
Supporting decision making for people who may lack capacity  
Call to increase HIV testing uptake  
National Maternity Services  
Social Workers Proficiency Standard Consultation  
Review of Public Health England – PHE  
Long Term Conditions  
Standards on Pharmacy Professionals  
Urgent Dental Care Review  
Care Quality Commission NHS Patient Survey Consultation  
Re-commissioning Local Authority Domiciliary Care  
Care Quality Inspection of Northumberland Tyne and Wear Trust  
Patients Voice Representation in Public Participation and 7 Day GP Access  
Gateshead Council Adult Social Care Budget Proposals 2016 – 2018  
National Lesbian, Gay, Bisexual and Transgender (LGBT) Healthcare Views  
Hospital Discharge Choices  
Care Costs – Deferred Payment Arrangements in Gateshead  
Cancer Drugs Fund Consultation  
National and local Maternity Care  
Outpatient Appointment Options  
Review of 0 – 19 year old services and their families  
Youth Justice Review Event  
Overseas and migrants – Extending charges for NHS services  
Developing Mental Health Services for Veterans.  
North East Ambulance Service  
Lesbian, Gay, Bi-sexual and Transgender Sexual Health Clinics  
North East Combined Authority Transport Plan (NECA)

## Appendix 2 - Recipients of Healthwatch Gateshead Electronic Newsletter

- All Care Homes in Gateshead
- All Residential Homes
- All Nursing Homes
- Individuals
- All Schools
- Various Council departments i.e. Communities, Neighbourhoods and Volunteering, Community Safety, Wellness Hub, Looked After Children, Safeguarding Team etc.
- Public Health department
- Various healthcare personnel – Sexual Health Lead, Dementia Leads, Volunteering Lead, Patient Experience Teams, Hospital Communication Department, PALS, NTW, CCG staff, Health Champions Lead etc.
- Ambulance Service
- All GP surgeries and Practice Managers
- Many voluntary sector organisations – i.e. Age UK, Carers Association, Hearing Loss Support, Your Voice Counts, Rape Crisis Centre, Changing Lives etc.
- All Community Centres
- All Leisure Centres
- Readers At Home Service
- All Councillors
- Local MP's
- All Dentists
- All Opticians
- Local Media - including radio and newspaper
- Hospital Radio
- ICA – Independent Complaints Advocacy
- All Pharmacies
- All Children's Centres
- Specific Black and Minority Ethnic Community Groups
- All Advocacy Projects in the Borough
- HWG staff, volunteers and Board members
- Other local Healthwatch organisations
- Health and Wellbeing Board
- All Libraries

- Clinical Professional Networks – pharmacy, dentistry, ophthalmology
- Northumbria Police
- Tyne and Wear Fire Service
- Care Quality Commission

### Appendix 3 - OUTREACH EVENTS

“Cuppa with a Copper” events in the West of Gateshead with Outer West Police Department

Healthwatch Drop ins – all over the Borough

Thursday 17 <sup>th</sup> March	10- 12 noon	<b>Healthwatch Drop in</b> Dunston Activity Centre
Tuesday 21 <sup>st</sup> March	10 – 12	<b>Healthwatch Drop in</b> Kibblesworth millennium Centre
Friday 18 <sup>th</sup> March 2016	2pm	<b>Cuppa with a Copper</b> Burnside Community Lounge, Highfield
Monday 28 <sup>th</sup> March 2016	11-12pm	<b>Cuppa with a Copper</b> Chopwell community centre
Wednesday 30 <sup>th</sup> March 2016	12pm	<b>Cuppa with a Copper</b> Bradley Nurseries, Crawcrook
Thursday 31 <sup>st</sup> March 2016	10-11pm	<b>Cuppa with a Copper</b> Blaydon/Winlaton Children’s Centre
Tuesday 5 <sup>th</sup> April 2016	2-2.30pm	<b>Cuppa with a Copper</b> Blackhall Mill community centre
Tuesday 12 <sup>th</sup> April	10 – 11	<b>Gateshead CAB. HWG and ICA</b>
Thursday 14 <sup>th</sup> April 2016	2pm	<b>Cuppa with a Copper</b> Burnside Community Lounge, Highfield
Saturday 16 <sup>th</sup> April 2016	1-2pm	<b>Cuppa with a Copper</b> Parkhead School, Winlaton
Monday 18 <sup>th</sup> April	9-10am	<b>Cuppa with a Copper</b>

2016		Winlaton Centre, Winlaton
Tuesday 19 <sup>th</sup> April 2016	10 -11am	<b>Cuppa with a Copper</b> The Café, Tundry Way, Blaydon
Wednesday 4 <sup>th</sup> May 2016	12pm	<b>Cuppa with a Copper</b> Co-op, Ryton
Thursday 5th May 2016	10-11am	<b>Cuppa with a Copper</b> Blaydon/Winlaton Childrens Centre
Tuesday 10th May 2016	2-2.30pm	<b>Cuppa with a Copper</b> Blackhall mill community centre
Wednesday 11 May	10 – 11	<b>Gateshead CAB. HWG and ICA</b>
Monday 23 <sup>rd</sup> May 2016	9-10am	<b>Cuppa with a Copper</b> Blaydon/Winlaton Childrens Centre
Tuesday 24 <sup>th</sup> May 2016	10-11am	<b>Cuppa with a Copper</b> The Café, Tundry Way, Blaydon
Wednesday 25 <sup>th</sup> May 2016	7pm	<b>Cuppa with a Copper</b> Burnside Community Lounge, Highfield
Wednesday 8 June	10 – 11	<b>Gateshead CAB. HWG and ICA</b>



**TITLE OF REPORT:** Review of the role of housing in improving health and wellbeing – progress update

**REPORT OF:** Director of Public Health

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## **SUMMARY**

Care, Health & Wellbeing Overview and Scrutiny Committee agreed that the focus of its review in 2016-17 will be the role of housing in improving health and wellbeing.

The aim of the review is to recommend key housing actions that will have the greatest impact on improving health and wellbeing.

During the review the Committee will consider evidence of the relationship between housing, health and wellbeing in the context of current and projected local needs and activity on both housing and health.

This report sets out the proposed schedule and itinerary for the evidence gathering sessions of the review.

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## **Background**

On 1<sup>st</sup> July 2016, Care, Wellbeing and Learning OSC agreed a report setting out the proposed scope of the review.

The OSC review working group has proposed a timetable for members to hear evidence from key partners, including staff from Gateshead Council and The Gateshead Housing Company.

## **Review Structure and Timetable**

The scoping report agreed by OSC on 1<sup>st</sup> July 2016 set out housing related issues that are known to have an influence upon health and wellbeing.

It is proposed that the review considers how these housing and health issues are considered and reflected in local practice according to the three themes of Gateshead Council's Housing Strategy 2013-18. These are:

- Housing standards
- Housing supply
- Housing support

In addition to hearing evidence from Council and Gateshead Housing Company staff, it is proposed that further expert evidence will be provided by Gill Leng, Public Health

England's National Home and Health Lead, and Peter Smith, Head of Policy and Research at National Energy Action, the national charity seeking to end fuel poverty.

### How will the evidence be structured?

It is proposed that the evidence gathering sessions, based on the three themes of housing standards, housing supply and housing support, will be delivered according to the following schedule:

<p>1 November 2016</p>	<p><b>Improving health through Housing Supply – the right homes in the right place</b></p> <p>Health context – ensuring the supply of good housing that people want and can afford in the places they want to live, now and in the future, meets a fundamental requirement – the availability of suitable housing.</p> <p>Two presentations:</p> <ul style="list-style-type: none"> <li>• Planning for future housing need</li> <li>• Working with the existing stock</li> </ul>
<p>6 December 2016</p>	<p><b>Health and Housing Standards</b></p> <p>Health context – the standard of housing (ie. condition, management and energy efficiency) has a significant impact on physical and mental wellbeing.</p> <p>Two external speakers (TBC):</p> <ul style="list-style-type: none"> <li>• Gill Leng, National Home and Health Lead, Public Health England</li> <li>• Peter Smith, Head of Policy and Research, National Energy Action</li> </ul> <p>Two presentations:</p> <ul style="list-style-type: none"> <li>• Maintaining and improving standards in the private sector</li> <li>• Outside the front door – housing and place</li> </ul>
<p>24 January 2016</p>	<p><b>Health and Housing Support</b></p> <p>Health context – housing support services can help people to live in their own homes, and can maximise opportunities to improve health and minimise harms.</p> <p>Two presentations:</p> <ul style="list-style-type: none"> <li>• Housing support services for people with social care</li> </ul>

	needs – supporting independence <ul style="list-style-type: none"><li>• Housing support and advice services</li></ul>
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Speakers will be drawn from Economic and Housing Growth, Development and Public Protection, Health and Social Care Commissioning and Quality Assurance,

### **Member engagement**

At their meeting on 1<sup>st</sup> July 2016, OSC members requested that they themselves also provide evidence based upon their experience of dealing with housing and health related issues.

To do this, it is proposed that members be invited to a focus group session, to be held subsequent to the evidence gathering sessions. Members unable to attend the focus group will be invited to provide written evidence by way of questionnaire.

### **Site visits**

It is proposed that members be offered the opportunity to visit relevant housing developments. Details of these will be shared once confirmed.

### **Recommendation**

Overview and Scrutiny Committee is recommended to agree:

- The approach, content and timescale as set out in this report

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**Contact: Alice Wiseman Ext: 2777**

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Date: 13 September 2016

**TITLE OF REPORT:** Annual Report on Adults Services Complaints and Representations, April 2015 – March 2016.

**REPORT OF:** Sheila Lock, Interim Strategic Director, Care, Wellbeing & Learning.

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## Summary

Cabinet considered the attached report on 13 September 2016.

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

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

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## Background

1. The Health & Social Care (Community Health and Standards) Act 2003 requires that Councils with Social Services responsibilities produce an annual report of their Statutory Adults Services Complaints Procedure. This annual report sets out details of the complaints and representations made during the period April 2015 – March 2016, (Appendix 2).
2. Information contained in the report provides a summary of the statistical information of all representations received, together with a review of the effectiveness of the procedure. Some examples of service improvement are also included.

## Annual Report Complaints and Representations

3. The report is consistent with the Sustainable Community Strategy – Vision 2030 and the Council's Corporate Plan. In particular the report supports the Corporate Priority for serving our customers by continuously improving services and targeting areas of under achievement.
4. The report covers the period from 1 April 2015 – 31 March 2016.

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

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

### **Operation of the Procedure**

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

### **Statistical Analysis**

7. In 2015/16 the number of complaints dealt with was as follows:
- 62 statutory complaints.
  - 4 complaints were graded as green complaints - low level issues, small risk either to the service user or the Council.
  - 57 complaints were graded as amber complaints - moderate issues with medium risk to the service user or the Council.
  - 1 complaint was graded as a red complaint - serious issues which are high risk for either the service user or the Council.

### **Points of Interest**

8. The following points may be of interest:
- 53%, (33) of complaints were around the quality of services received and remains the greatest cause for complaint.
  - Quality of service involves alleged failure of service delivery, for example:
    - ♦ Home carers not turning up;
    - ♦ Non return of telephone calls;
    - ♦ Late or missed social work visits;
    - ♦ Lack of timely response after a request for service.
  - 34% (10) of complaints were not upheld after investigation.
  - 41% (12) of complaints were partially upheld.
  - 20% (6) were fully upheld after investigation.
  - Complaints decreased by 3% compared to the number received during 2014/15, (64).
  - There has been a 11% increase in formal recorded contacts since 2014/15.
  - However this increase is due to the number of compliments received regarding individual members of staff or services, (1074).

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

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

#### **Some examples of improvements identified during 2015/16:**

- On admission to a Promoting Independence Centre where multi-agency involvement is required, all professionals will be expected to meet with service users and their families to explain roles and responsibilities. This will ensure well-defined goal plans and outcomes and guarantee a positive experience within the Centre.

- Appropriate documentation has been developed by the Promoting Independence Centres for multi-agency use. This will ensure that case records demonstrate seamless and chronological recordings of the input and actions of professionals' involvement within a service user's care journey.
  - Regular planning and review meetings are now held with service users/families to update on progress. It will also gather views about service user's experiences during their stay within a Promoting Independence Centre.
  - The Rapid Response Team have developed a contingency plan as part of their Standard Operating Procedures, which is now followed in times of increased pressure on the service. This will ensure that staff are aware of the procedure and give them confidence to accept all appropriate referrals with the knowledge they will be able to respond within their target time of 2 hours.
  - All workers have been reminded of the need to include close family members, (or any others significant in the care of the service user), in the assessment and care planning process. This requirement will be regularly discussed and recorded on personal supervision documents.
10. Compliments continue to be received about the quality of the Adult Care Services provided by Gateshead Council. Some compliments are about individual members of staff or about whole teams and services. Compliments reflect the high regard in which our customers have for employees and the services provided to them. Information is always fed into operational services, including the Commissioning Team, to highlight good practice and possible improvements to services.
- There has been a 17% increase in compliments compared to the amount received during 2014/15.
  - 32%, (347), of compliments, received in 2015/16 focused on the care provided by the Councils Promoting Independence Centres.
  - 30%, (327) were regarding Council provided Domiciliary Care.
  - 55%, (181), of Council Domiciliary Care compliments were about the START service. The START Service is a short term reablement team who concentrate on providing service users with the skills to remain at home. This service can help prevent the need for larger or more long term packages of care.
  - 14%, (154), of compliments were regarding Services provided by Assessment & Personalisation.
  - 58%, (89), of compliments about Assessment & Personalisation were about the Physical Disability Teams.
  - 5%, (56), of all compliments were regarding Health & Housing Support.
  - **Compliments accounted for 85% of all representations made about Adult Social Care Services during 2015/16.**

### Recommendation

11. The committee is asked to consider and comment on the effectiveness of the Adult Social Care Complaints and Compliments Procedures and the details of all complaints and representations received during 2015/16.

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**ANNUAL REPORT ON**  
**ADULT SERVICES COMPLAINTS-COMPLIMENTS-REPRESENTATIONS**  
**1 APRIL 2015 – 31 MARCH 2016**

### **Introduction**

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

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

As part of the responsibilities set out in the Act, local authorities must produce an annual report on all complaints and representations received. This report fulfils Gateshead Council's obligations and provides information on all representations received about the Council's Adult Social Care Services from 1 April 2015 – 31 March 2016.

There are two steps to the Statutory Complaints Process;

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

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

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

There are no prescribed timescales for resolution as the quality of the investigation and outcome is significantly more important than attempting to adhere to a stipulated period for response. However, it is very important that the complainant is always kept up to date on the progress of investigation.

### **Publicity and Information**

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

### **Independent Element**

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

### **Advocacy and Special Needs**

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

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

## **Training and Employee Development**

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

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

A Local Government Ombudsman Investigating Skills Training Course is to be arranged for October 2016. This will allow new Adult Social Care Managers to be trained to the LGO investigation standards. It will also provide existing Managers with the opportunity to refresh their investigatory skills.

## **Equalities Monitoring**

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

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

## **Representations Received from 1 April 2015 and 31 March 2016.**

During 2015/16, 62 complaints were received regarding Adult Social Care Services. This is a 3% decrease on complaints received during 2014/15, (64).

The number of low level issues received also decreased by 23% during 2015/16, (44 from 57). The majority of low level issues were dealt with directly by the services concerned and were resolved to the customer's satisfaction. In some cases, all that was required was a discussion between the complainant and either the Social Worker or the Team Manager to clarify issues or to identify what was required to put things right. Before closure, the complainant is asked to confirm that they are satisfied that the issue had been resolved.

## **Themes of Complaints Received 2015/16**

There were two main themes of complaints received during 2015/16.

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

During 2015/16, quality of service remained the main theme of complaint. 53%, (33), of complaints that were received during this period were regarding the quality of the services being provided. Issues raised included:

- The quality of support given to individuals;
- Disputes when workers did not support the views of family members;
- Disputes when workers were acting in the best interests of the service user;
- Issues about how assessments were carried out. In particular sharing information about charging for care.

After investigation, 34%, (10), of complaints were not found to be justified and 41%, (12), were partially upheld. Only 20%, (6), of complaints about quality of service were upheld. Any improvements from these complaints are included within this report.

## 2. Staff Issues

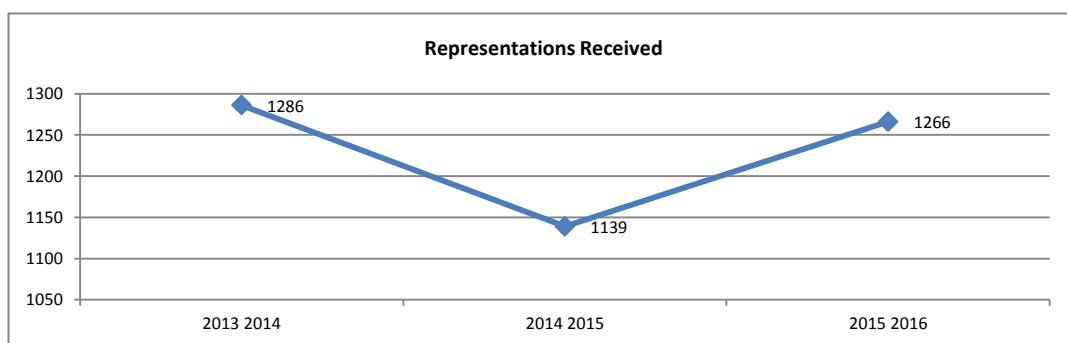
Since April 2015, all complaints that include areas of staff actions or behaviour are recorded under the primary category of "Staff Issues". This ensures that this area is at the centre of any investigation. This re-categorisation has resulted in an increase in complaints about staff as their main concern. However, the categorisation will be regularly reviewed to ensure that it does not give an unwarranted negative impression of all Adult Social Care staff who are complained about.

18 complaints were received which included issues around staff actions. In all cases any areas about staff behaviour are fully investigated to ensure that if there is any indication of unprofessional behaviour, that this is swiftly resolved and if necessary, measures are put in place to prevent any reoccurrence. This could be either monitoring staff behaviour through individual supervision sessions or by providing additional or refresher training. If the issues were serious, the Council may also invoke their own internal employment procedures.

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

This section deals with the number of complaints and representations received over the past 3 years

All Formal Contacts	2013 2014		2014 2015		2015 2016	
Commissioned Service - own investigation signposted by Council.	0.08%	1	1.23%	14	1.35%	18
Corporate Complaints	0.00%	0	0.09%	1	0.16%	2
Complaints	6.30%	81	5.62%	64	4.91%	62
Complaint Related Queries	4.43%	57	5.00%	57	3.40%	43
Commissioned Services Issues	0.00%	n/a	5.62%	64	4.04%	51
Compliments	87.71%	1128	80.42%	916	85.04%	1074
Data Breach	0.00%	n/a	0.18%	2	0.00%	0
Health & Social Care Joint Investigations	0.47%	6	0.44%	5	0.24%	3
Insurance Claim	Na	Na	0.26%	3	0.08%	1
Inter-Agency Concerns	0.39%	5	0.35%	4	0.16%	2
MP / MEP Responses	0.16%	2	0.18%	2	0.24%	3
Safeguarding Alerts	0.39%	5	0.44%	5	0.16%	4
Whistle Blow	0.08%	1	0.18%	2	0.24%	3
		<b>1286</b>		<b>1139</b>		<b>1266</b>



- There has been a 11% increase in formal recorded contacts since 2014/15.
- However this is due to the increase in **compliments** received during this period as the number of formal concerns received have reduced by 3%.
- Complaint related queries reduced by 25%. Complaint related queries are low-level representations that must be resolved within one working day after receipt.
- The main theme from low level issues received during 2015/16 was regarding the quality of home care services, (9). 5 were regarding commissioned home care and 4 were about Council provided home care and were mostly around charging for care. All home care issues were resolved to the complainant's satisfaction.
- After consideration of all low level issues received during 2015/16, it was found that no low level concern had resulted in a formal complaint.

- Commissioned Service Issues are concerns received by other professionals on behalf of service users which are then shared with the providers to resolve themselves. During 2015/16, 51 commissioned service issues were received. This is a 20% decrease on the number received during 2014/15, (64).
- After consideration of the issues raised, 4 statutory complaints were immediately referred to the Safeguarding Adults Procedure. Safeguarding Adult Co-ordinators are then responsible for liaising with the complainant and ensuring that they are kept up to date of any developments.
- 85% of representations made during 2015/16 were compliments and only 15% were concerns or formal complaints.

Complaint Categories	2013 2014	2014 2015	2015 2016
Green	40	7	4
Amber	40	56	57
Red	1	1	1
<b>All</b>	<b>81</b>	<b>64</b>	<b>62</b>

- Overall, Adult Services complaints decreased by 3% compared to 2014/15 figures.
- Complaints about Assessment and Personalisation and Provider Services increased since 2014/15, but have continued to reduce from the number received during 2013/14, (81). The Services have confirmed that the continued reduction from 2013/14 is partly a result of more people having a better understanding of changes in practice resulting from the Care Act 2014.
- The number of complaints assessed as Green (minimal risk to the Council or service user) accounted for 6% of the total number of complaints received.
- Amber complaints, which are medium risk to the Council or the service user, accounted for 92% of all complaints received. This evidences that complaints are continuing to increase in complexity and often include a number of issues.
- The number of complaints that are assessed as Red, (high risk to the Council or the service user), has remained constant since 2013/14.

Service Area	2013 2014		2014 2015		2015 2016	
Assessment & Personalisation	67.90%	55	40.63%	26	54.84%	34
Care Call	3.70%	3	7.81%	5	6.45%	4
Commissioning & Business Development	7.41%	6	23.44%	15	6.45%	4
Finance & ICT	2.47%	2	0.00%	0	3.23%	2
Health & Housing Support	2.47%	2	12.50%	8	8.06%	5
Provider Services	16.05%	13	15.63%	10	20.97%	13
<b>Total</b>		<b>81</b>		<b>64</b>		<b>62</b>

- During 2015/16, almost 55%, (34), of complaints were about the Assessment & Personalisation service.
- This is a 31% increase on the number received during 2014/15, (26).
- Only 6%, (3), complaints were regarding disputes to assessed needs. This is a reduction of 86% on the number of complaints regarding this area received during 2014/15 (**21**). This has been attributed to how Assessing Officers apply the eligibility criteria and to the improved communication of decisions made to the service user or their family.
- 29%, (10), of Assessment & Personalisation complaints were regarding the attitude or behaviour of staff. All included elements of alleged improper conduct. This dissatisfaction was mainly about how the professional conduct of the worker carrying out assessments or reviews was perceived.
- After investigation, 25%, (2), of complaints about staff were not upheld, 50% (4) were partially upheld, 12.5% (1) was upheld and 12.5%, (1), was moved to the Insurance Process.
- One complaint was dealt with through the Council's internal employment procedures.
- Complaints about Council Provider Services increased by 30%, (13), since 2014/15.
- Provider Services include Promoting Independence Centres, Shared Lives Services and Council homecare.
- 46%, (6), of complaints about Provider Services were regarding the standard of care provided by the Promoting Independence Centres.

- After investigation, 80%, (4), of complaints were partially upheld, 20%, (1), was fully upheld and 20%, (1), was not upheld. Any improvements resulting from these complaints will be detailed within this report.
- 15%, (2), complaints were about the attitude of staff members. After investigation, 1 complaint was partially upheld and the other complaint was later withdrawn.

Distribution by Service Division	2013 2014		2014 2015		2015 2016	
Services for People under 65	49.38%	40	36%	23	30.65%	19
Services for People over 65	49.38%	40	64%	41	67.74%	42
Health & Housing Support – Children's Services	1.23%	1	Na	Na	1.61%	1
<b>Total</b>		<b>81</b>		<b>64</b>		<b>62</b>

- 67%, (42), of complaints were about services for people over 65. This figure has been consistent over the last three years.
- 12%, (5), of these complaints were made by service users themselves.
- 1 complaint, 1 low level issue and 35 compliments were received from service users with a learning disability.

Issues of Complaint	2013/2014		2014 2015		2015 2016	
Delay	6.1%	5	3%	2	6.45%	4
Lack of Service	2.4%	2	5%	3	11.29%	7
Quality of Service	72.8%	59	80%	51	53.23%	33
Refusal of Service	3.7%	3	6%	4	0.00%	0
Staff Issues	14.8%	12	6%	4	29.03%	18
Service User Conduct	0%	0	0%	0	0.00%	0
<b>Total</b>		<b>81</b>		<b>64</b>		<b>62</b>

- 53%, (33), of complaints were around the quality of services received and remains the greatest cause for complaint. However, the number of complaints raised regarding quality decreased by 35%, (51), from 2014/15.
  - Quality of service involves alleged failure of service delivery, for example:
    1. Home carers not turning up;
    2. Non return of telephone calls;
    3. Late or missed visits, either by assessing officers or by social workers;
    4. Poor response after a request for service.
- 24%, (8), of complaints were regarding the quality of the support provided.
- 28%, (2), of the 7 complaints responded to regarding support were not upheld. 28%, (2), were partially upheld, 28%, (2), was not upheld and 14%, (1), was later withdrawn.
- 29%, (18), complaints were regarding attitude or behaviour of staff.
- 83%, (15), of these complaints cited staff attitude as their main issue. After investigation, 61% of complaints about attitude or behaviour of staff were either partially or fully upheld.
- All staff conduct complaints are formally investigated and responded to by either a Team or a Service Manager. Any professional development areas, including standards of work are highlighted and closely monitored where appropriate.

Outcomes of complaints	2013/2014		2014 2015		2015 2016	
Outstanding		2		8		6
Closed or withdrawn	2.5%	2	1.5%	1	12.50%	7
Not upheld	43.0%	34	41%	23	28.57%	16
Partially upheld	31.6%	25	22%	18	35.71%	20
Upheld	22.8%	18	25%	14	23.21%	13
<b>Total</b>		<b>81</b>		<b>64</b>		<b>56</b>

- 28%, (16), of all complaints were not upheld after investigation.
- 59%, (33), of complaints were either fully or partially upheld during 2015/16. This is a 12% increase on the number of complaints that were either fully or partially upheld during 2014/15.
- After initial a short period of investigation a complaint was closed and transferred to the Safeguarding Adults Process.

## Timescales

- 40 working days was the average time to investigate complaints during 2015/16.
- Although there are no statutory timescales for response, the Council expects all complaints to be completed within **30** working days of receipt. However, after consideration of the issues raised, it is clear that complaints are becoming more complex and often include a number of issues requiring investigation. Therefore, it is important that the quality of the investigation is not compromised to achieve timescales. In all cases, the Investigating Officer is expected to ensure that the complainant is kept informed of any delays and is informed on when they can expect a response.

Method of Complaint	2013/2014		2014 2015		2015 2016	
Service Feedback Form	7%	6	7.9%	5	4.84%	3
Complaints Form	10%	8	0%	0	3.23%	2
Email	22%	18	31.3%	20	33.87%	21
Letter	28%	23	39.1%	25	27.42%	17
Personal Visit	6%	5	4.7%	3	9.68%	6
Telephone	26%	21	17.2%	11	20.97%	13
		<b>81</b>		<b>64</b>		<b>62</b>

- Letters and emails are now the main method of referral accounting for 61%, (38), of all complaints received.
- In response to a request from members of the Physical Disability, Sensory Impairment Forum, it was agreed to set up a Text Messaging Service for complaints and representations. However, despite the number being included on all complaint documentation, no text representations have yet been received.

## Equalities Monitoring

Ethnic Status	2013 2014		2014 2015		2015 2016	
White British	97.53%	79	96.88%	62	98.39%	61
Black/ Black British	0.00%	0	0.00%	0	1.61%	1
Chinese	0.00%	0	0.00%	0	0.00%	0
Mixed	0.00%	0	0.00%	0	0.00%	0
Asian / Asian British	0.00%	0	1.56%	1	0.00%	0
Other White	2.47%	2	1.56%	1	0.00%	0
		<b>81</b>		<b>64</b>		<b>62</b>

- 1 formal complaint and 11 compliments were raised by members of the BME community.
- All compliments were regarding the quality of the services provided by Adult Social Care.

## Specific Areas of Complaint within Adult Social Care

### Commissioned Care Services – All issues received

Commissioned Services	2013 2014	2014 2015	2015 2016
Formal Complaints	6	10	1
Complaint Related Queries	7	8	7
Commissioned Service Issues	NA	64	51
Provider – Own Response	1	14	18
Insurance Claim	0	1	0
Moved to Safeguarding	Na	Na	3
Whistle Blows	0	2	2
<b>Total</b>	<b>15</b>	<b>99</b>	<b>82</b>

- During 2015/16, 1 formal complaint was received regarding a commissioned care home. This issue was investigated and responded to by a Contract Management Officer, within the Commissioning Team, and was found to be partially upheld.

- 18 complaints were assessed and deemed suitable to be passed to the commissioned service to progress through their own complaints procedure. In each case, the service is requested to share a copy of the response letter with the Council for contract monitoring purposes.
- 63%, (12), of complaints investigated through commissioned services own procedures were regarding commissioned home care.
- 31%, (6), were regarding the quality of care provided by commissioned care homes.
- 51 low level issues about commissioned services were also received from either Assessing Officers or Social Workers in relation to concerns raised during an assessment or review.
- 82 of these concerns were regarding the quality of home care services.
- Concerns about late, missed or short care visits remains the main theme of complaint.
- 11 issues were regarding the quality of the care provided by residential homes.

Once complaints are resolved, Contract Management Officers are expected to ensure that any proposed actions or improvements to service are carried out and fully monitored. Any feedback, which includes dissatisfaction, is helpful to inform the Commissioning Team of how the current care services are operating and how they could be commissioned in the future.

- During 2015/16, 4 compliments were received about the quality of the work carried out by individual Contract Management Officers.

### **Health & Social Care Joint Investigations**

The statutory complaints process covers NHS and Social Care Services.

All complaints that are received which are about services provided by both Health and Social Care are co-ordinated by either the Council's Complaints Manager or the Complaints Manager responsible for the Health Service area subject to the complaint. The organisation responsible for the majority of the complaint will take the lead in the investigation and will ensure that a combined response letter is sent to the complainant within the agreed timescales.

3 complaints were around services provided by both Health and Social Care during 2015/16. This is a decrease of 40%, (5), since 2014/15.

2 complaints were led by Adult Social Care, 1 complaint was led by colleagues within Health. All complaints included elements regarding the Queen Elizabeth Hospital. Issues complained about included the standard of care provided to the service user by both Adult Social Care and Health workers, the quality of support provided in relation to discharge, how sensitive information was dealt with and delays organising a service.

After investigation, 2 complaints were upheld and 1 complaint was partially upheld. Any improvements to Adult Services are outlined within this report.

### **Safeguarding Adults Concerns**

During 2015/16, 4 concerns were received which immediately identified areas of possible abuse against vulnerable adults. All 4 complaints were considered through the Safeguarding Adults Process.

3 complaints were received about the management of the Safeguarding Process. This is a decrease of 40%, (5), since 2014/15. The complaints were all regarding the quality of communication to families or representatives of service users who were the subject of the alleged abuse. After investigation, 1 complaint was not upheld, 1 complaint was partially upheld and 1 complaint was later withdrawn.

### **Public Health Complaints**

During 2015/16, there were no formal complaints received by the Council regarding Public Health Services. However, as all commissioned services, which includes Public Health, are required to have their own complaints procedure, the services are responsible for the management of their complaints and compliments themselves.



To ensure that all of the services offered by Public Health are of a recognised standard, the Public Health Contract Management Officer has developed a reporting mechanism so satisfaction / dissatisfaction can be monitored.

The agencies have continued to report the number of complaints and compliments received on a regular basis. During 2015/16, there have been 19 concerns and 199 compliments about Public Health Services.

Public Health Complaints & Compliments	2015 - 2016	
	Compliments	Concerns
Gateshead Evolve	11	3
Platform Gateshead	3	0
South Tyneside Foundation Trust	123	7
Integrated Sexual Health	62	7
Live Well	0	2
	199	19

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

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

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

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

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

#### **Promoting Independence Centres**

- If medical assistance for a resident within the Promoting Independence Centre is summoned, even if non-urgent, family or carers must be informed at the earliest opportunity, even if they are expected at some point the same day. This recommendation is now embedded in the service quality assurance systems and has been communicated to all staff.
- Staff at Promoting Independence Centres now contact Gateshead Equipment Service, (GES), immediately if there are any concerns relating to equipment supplied by GES. After which they will inform the Social Worker, district nurse and/or other professionals involved in the persons care.
- Promoting Independence Staff should record all settings of equipment installed, to ensure that they are appropriate to the person using the equipment.
- All Promoting Independence Centre equipment is now inspected and reviewed on a regular basis and prior to use to ensure that it meets health and safety requirements. This inspection is then validated within written records.
- On admission to the Promoting Independence Centre where multi-agency involvement is required, all professionals will be expected to meet with service users and their families to explain roles and responsibilities. This will ensure well-defined goal plans and outcomes and guarantee a positive experience within the Centre.



- Appropriate documentation has been developed for multi-agency use to ensure records demonstrate seamless and chronological recordings of the input and actions of professionals' involvement.
- Regular planning and review meetings are now held with service users/families to update on progress. It will also gather views about service user's experiences during their stay within a Promoting Independence Centre.
- Carer consultations are also now carried out on a regular and timely basis to ensure that they are reassured and satisfied with the care being provided.
- A timetable of activities should be fully visible within Promoting Independence Centres to ensure service users and their families are aware of social opportunities during a stay. This information is also now discussed on admission and within review meetings.
- At least one member of staff now remains visible in residential communal areas where a number of service users' are present to provide assistance when necessary.
- Promoting Independence Staff now ensure that all visitors, including nurses or other professionals are reminded to sign the visitor's book. A visual notice has also been placed above the book instructing all visitors to sign in/out.
- All Promoting Independence Centre's who accept an emergency admission must ensure that they confirm that the service user or their representative is aware of the fees and charges required for their stay and gain the service user/representatives agreement to this.
- All staff within Promoting Independence Centres have been reminded of their own personal responsibility when dealing with dissatisfaction. Staff have also been reminded that any concerns reported to them directly should be dealt with through the appropriate process / procedure.

## **Assessment & Personalisation**

- All workers have been reminded of the need to include close family members, (or any others significant in the care of the service user), in the assessment and care planning process. This requirement will be regularly discussed and recorded on personal supervision documents.
- All staff have been reminded to ensure that clear information is given to service users and their families when terminating services.
- It has been arranged with the Queen Elizabeth Hospital that before a referral to Adult Social Care is made, that staff must gain written confirmation from either the service user or appropriate family members. This will ensure that people want to engage with Adult Social Care beforehand. It has also been arranged with Hospital staff that a private room is made available for those patients and relatives who want to talk confidentially with a social worker or assessing officer.
- The Rapid Response Team have developed a contingency plan as part of their Standard Operating Procedures, which is now followed in times of increased pressure on the service. This will ensure that staff are aware of the procedure and give them confidence to accept all appropriate referrals with the knowledge they will be able to respond within their target time of 2 hours.
- A clear method of communication has been set up between the Rapid Response Team and the out of hours Care Call and Emergency Duty Team, to keep them informed of service developments and clarifying the remit of the Rapid Response service.

## Compliments

Information about compliments is fed into all Adult Social Care Services, including the Commissioning Team, to highlight good practice and to identify opportunities for improvements to services.

There has been a 17% increase in compliments compared to the amount received during 2014/15. Compliments accounted for 85% of all representations made during 2015/16.

- 32%, (347), of compliments, received in 2015/16 focused on the care provided by the Councils Promoting Independence Centres.
- 30%, (327), were regarding Council provided Domiciliary Care.
- 55%, (181), of Council Domiciliary Care compliments were about the START service. The START Service is a short term reablement team who concentrate on providing service users with the skills to remain at home. This service can help prevent the need for larger or more long term packages of care.
- 14%, (154), of compliments were regarding Services provided by Assessment & Personalisation.
- 58%, (89), of compliments about Assessment & Personalisation were about the Physical Disability Teams.
- 5%, (56), of all compliments were regarding Health & Housing Support.

## Conclusions

Adult Services complaints decreased by 3% compared to 2014/15 figures.

Although complaints about Assessment and Personalisation and Provider Services increased, the Service have confirmed that the continued reduction from the high number received in 2013/14 is partly a result of more people having a better understanding of changes in practice resulting from the Care Act 2014. Workers are now applying eligibility criteria robustly which often results in dissatisfaction from those who either dispute the outcome of their assessment or feel that the Assessing Officer had not conducted the assessment / review appropriately or in some case acted unprofessionally.

The national profile of Commissioned Care Services continues to be raised throughout national and local media. This scrutiny is reflected with the number of concerns raised either by relatives of those receiving a service or by other professionals undertaking reviews of services. This evidences that all those who are involved in a service user's care, either professionally or a family member ensure that any concerns are highlighted and dealt with appropriately.

Gateshead Council's Adult Social Care has recently been reviewed. It is expected that changes to how the services are delivered in future will be beneficial to both current service users and those who may later require a service. It will also mean that referrals and requests for support are dealt with quickly and any identified needs of service users are met in a timely manner.