

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 12 September 2017 at 1.30 pm in the Bridges Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for absence
2	Minutes (Pages 3 - 8) The minutes of the last meeting held on 20 June 2017 are attached for approval
3	Safeguarding Adults Board Update (Pages 9 - 52) Report of Strategic Director, Care, Wellbeing and Learning
4	Monitoring - OSC Review of Role of Housing in Improving Health and Wellbeing (Pages 53 - 56) Report of the Director of Public Health
5	OSC Review - Evidence Gathering - Work to address harms caused by Tobacco (Pages 57 - 58) Report of Director of Public Health
6	Annual Report on Adults Services Complaints and Representations, April 2016- March 2017 (Pages 59 - 74) Report of Interim Strategic Director, Care, Wellbeing & Learning
7	Establishment of Northumberland, Tyne & Wear & North Durham STP Joint Health Scrutiny Committee (Pages 75 - 84) Joint report of the Strategic Director Corporate Services and Governance and the Director of Public Health
8	Annual Work Programme (Pages 85 - 88) Joint report of the Chief Executive and the Strategic Director, Corporate Services and Governance

Contact: Helen Conway email helenconway@gateshead.gov.uk, Tel: 0191 433 3993,
Date: Monday, 4 September 2017

This page is intentionally left blank

GATESHEAD METROPOLITAN BOROUGH COUNCIL
CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE
MEETING

Tuesday, 20 June 2017

PRESENT: Councillor S Green (Chair)

Councillor(s): N Weatherley, M Charlton, B Goldsworthy,
M Goldsworthy, M Hood, R Mullen, J Simpson, J Wallace,
A Wheeler, D Bradford and J Lee

APOLOGIES: Councillor(s): C Bradley, I Patterson and M Hall

CHW45 MINUTES OF LAST MEETING

RESOLVED – That the minutes of the meeting held on 25 April 2017 were approved as a correct record.

CHW46 MINUTES OF QUALITY ACCOUNTS MEETING

RESOLVED - That the minutes of the Quality Accounts meeting held on 18 May 2017 were agreed as a true record.

CHW47 CONSTITUTION

The Constitution of the Committee and the appointment of the Chair and Vice Chair for the 2017/18 municipal year, as approved by the Council at its meeting on 12 May 2017, was noted.

RESOLVED - that the information be noted.

CHW48 ROLE AND REMIT

The role of the Committee and the powers delegated to it were reported.

RESOLVED - that the information be noted.

CHW49 DECIDING TOGETHER, DELIVERING TOGETHER - PROGRESS UPDATE

The Committee received a report and verbal update from Ian Renwick, Chief Executive of Gateshead Health NHS Foundation Trust and Julie Ross, Director of Integration across the health and care partners in Newcastle and Gateshead.

The report identified the increased scope of the Deciding Together, Delivering Together programme to include older people's mental health services delivered by

Gateshead Health Trust in addition to social care and voluntary sector services. (The original programme was limited to Northumberland Tyne and Wear Mental Health Trust services only).

The Committee were updated about the Deciding Together process, which was led by the CCG, and involved asking people who use mental health services, their families, carers, mental health professionals and service providers for their views on improving the way specialist adult mental health services are arranged in Gateshead and Newcastle; it culminated in a listening exercise held during winter 2014/15 was published in April 2015.

The Committee were reminded that in March 2016, a joint scrutiny meeting between Newcastle and Gateshead considered the findings. In June 2016, the CCG governing body considered the findings of the Deciding Together process and the public consultation and made its decision about the future of the services.

Following the CCG decision work began to understand how to best implement the decision and on 1 February 2017, a stakeholder workshop was held to identify those next steps. The workshop group in February 2017 proposed to work in a collaborative way to redesign the pathways for adults and older people in Newcastle and Gateshead who have urgent (in its broader sense) and more complicated/intense mental health needs by December 2017.

The redesign work will cover all adult and older peoples mental health services in Gateshead and Newcastle; this recognises that the Deciding Together scope was limited to NTW provided services and that was not sufficiently broad to redesign services to meet the mental health needs of the population. The increased scope therefore means covering the Gateshead and Newcastle provision of:

- All NTW provided adult and older people's services
- Gateshead health provided older people's mental health services (new to scope)
- Third sector services, community and voluntary service services (new to scope)
- Social care services (new to scope)

Work is now underway to design the community based adult and older people's mental health services in both Gateshead and Newcastle.

The scope of the work covers the following:

- Gateshead and Newcastle localities
- NTW provided adult and older people's services
- Older people's mental health services in Gateshead
- Third sector mental health services, and the wider community and voluntary sector
- Social care and other local authority services
- Interface with GP services
- Interface with employment and housing

Two stakeholder events will be held in July and then four week long workshops during September and October, which the Vice Chair, Councillor Marilyn Charlton will attend on behalf of the OSC.

The Mental Health Programme Board, which comprises a range of service users, carers and small providers as well as the larger statutory bodies, is providing advice on how best to engage with the wider community through the process. Three interlinked work programmes have also been established to assist in the process:-

- Resources review group
- Stakeholder views group, and
- Design group (to include design community services and design inpatient delivery)

The Committee were advised that regular updates will be provided and NTW will be asked to attend a future meeting of the OSC to provide an update on their stream of work.

The Chair thanked Ian and Julie and offered any support necessary from members of the Committee in working together.

- | | |
|----------|--|
| RESOLVED | i) That the information be noted |
| | ii) That regular updates be provided to Committee |
| | iii) That NTW be invited to attend a future meeting of the OSC |

CHW50 THE COUNCIL PLAN - YEAR END ASSESSMENT OF PERFORMANCE AND DELIVERY 2016/17

The Committee received a report and presentation on the year end assessment of performance for 2016/17, which also provided an update on the performance and delivery of the Council Plan 2015-2020.

Targets for 2020 were set out 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 subsequently approved by Cabinet on 12 July 2016.

The Committee wished to congratulate the teams involved in compiling the report, and wished to request that further work/lobbying be undertaken on the licensing system, on the back of the success in developing the hot food takeaway challenge for planning applications, which has been subsequently challenged and upheld twice.

The Committee also requested that future reports include comparison tables to other local authorities in the Tyne and Wear area and not just Gateshead and that a

further update be provided in the next report on the targets for bed-blocking.

The Committee also wished to note that they were very concerned about the increase in excess weight among year 6 children.

- RESOLVED -
- i) The Committee agreed that the activities undertaken at year end 2016/17 were achieving the desired outcomes in the Council Plan 2015-2020.
 - ii) Agreed for further updates to be presented in due course on the areas highlighted
 - iii) Agreed that the report be referred to Cabinet on 18 July with the recommendations from the OSC for their consideration.

CHW51 WORK TO ADDRESS THE HARMS CAUSED BY TOBACCO - SCOPING REPORT

The Committee have agreed that the focus of its review in 2017-18 will be work to address the harms caused by tobacco.

During the course of the review it is proposed that the Committee will consider how tobacco use in Gateshead impacts negatively upon physical and mental wellbeing, its impact upon the local health and social care economy, and its role in perpetrating poverty and inequalities within and between generations.

The review will provide an overview of current activity to reduce harms caused by tobacco in Gateshead compared to best national and/or international practice, where such practice exists.

Currently, about 17.9% of adults in Gateshead smoke, compared to an English average of 16.9%. This is around 29 485 people. Around 12.4% of 15 year olds in Gateshead smoke, around 280 young people. Nearly 500 Gateshead residents every year will die from smoking related diseases.

Activity that reduced harm caused by tobacco can be thought of in terms of four main sets of activities:

- Stopping people starting smoking
- Helping people stopping smoking
- Reducing exposure to second hand smoke
- Tobacco control (i.e. Enforcement of legislation round the sale of tobacco)

At a population level, making tobacco use the exception rather than the norm (the “denormalisation” of tobacco use) can be seen as central to all of the above

It is proposed that the above is considered in the context of:

- Higher than average levels of smoking in Gateshead Council

- The fact that smoking remains the single cause of most preventable illness and death in Gateshead
- Significant inequalities in the prevalence of smoking between different groups and areas
- Reducing demand for stop smoking services
- Particularly low levels of take up of stop smoking services amongst some groups i.e. people from black, Asian and minority ethnic groups
- Pressure of Public Health budgets now and in the future and opportunities for future savings to primary and secondary care costs from prevention activity

The process and timescale for the review was presented to the Committee. It is proposed that the review will take place over an eleven month period from 20 June 2017 to 17 April 2018. It will involve the presentation of expert evidence, research and site visits.

The Committee were advised that the first evidence gathering session will provide a detailed overview of those harms arising in Gateshead due to tobacco use. Information will be presented at the most local levels possible to provide members with insight into inequalities arising from tobacco use across Gateshead, and how tobacco harms impact upon individual wards. Subsequent evidence gathering sessions will include presentations from internal services, external organisations and experts in their respective disciplines.

Evidence will be sought from Gateshead Public Health Team, Development and Public Protection, the Newcastle and Gateshead Clinical Commissioning Group, Gateshead Hospitals NHS Foundation Trust, Northumbria Tyne and Wear NHS Foundation Trust, Gateshead Advice Centre, Public Health England, Fresh North East, Action on Smoking and Health (ASH) and leading academics and clinicians.

The Committee requested as part of the review that the effects of second hand smoke be investigated as well as the increased use and effects caused by vaping.

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

CHW52 MENTAL CAPACITY ACT (MCA) & DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

The Committee received a report providing an overview with regards to the Mental Capacity Act/Deprivation of Liberty Safeguards and also an overview of legal compliance to date, as well as an update on future direction.

The Committee were advised that the Council as supervisory body has remained legally compliant with the Supreme Court judgement, ensuring that local citizens continue to receive legal protection as and when required despite the figures showing increase to demand, and the resource challenge this has brought.

Nationally; official figures show 15-16 had the highest increase to the number of

DoLS applications to date at 195,840, 30% higher than 14-15, and significantly higher than 13,700 in 13-14. The increase, plus the overly technical and bureaucratic processes involved have given weight to the compelling case that DoLS needed to be overhauled. An initial consultation paper by the Law Commission confirmed DoLS was in crisis, and the existing system should be repealed and a new scheme introduced.

The Committee were advised that a Draft Bill has been introduced in March 2017 with the recommendations to replace the existing DoLS scheme. This scheme is known as the “Liberty Protection Safeguards”. The Draft Bill will also amend some of the Mental Capacity Act to continue to provide increased protections within the Human Rights Framework.

The recommended scheme serves the same essential purpose as the existing DoLS; however, the new scheme has removed the features of DoLS which were felt as being inefficient and actively detrimental.

The next step will be for the Department of Health to respond to the Law Commission’s recommendations which will happen in the next 12 months. It is widely believed that these changes will take some time to come into effect therefore unlikely to see significant changes within two/four years.

- RESOLVED -
- i) That the information be noted
 - ii) That the Committee agreed to receive updates on actions and progress in relation to OSC workplan

Chair.....

Date: 12 September 2017

TITLE OF REPORT: Safeguarding Adult Board update

REPORT OF: Strategic Director, Care, Wellbeing and Learning

Summary

The purpose of this report is to present the Annual Report 2016/17 and updated Strategic Plan 2016/2019 for the Safeguarding Adults Board (SAB).

This report will be going to Cabinet on 19 September 2017.

Background

1. The Safeguarding Adults Board continues to provide leadership, accountability and vision for the safeguarding adult's agenda in Gateshead. The Board has been strengthened via the appointment in November 2016 of a highly regarded and experienced Independent Chair Sir Paul Ennals who is responsible for Chairing both the SAB and the Local Safeguarding Children's Board. Both Boards have a strong commitment to working together, holding each other to account and seeking to learn and improve together.
2. It has been a year of change throughout many of the partner organisations that make up SAB and a number of changes to Board representatives. Despite this, along with ongoing public sector austerity measures, the Annual Report illustrates that considerable progress has been made. The Board was not subject to external inspection during 2016/17 and there were no new Safeguarding Adult Reviews commissioned. Nevertheless a number of emerging local and national issues meant that the Board was extremely busy.
3. The Care Act 2014 enshrined in law the principles of Safeguarding Adults and the Safeguarding Adults Board became a statutory body in April 2015. The Care Act states that a Safeguarding Adults Board must:
 - publish a strategic plan for each financial year. This plan could cover 3 – 5 years in order to enable the Board to plan ahead as long as it is reviewed and updated annually
 - publish an annual report which details how the Board and its members achieved the objectives as identified within the strategic plan

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

4. The SAB 2016/17 Annual Report highlights progress throughout the year. Key areas of work include the development of bespoke safeguarding adult training courses, the establishment of a Serious Provider Concern process to enable

management of Safeguarding Concerns more appropriately and effectively, the adoption of a Quality Assurance Framework (QAF) and the establishment of a new Safeguarding Adults Review Group which has delegated responsibility for the co-ordination of statutory Safeguarding Adult Reviews. The report also articulates how partner governance arrangements ensure members are accountable for Safeguarding Adults and includes what members have done in order to deliver the objectives highlighted within its strategic plan. The SAB has streamlined the way in which it operates, to seek to get the most out of the contributions of senior partners from all agencies.

5. The revised Strategic Plan 2016/19 sets out how the Safeguarding Adults Board will achieve its five Strategic Priorities which are:
 - Quality Assurance
 - Prevention
 - Community Engagement and Communication
 - Improved Operational Practice
 - Implementing Mental Capacity Act / Deprivation of Liberty Safeguards

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

Recommendation

6. The committee is asked to consider and comment on the effectiveness of the Safeguarding Adult Board Annual Report 2016/17 and Strategic Plan 2016/19.



**Gateshead
Safeguarding Adults
Board**

Annual Report 2016/17

August 2017
Page 11

Contents

Page

1 Introduction	3
2 Policy Context	4
3 Safeguarding in Gateshead.....	5
3.1 Gateshead Safeguarding Adults Board.....	5
3.2 Partner Governance Arrangements and Inspections	7
3.3 Strategic Plan 2016/19 and Annual Business Plan 2016/17	11
4 Our Performance	12
4.1 Safeguarding Adults.....	12
4.2 Deprivation of Liberty Safeguards	16
4.3 Multi-agency Training.....	16
5 Key Achievements 2016/17	17
Appendix 1 - Strategic Plan 2016 - 2019.....	25
Appendix 2 - Business Plan 2017 - 2018	36

Introduction

I am honoured and delighted to have taken on the role as Independent Chair of the Gateshead Safeguarding Adults Board in November 2016. I was therefore only chair for less than half of the year that this report covers. I was immediately impressed by the strength of the partnership working across the agencies working in Gateshead, their willingness to collaborate around their arrangements for keeping people safe, and their openness to challenge and debate.



Working together is always important. Keeping vulnerable people safe requires creative working across traditional boundaries, encouraging staff and community members to think out of their normal lines, sharing information and ideas willingly. It is even more important in times of austerity, when all agencies are having to cut back on what they can afford, and it is ever more important to conjure up new and better ways of delivering services. Partners in Gateshead demonstrate that openness.

We have streamlined the way in which the Board operates, to seek to get the most out of the contributions of senior partners from all agencies. The Board now meets quarterly, with a small Executive group meeting in-between in order to ensure that business is progressed speedily and efficiently. We have expanded our subgroups to 5, and further strengthened our working relationships with Gateshead Local Safeguarding Children Board (LSCB), which I also chair. Our multi-agency training is now delivered jointly, and we jointly supervise work on Sexual Exploitation, Missing and Trafficking.

Our Strategic plan set out some ambitious targets for the year past, and most of those have been achieved. We have greatly improved our quality assurance processes, agreeing a standardised audit tool for assuring ourselves of the work of each partner, and establishing a process whereby each partner puts themselves forward for challenge and scrutiny. We have improved our process of considering safeguarding concerns, with the positive effect that the numbers of concerns received has now reduced considerably. We have a much more robust process now for considering potential Safeguarding Adult Reviews (SAR); although we have not initiated any SARs this past year, we have learnt from the consideration of some cases submitted for discussion. Our data collection has improved. We have strengthened our mechanisms for reviewing, supporting and challenging providers where serious concerns have been noted.

We have developed our joint approach to modern slavery – a new safeguarding threat to many agencies, but one which is achieving much higher profile across the region. A recent prosecution has enabled us to test and refine our multi-agency processes.

We continue to manage the Deprivation of Liberty processes, and the Mental Capacity Act processes, highly effectively. We are developing our policies and practices to support homeless people, especially those with multiple and complex needs.

Not all our ambitions have been met. We have not yet developed our communications and engagement strategy as we had hoped, so we have much further to go in engaging actively with the public in our community. This will assume greater importance in the years ahead – more and more, we have to seek ways in which the community takes more of a lead as the eyes and ears that keep vulnerable people safe.

The board is in good shape, and ambitious for the future. Much of this can be attributed to the major contributions of partner agencies who chair subgroups, lead on the programmes of work, and ensure that most people in Gateshead remain safe. In particular, though, our thanks are due to Mark McCaughey, who has admirably assumed the Board Manager role as maternity cover for Carole Paz-Uceria.

A handwritten signature in dark ink, appearing to read 'Paul Ennals', with a long, sweeping horizontal line extending to the right.

Sir Paul Ennals

Independent Chair, Gateshead SAB

2. Policy Context

The Care Act 2014 enshrined in law the principles of Safeguarding Adults, which will ensure that the most vulnerable members of society are afforded appropriate support and protection and help them to live as independently as possible, for as long as possible.

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

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

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

The annual report is required to outline the following:

- What it has done during the year to achieve its strategy and objectives.
- What the members have done during the year to implement the strategy.
- The findings of any Safeguarding Adult Reviews which have concluded during the year, and what it has done to implement the findings.
- Where it decides during the year not to implement a finding of a Safeguarding Adult Review, the reasons for its decision.

3. Safeguarding in Gateshead

3.1 Gateshead Safeguarding Adults Board (SAB)

The Gateshead SAB became a statutory body in April 2015. The Board's vision for adult safeguarding in Gateshead is:

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

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

In law, the statutory members of a SAB are defined as the local authority, the local police force and the relevant clinical commissioning group. However, in Gateshead, we recognise the importance of the contribution made by all of our partner agencies and this is reflected by the wider Board membership (correct as of May 2017):

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

The SAB Sub-Groups:

- **Practice Delivery Group** (Chaired by the Housing Services Manager at the Gateshead Housing Company)

Its role is to ensure that the Multi-Agency Safeguarding Adults policy and procedures and the Mental Capacity Act / Deprivation of Liberty Safeguards policy and procedures continue to be fit for purpose. The Group has responsibility for the production of the Strategic Plan and annual Business Plans and keeping up to date with national policy changes that may impact upon the work of the SAB. The Group also has responsibility for the development and implementation of the engagement strategy and Dignity Strategy.

- **Safeguarding Adult Review Group** (Chaired by the Safeguarding Adults Designated Nurse at Newcastle/Gateshead CCG)

Its role is to consider whether there are any cases in which a Safeguarding Adult Review should be undertaken. The group commissions reviews on behalf of the Safeguarding Adults Board and subsequently monitor their progress. It collates and reviews recommendations from Safeguarding Adult Reviews and other commissioned reviews, ensuring that achievable action plans are developed and that actions are delivered. The group considers any lessons learned that are identified nationally, regionally and locally from any cases requiring a Safeguarding Adults Review, Serious Case Review or any other review process relevant to the Safeguarding Adults agenda. These are fed into the Quality and Assurance sub group.

- **Quality and Assurance Group** (Chaired by the Strategic Safeguarding Lead at the Queen Elizabeth Hospital)

Its role is to develop an oversight of all activity that is undertaken by Board member agencies and relevant services or organisations in order to safeguard those adults in Gateshead who are subject to the Safeguarding duties as stated in Section 42 of the Care Act 2014. The group monitors and scrutinises the quality of activities to ensure that the interventions offered were and continue to be person-centred, proportionate and appropriate. As well as retaining a strategic oversight of all safeguarding activity across Gateshead, the Quality and Assurance Group is responsible for considering any lessons learned that are identified locally or nationally by the Safeguarding Adult Review group.

- **Training Group** (Chaired by Workforce Development at the Local Authority)

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

- **Strategic Exploitation Group** (Chaired by Northumbria Police)

A sub-group of both the SAB and the Local Safeguarding Children's Board. The group is responsible for overseeing all work with respect to sexual exploitation, modern slavery and trafficking in Gateshead.

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

The SAB has developed strong links with other local partnerships such as Gateshead Health and Wellbeing Board, Gateshead Local Safeguarding Children Board, Gateshead Community Safety Board and the Care Health and Wellbeing Overview and Scrutiny Committee.

3.2 Partner Governance Arrangements

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

3.2.1 Gateshead Council

The Council has a statutory duty to host a SAB that has an oversight of any safeguarding activities in Gateshead. Gateshead Council is one of the statutory partners and is represented at the Board and all of the sub groups. The Service Director and Service Manager for Adult Social care retain the responsibility for the oversight and quality assurance of all adult safeguarding cases within the local authority and the Safeguarding Adults Board Business Manager retains an oversight of any Safeguarding Adult Review cases.

3.2.2 Newcastle Gateshead Clinical Commissioning Group

The Newcastle Gateshead CCG demonstrates its commitment to the Safeguarding Adults agenda, with an Executive Director holding the lead for this portfolio and maintaining an active involvement on a day to day basis. This Director is supported in this function by a dedicated Safeguarding Adult Team consisting of an experienced and senior Designated Nurse, a Named GP and two experienced Safeguarding Adults Officers.

Within the existing governance arrangements, the Executive Director chairs a bi-monthly CCG Safeguarding Committee, which brings together Designated Nurses and Named Doctors for Child/Adult Safeguarding. This group reports to the CCG Quality Safety and Risk Committee which in turn reports to CCG Governing Body. Alongside the CCG Safeguarding Committee is a Safeguarding Strategic Forum, which meets four times per year. This provides an opportunity for the Executive Director from the CCG to work with their counterparts from the two hospital trusts, the mental health trust and the ambulance trust in order to collectively address the wider safeguarding concerns from an NHS perspective.

Internal CCG policies and procedures are reviewed annually or more frequently if legislative changes necessitate.

Quality Assurance is provided via external audit from NHS England, which achieved the highest rating possible and the CCG has demonstrated full compliance with all parts of the audit framework. Additionally a recent Quality Assurance check by the Gateshead SAB indicated that the only area for immediate improvement related to the vacancy for a Named GP, who has now been appointed.

3.2.3 Northumbria Community Rehabilitation Company (CRC)

There are clear lines of governance and accountability for Northumbria CRC via the Ministry of Justice and NOMS and the CRC are subject to a number of audits and inspections. The quality assurance team conduct monitoring exercises on a monthly basis which includes evaluating safeguarding work.

There is an established partnership arrangement between Northumbria CRC and the local Multi Agency Safeguarding Hub (MASH). Funding from the Police allowed for the placement of a member of the team for two days a week working as part of the multi-disciplinary team and sharing in discussions and actions around the two key themes of vulnerability and persistent offending. The CRC worker is based within the team, which improves communication links and supports the purposeful progression of action plans adding to the overall safeguarding approach integrated within the MASH.

The designated senior lead for Safeguarding Adults is Jan Hannant, Director of Northumbria CRC and the operational lead is Joanne Wallace, Reviewing and Quality Assurance Manager. Safeguarding adult cases are overseen by the relevant Team Manager and these cases are discussed in supervision.

3.2.4 National Probation Service (NPS)

The National Probation Service (NPS) is committed to reducing re-offending, protecting victims and the public and engages in partnership working to safeguard adults with the aim of preventing abuse and harm.

- **Operational:** Making a referral to the local authority where NPS staff have concerns that an adult is experiencing or is at risk of experiencing abuse or neglect, including financial abuse, and is unable to protect oneself from that abuse or neglect
- **Strategic:** Attending and engaging in local SABs and relevant sub-groups. Through attendance, take advantage of training opportunities and share lessons learnt from Safeguarding Adult Reviews and other serious case reviews.

There is a designated senior manager within each NPS Division, who acts as a strategic lead for safeguarding adults work, and a local NPS Head of Cluster who attends the Safeguarding Adults Board or delegates to a suitable deputy.

The NPS Adult Safeguarding Policy is supported by practice guidance and the National Partnership Framework: Safeguarding Adults Boards. The policy on adult social care in prisons and ensuring continuity of care into the community is set out in PI (performance indicator) 11/2015 Adult Social Care. This PI is supplemented by specific guidance on social care provision for residents in Approved Premises, which forms part of the Approved Premises Manual.

NPS practice guidance acknowledges the contribution that staff can make to the early identification of an offender who may have care and support needs, or of an offender who may benefit from preventative support to help prevent, reduce or delay needs for care and support.

All NPS staff are required to be clear about:

- their roles and responsibilities in relation to adult safeguarding and are supported through effective supervision and management oversight.
- how to raise safeguarding concerns and the routes for escalation where they feel a manager or another agency has not responded appropriately to a safeguarding concern.

3.2.5 Gateshead College

Safeguarding is of paramount importance at Gateshead College and it continues to prioritise safeguarding and promoting the welfare of learners. One of the strategic priorities is to *'Behave responsively and ethically as a business, doing the right things in the right way and shaping students to become good citizens, living sustainable lives. We do this by listening and engaging with students to benefit both student and the organisation alongside promoting the welfare of all learners through ensuring safeguarding is a cornerstone of all we do.'*

All staff are aware of their responsibility to develop and deliver services which safeguard people. Risk assessment and management is operated across all College activity. In addition, health and safety and safeguarding reviews of curriculum and business support areas are undertaken on a very regular basis to engage staff in conversation, ensuring that they are applying college policy and procedure, allow compliance checks and recommend improvements to meet best practice.

The Director of Student Experience is the lead designated safeguarding manager and he is supported by two deputy safeguarding managers. There is a clear line of accountability and governance across the organisation for the commissioning and provision of services designed to safeguard and promote the welfare of children, young people and adults. The College operates a Safeguarding Steering Group which is attended by senior managers from across the College to discuss and action safeguarding issues. In addition, a College Governor attends safeguarding group meetings and acts as a critical friend. An annual Safeguarding report is provided to the Executive team and the Board of Governors.

As part of Ofsted's on-going commitment to Safeguarding, inspections now include a written judgment in the inspection report on whether the provider's safeguarding is outstanding, good, requires improvement or inadequate.

At the last inspection in June 2015, Gateshead College safeguarding practice was deemed to be a Grade 1 Outstanding within Effectiveness of Leadership and Management.

3.2.6 Healthwatch Gateshead

The Responsible person / Designated Adult Safeguarding Manager (DASM) is the Chief Executive Officer of Tell Us North. If the DASM is unavailable, Safeguarding Adult issues will be referred to the Deputy Chief Executive Officer. Should none of these named people be available then directors, committee members, staff, associates, volunteers and service users are directed to contact the relevant adult social care department and/or Safeguarding Adults Unit in the relevant local authority directly, and contact details are given in the policy.

All directors, committee members, staff associates and volunteers are required to review the Safeguarding policy as part of induction, and ongoing training and support.

Tell Us North is committed to safer recruitment policies and practices for staff and volunteers. This includes enhanced Disclosure and Barring Service (DBS) and Barred List checks for relevant staff and volunteers, ensuring references are taken up and the provision of adequate training on Safeguarding Adults.

3.2.7 Northumberland, Tyne & Wear NHS Foundation Trust (NTW)

Northumberland Tyne & Wear NHS Foundation Trust lead officer for Safeguarding and Public Protection is the Executive Director of Nursing Operations. A Nurse Director and Head of Safeguarding and Public Protection are identified named individuals who ensure the management of the NTW Safeguarding and Public Protection team. They ensure there is a robust system in place for safeguarding and public protection underpinned by sound clinical and corporate governance arrangements. This team review every safeguarding adult concern, providing practitioners with advice and support.

NTW has a Safeguarding and Public Protection committee that meet six times a year. The Trust board receive bi-monthly reports including updates from the Safeguarding Adults Board.

Two audits were undertaken in 2016-2017 in relation to safeguarding. The first was an audit of the Safeguarding process and the second was an audit of the Safeguarding and Public Protection Team triage process. Both audits indicated full compliance with no key risks identified.

In 2016 the Trust was inspected by the CQC and was given the grade of outstanding.

3.2.8 Oasis Aquila Housing (OAH)

Ultimate safeguarding responsibility within Oasis Aquila Housing sits with the Board of Trustees. Having an overview of safeguarding activity is one of their integral responsibilities and regular updates are provided to them.

Accountable to the Board of Trustees is a safeguarding sub-committee which is chaired by the trustee who is the designated 'safeguarding champion'. This sub-committee has overseen OAH's safeguarding strategy which is updated annually and this includes a development plan that is monitored at each sub-committee. Part of the development plan is an annual safeguarding audit of OAH's safeguarding procedures and this includes 'dip sampling' looking at processes and outcomes.

Each of OAH's services has an internal annual review for quality assurance purposes and this includes practice development to ensure safeguarding practice is consistent and in line with local and national policy.

In the last year, as part of the development plan, the Safeguarding Adults Protection policy has been updated, along with a number of other policies that have safeguarding implications.

At the most recent Quality Assessment Framework visit by Gateshead Council OAH's supported accommodation services were assessed as being well in excess of what was required.

3.2.9 Queen Elizabeth Hospital (QE)

Within the QE Hospital there are designated staff members with safeguarding responsibilities, led by the Director of Nursing, Midwifery and Quality who is also a member of Gateshead Safeguarding Adults Board. The Strategic Lead for Safeguarding attends all of the Safeguarding Adults Board sub groups and Chairs the Quality and Assurance sub group.

The named professionals and Safeguarding Adults leads report to the QE Safeguarding Committee, the Quality Governance Committee and the Trust Board. Gateshead SAB has a strategic overview of any work carried out.

The Safeguarding Adults policy was reviewed in April 2016 with amendments to the Care Act. The Mental Capacity Act and the Deprivation of Liberty Safeguards policy were also reviewed in 2016.

In 2016-17 there was one Serious Adults Review completed using an appreciative enquiry methodology. The case involved a patient who was admitted to the hospital with eight areas of pressure damage (four of areas were grade 4 pressure damage). The patient had been cared for at home with a care company delivering her care and district nurses attending to dress her wounds. The patient had fluctuating capacity and would not let the carers or the district nurses look after her needs. There were a number of key lessons learned regarding appropriate capacity assessments, recording, early intervention and referrals to mental health services.

There has been a robust safeguarding audit programme ongoing throughout 2016-17. This included an internal audit of the Mental Capacity Act and the Deprivation of Liberty Safeguards. The audit highlighted good practice with regard to patients having capacity assessments completed and appropriate deprivation of liberty referrals. It also highlighted a risk that because of the demand for Best Interest Assessments some local authorities are unable to meet demand and this would lead to the Trust holding patients unlawfully. This risk has now been put on the Trusts risk register and monitored closely by the Safeguarding Committee.

The Domestic Violence referral audit has been completed in line with NICE guidance. The audit focused on the referrals and cause for concerns relating to patients attending the hospital. The audit demonstrated adherence to the policy and shows that appropriate referrals are made into the MARAC process for high risk victims. The lower risk victims are referred to Gateshead Councils

Multi Agency Safeguarding Hub and this led to a reduction of referrals into the MARAC process.

3.2.10 Tyne & Wear Fire Service

All staff have a responsibility for safeguarding and the designated safeguarding team address any concerns and are available 24 hours a day.

As well as a Safeguarding Adults policy, Tyne & Wear Fire Service also have a Domestic Violence Policy and Domestic Violence Champions. Several staff have been trained across the service to undertake the domestic violence champion role as a volunteer in addition to their full-time role. The role of these staff is promoted and they can be consulted if any officers require advice regarding domestic violence.

3.2.11 The Gateshead Housing Company (TGHC)

TGHC is represented at Gateshead SAB by the Director of Customers and Communities, and the Housing Services Manager chairs the Practice Delivery Group and attends the Training Group.

TGHC have established an internal Safeguarding Adults policy and guidance to support staff around hoarding and financial abuse. The policy was endorsed through internal governance at the Customers and Communities Committee and the TGHC Board in May 2016. The Customers and Communities Committee also receive quarterly updates on all safeguarding activity.

All safeguarding concerns are coordinated through a central point of contact within the Neighbourhood Relations Team and Older Persons Housing Team to ensure appropriate referrals are being made and there are lead officers appointed to oversee this work. This approach allows TGHC to effectively manage any low level concerns appropriately through direct engagement, providing relevant support or through sign-posting to other services.

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

3.3 Strategic Plan 2016/19 and Annual Business Plan 2016/17

The Gateshead Strategic Plan 2016/19 was approved by the SAB in March 2016 and was reviewed and updated in May 2017. The three year plan incorporates five strategic priorities:

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

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

4. Our Performance

4.1 Safeguarding Adults

Concerns and Enquiries

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

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of, abuse or neglect
- As a result of those care and support need is unable to protect themselves from either the risk of, or the experience of abuse or neglect

In 2016/17 there were 1259 Safeguarding Adult Concerns (2034 in 2015/16) which led to 462 Section 42 Safeguarding Enquiries (1638 in 2015/16). In percentage terms, 36.7% of Concerns led to a Section 42 Enquiry compared to 80.5% in 2015/16.

Concerns	s.42 enquiries	Percentage of concerns leading to an enquiry	Change from 2015/16
1259	462	36.7%	-43.35%

In 2015/16 there were concerns that a significant number of cases progressing to the enquiry stage did not meet the criteria and could be managed appropriately elsewhere, enabling the Safeguarding Adults Operational team and partners to focus upon those cases that do meet the criteria – often those with higher levels of risk and harm. It was agreed by the Practice Delivery Group that a priority for the 2016/17 financial year was to develop more robust and comprehensive criteria that assists front line practitioners to make sure that only those cases that do meet the Safeguarding criteria progress, and that there are appropriate referral mechanisms in place for those that do not progress.

Low level concerns are now dealt with in one of three ways:

- Advice or guidance given at the concern stage by the Safeguarding team.
- Referral made to the Commissioning / Contract Monitoring team.
- Referral to Gateshead Multi Agency Safeguarding Hub (MASH).

It is obvious by the decline in Concerns leading to an Enquiry that this piece of work has been successful.

Categories of Abuse

The following performance information relates to the primary category of abuse recorded.

The most common category of abuse was Neglect and Acts of Omission which represented 44.16% of all Safeguarding Concerns raised. This is slightly lower than the 2015/16 figure of 44.99%. This was followed by Physical Abuse (21.45% compared to 22.52% in 2015/16) and Financial and Material Abuse (16.12% compared to 14.90% in 2015/16).

Category of abuse	Volume	Percentage of all concerns	Change from 2015/16
Neglect & Acts of Omission	556	44.16%	-0.83%
Physical	270	21.45%	-1.07%
Financial & Material	203	16.12%	+1.22%
Psychological / Emotional	98	7.78%	+1%
Sexual	48	3.81%	+0.17%
Self-Neglect	46	3.65%	-0.87%
Discriminatory	16	1.27%	+0.63%
Domestic Violence	16	1.27%	-0.20%
Sexual Exploitation	4	0.32%	No figure for 2015/16
Organisational	2	0.16%	-0.33%
Modern Slavery	0	0%	-100%

Age

The following table shows the volume of concerns raised by age group.

Age	Volume	Percentage	Change from 2015/16
18 – 64	430	34.15%	+0.37%
65 – 74	181	14.38%	+1.35%
75 – 84	281	22.32%	-2.51%
85 – 94	312	24.78%	-0.20%
95 plus	55	4.37%	+0.98%

65.85% of all concerns raised were for those aged 65+ which is a slight decrease from 2015/16 (66.22%).

Gender

Gender	Volume	Percentage	Change from 2015/16
Female	740	58.78%	-1.4%
Male	519	41.22%	+1.4%

The gender make up of concerns raised remains relatively consistent with the previous year. Any change is negligible.

Ethnicity

Ethnicity	Volume	Percentage	Change from 2015/16
Asian/Asian British	7	0.56%	+0.22%
Mixed/Multiple	1	0.08%	No figure recorded
Other Ethnic Group	3	0.24%	-0.01%
Undeclared/Not Known	99	7.86%	+2.21%
White	1149	91.26%	-2.5%

The ethnicity make up of concerns remains relatively consistent with the previous year, however, there may be some work to be done around better recording as 'Undeclared/Not Known' remains high and this figure has increased from the previous year. It is important we are aware of the ethnicity of service users as this will help us to shape future service provision.

Primary support reason

Primary support reason	Volume	Percentage	Change from 2015/16
Learning Disability Support	162	12.87%	-0.26%
Mental Health Support	212	16.84%	-0.22%
Physical support	501	39.79%	-1.41%
Sensory support	26	2.07%	-0.54%
Social Support - Social Isolation or Other Support	35	2.78%	+0.27%
Social Support - Substance Misuse Support	15	1.19%	+0.06%
Support with Memory and Cognition	150	11.91%	+0.21%
Not recorded	158	12.55%	+1.88%

There may be occasions where no Primary Support Reason (PSR) is recorded as we may not have been involved with the original assessment, ongoing care planning, or future assessments where a PSR is identified.

Examples of such cases could be where someone is self funding, placed by another authority within the borough of Gateshead, services funded by health with no social care involvement etc.

Location of abuse (first recorded location)

The number of options which can be selected for location has reduced compared to 2015-16 in line with new reporting requirements for 2016-17.

Location of abuse	Volume	Percentage	Change from 2015/16
Care Home - Nursing	194	15.41%	-20.63%
Care Home - Residential	352	27.96%	Not recorded
Hospital - Acute	14	1.11%	+0.18%
Hospital - Community	21	1.67%	+1.23%
Hospital - Mental Health	10	0.79%	+0.4%
In a Community Service	31	2.46%	Not recorded
In the Community (excluding Community Services)	29	2.30%	Not recorded
Other	75	5.96%	Not recorded
Own Home	528	41.94%	-6.78%
Not Recorded	5	0.40%	+0.30%

It is difficult to add any meaningful comparisons to 2015/16 due to the change in recording options in 2016/17. It would, however, seem that concerns regarding care homes have increased by 7.33% (nursing and residential in 2016/17, whereas in 2015/16 they were recorded as simply 'care home'). We will be able to draw more meaningful comparisons in 2017/18 if the categories remain the same.

Relationship with the alleged perpetrator

Relationship with the alleged perpetrator	Volume	Percentage	Change from 2015/16
Day Care Staff	59	4.69%	+1.69%
Domiciliary Care Staff	229	18.19%	-1.72%
Health Care Worker	25	1.99%	+0.61%
Main Family Carer	70	5.56%	+0.69%
Neighbour / Friend	100	7.94%	+0.81%
Not Known	87	6.91%	-1.74%
Other Family Member	134	10.64%	+1.05%
Other Professional	57	4.53%	+0.5%
Other Vulnerable Adult	120	9.53%	-5.86%
Partner	69	5.48%	-0.32%
Residential Care Staff	181	14.38%	-0.52%
Self - Self-Neglect	18	1.43%	-0.09%
Self Directed Care Staff	4	0.32%	+0.22%
Stranger	46	3.65%	+1%
Volunteer / Befriender	1	0.08%	Not recorded
Not Recorded	59	4.69%	+3.61%

A possible explanation for the reduction in "other vulnerable adult" is where there has been an altercation between two vulnerable adults and no harm has occurred. This is recorded as a provider concern and is not raised as a safeguarding concern; whereas it would have been raised as a safeguarding concern before the local authority improved their processes.

In relation to the increase in "not recorded" this may be due to the initial contact being made via email and the information not being provided by the referrer. ASCD do not follow up in these cases therefore they will not record the information that has been omitted.

4.2 Deprivation of Liberty Safeguards (DoLS)

During 2016/17 Gateshead Council received 2118 Deprivation of Liberty Safeguard applications. This was an increase in activity of 16% from the previous financial year. This is representative of most Supervisory Bodies across the Northern Region, with only one authority showing a decrease. NHS Digital will release further statistical data, which will be analysed regionally across the DoLS Leads Steering Network.

In line with the national average, the highest rate for DoLS applications remains with those over the age of 65, with smaller numbers of those under the age of 65 who require the safeguards.

There were 333 applications which have not been authorised, due to various standard reasons as set out within NHS Digital performance monitoring return. Further analysis will take place by Strategic Lead for MCA/DoLS to consider these figures within work streams for the year ahead and to consider any trends which may need action by organisations or partner agencies.

Reason DoLS NOT Authorised	Figure
Incomplete	149
Mental capacity requirement not met	77
Ordinary residence	58
Death prior to authorisation	32
Mental health requirement not met	6
Eligibility requirement not met	2
Best interest requirement not met	1
Withdrawn	8

4.3 Multi-Agency Safeguarding Adults Training

Gateshead SAB, in conjunction with Gateshead Council, commission training that is available to internal and external partners. It is hoped that this training is accessed by a variety of practitioners and will increase their knowledge of Safeguarding Adults and improve the quality of interventions offered and concerns raised.

In 2016/17 there were 38 Reporting Concerns training courses provided and these were attended by 811 delegates (328 external delegates and 483 Gateshead Council delegates).

There were also 8 Policy and Procedure training courses in 2016/17 attended by 224 delegates (51 external delegates and 173 Gateshead Council delegates).

In order to ensure our training programme continues to be fit for purpose and reaching as many partners as possible, a Council wide Training Needs Analysis will be carried out in 2017 that will form the basis of the training programme offered next year.

5. Key Achievements 2016/17

The Annual Report must demonstrate what both the Safeguarding Adults Board and its members have done to carry out and deliver the objectives of its strategic plan. The key achievements for the Board and its partners during 2016/17 are documented below and aligned to the Six Principles. Although we have tried to place achievements under the specific Principle you will note that there is a lot of crossover and many achievements cover two or even three principles:

5.1 Empowerment & Prevention

Training

Gateshead Council's Safeguarding Adults team have identified the need to offer a more flexible programme of Safeguarding training and this includes making bespoke training available within care settings for a fee

The training is primarily delivered by officers from Workforce Development and the Safeguarding Adults team although some work has been carried out recently to include trainers from partner agencies.

All commissioned providers have to attend safeguarding training as part of their contractual requirements.

The Training Group have continued to support a multi-agency training pool of trainers who deliver the Level One course. Both courses have proved to be extremely popular during 2016/17:

Course Title	Number of Courses	Number of Delegates
Level One – Raising Concerns	38	811
Level Two – Policy and Procedures	8	224
Grand Total	46	1035

The Gateshead Housing Company also carried out internal bespoke Safeguarding Awareness briefings, delivering 12 sessions to over 180 (45%) of their employees.

Within **Newcastle Gateshead CCG** Safeguarding Adults training is mandatory for all employees and compliance continues to be 100%. In addition, further training and education is provided to staff within the NHS Continuing Healthcare Team, the CCG Safeguarding Team and those in senior leaderships positions on an ongoing basis.

Northumbria CRC commission a training provider who has facilitated their safeguarding training in 2016-17 and Responsible Officers are expected to attend safeguarding training a minimum of every 3 years.

The National Probation Service (NPS) rolled out a national training resource in 2016 for all staff. This training is mandatory for all operational staff and comprises e-learning and a two day classroom based course. This ensures staff understand the duty to safeguard and promote the welfare of adults at risk and carry out duties effectively when identifying and responding to adult safeguarding concerns.

66% of operational staff within Gateshead Local Delivery Unit have completed the e-learning and are awaiting placements on the classroom based training. All operational staff will have completed the training by the end of the current financial year.

Gateshead College ensure that all staff undertake mandatory Safeguarding Adults training and reporting concerns is an element of this.

In addition, staff who work in the College safeguarding team receive specialist training to enable them to undertake their role competently. This specialist training includes Identifying Extremism, Deliberate Self Harm, Assessing Capacity and Internet Safety.

Within **Northumberland, Tyne and Wear NHS Foundation Trust (NTW)** safeguarding training is mandatory for all staff and new starters are unable to commence employment until they have completed their safeguarding and public protection training including Prevent. A refresher is required every three years for all staff.

Within **Oasis Aquila Housing (OAH)** the Adult Safeguarding lead is an accredited trainer and delivers internal training on a regular basis and is also part of the pool of trainers that deliver the multi-agency training on behalf of the SAB.

Frontline staff of OAH are required to undertake safeguarding training on an annual basis and depending on their roles and the client group they work with they may also be required to undertake specialist training.

At the **Queen Elizabeth Hospital (QE)** there has been ongoing mandatory training days for consultants in 2016, including level 2 Safeguarding Adults & Children, and these have been well attended and positively evaluated.

In addition to providing the in-house Mental Capacity Act training for all clinical staff this now forms part of the induction programme for new employees.

Currently 66% of staff are compliant with mandatory training and this has been escalated to the Trust Board and the individual business units within the organisation. Action plans have been produced to increase this compliance over the next 6 months.

The revised version of the Intercollegiate Document is due to be published in 2017 for Safeguarding Adults. The document sets out the minimum safeguarding adults training requirements for health organisations. It provides a clear framework to identify the competencies needed by QE staff to recognise abuse and neglect and to take effective action.

The QE training presentations have been revised to reflect changes to the core competencies (to include issues such as modern slavery, sexual exploitation, female genital mutilation and radicalisation) and the training needs analysis has been updated to include new staff groups requiring safeguarding adults training.

Gateshead Council

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

Links between the Safeguarding Team, MASH and social care staff have been strengthened and this encourages a more collaborative way of working and an efficient deployment of resources.

Gateshead Council have developed a Serious Provider Concern process that means if a professional has any concerns about a particular care or support provider a referral can be made to the Contracts Manager in the Local Authority. This means that only appropriate referrals are made to the Safeguarding team.

Low level safeguarding concerns are managed by either advice or guidance being offered at the concern stage by the safeguarding team, a referral to the Commissioning/Contract Monitoring team or a referral to Gateshead MASH.

Gateshead Council regularly critically appraises evidence and information to identify trends or patterns. This in turn helps shape services and influences practice and training.

Development and Publication of Practice Guidance Notes

The Practice Delivery Group (SAB sub group) have developed and reviewed a series of Practice Guidance notes to assist front line practitioners in their work. These have been circulated to interested parties and added to the website.

The Gateshead Housing Company

The Gateshead Housing company has an established process for providing additional security measures in council properties via the Neighbourhood Relations Team. The security measures installed are proportional to the risks involved and tend to be smaller works such as lock changes etc.

The Sanctuary Scheme has been carried over to The Gateshead Housing Company via the TUPE process from Gateshead Council.

This Sanctuary Scheme provides additional security measures with the aim of homeless prevention and increased safety for private tenants, home owners and housing association tenants. The security measures provided are also proportionate to the risks involved in the case, however private tenants and home owners do not have the additional support of estate officer and neighbourhood relations officers who can provide that extra layer of contact and estate monitoring for the tenant. The Gateshead Housing Company believe this is why they tend to spend a bit more money on security measures for non-council tenants. The average figure is also likely to be a little bit skewed by some unusually high cost works on a few occasions.

In the future there is likely to be an alignment of the two schemes to ensure that value for money is achieved while keeping tenant safety at the heart of all decisions

In 2015/16 the Housing Services Team, that are now incorporated within The Gateshead Housing Company, were successful in a funding bid for £100,000 for security measures for Domestic Abuse victims residing within their own homes. This also included the employment of a Domestic Abuse Outreach Worker who acts as the single point of contact for victims of domestic abuse. This worker coordinates services to ensure that victims are receiving appropriate support and assistance, that appropriate offers of accommodation are made, access to security measures or that a referral for longer term support is made where appropriate.

Within the private sector, safety and security measures were fitted to 75 homes. The average installation cost was £375.86.

Within Council tenancies, 172 safety and security measures were fitted to 102 homes with the average cost being £70.51.

These measures included lock changes, window locks, CCTV, door viewers and letter box guards.

The Gateshead Housing Company managed 252 cases of domestic abuse in relation to Council tenancies.

They also attended 26 MARAC conferences and completed 520 research documents and attended 13 MATAC meetings and completed 36 pieces of research.

The Gateshead Housing Company have also developed procedures with regard to Hoarding and took part in Hoarding research led by Northumbria University and subsequently joined their Hoarding Research Group.

Newcastle Gateshead CCG

Safeguarding Adults is now fully embedded into the CCG's approach to quality and patient safety, which is demonstrated by regular contact with the designated team from staff internal and external to the organisation. Proactive work is ongoing in both General Practice and Commissioned Services to further strengthen systems and processes in relation to early and robust responses to domestic abuse.

As a commissioning organisation the CCG has limited day to day contact with service users, but it actively encourages its staff and commissioned services to provide high quality patient centred care. Training encourages early detection and relevant action where patients are identified as being at risk.

With regard to low level concerns, staff are encouraged to discuss these with a member of the specialist Safeguarding Adult Team and agree a forward plan.

National Probation Service (NPS)

Safeguarding adults process and practice is documented in EQUIP, which is a national interactive electronic process mapping tool. This ensures that staff are following up to date processes and policies and provides a consistent approach to practice.

NPS has a framework for MARAC and operational staff attend meetings in relation to statutory cases.

Pre-sentence assessments should be informed by rigorous checks to ensure vulnerable adults are supported by sentencing proposals. The mechanism established in South of Tyne for liaison with other agencies received national commendation.

NPS works with other agencies, including local authorities, Police and health services to manage and reduce the risk of serious harm and address safeguarding issues. This includes the pre-sentence checks which inform risk assessments, risk management and sentencing proposals as well as ongoing work with all statutory cases.

Locally, NPS staff consult with Gateshead MASH in relation to low level concerns.

NPS Victim Liaison Unit offers statutory contact to victims of serious sexual and violent crimes providing information and advice around prevention and protection against further harm.

Gateshead College

Gateshead College has a safeguarding adults policy and procedure for dealing with allegations of adult abuse. These are reviewed on an annual basis, in response to legislative changes or in response to a highlighted development or concern.

All staff are aware of their responsibility to develop and deliver services which safeguarding young people and adults and safeguarding conversations with students take place across the academic year to ensure that students know how to safeguard themselves and report issues.

The College displays safeguarding posters and contact details of key safeguarding staff for each campus and E-safety learning packages 'Stay Safe Online' and 'Internet Safety' training can be accessed by students.

The impact of safeguarding work and awareness raising carried out by the College ensures learners are safe. In a survey completed at the beginning of the academic year 99% of 2158 students said they felt safe at Gateshead Collage. Any student who said they didn't feel safe were invited to discuss their concerns and their issues were resolved.

Oasis Aquila Housing (OAH)

OAH carries preventative and empowerment work with their clients by raising awareness of safeguarding issues. An example of this is when young mothers move into Elizabeth House they receive a safeguarding briefing and they sign a declaration of understanding acknowledging how we work in partnership with other agencies and share information.

Specific safeguarding issues are also discussed at each support meeting and the frontline officers initiate multi-agency work to promote prevention.

Queen Elizabeth Hospital (QE)

Following the transfer of community services in October 2016 a Community Safeguarding Lead is now in post. Their role is to support the community teams, deliver new ways of working for raising concerns in the community and process mapping. They will also liaise with Gateshead Council regarding Safeguarding and will attend the Multi Agency Safeguarding Hub meetings.

The Counter Terrorism and Security Act 2015 contains a duty on specified authorities to have due regard to the need to prevent people from being drawn into terrorism. This is known as the Prevent duty.

The NHS is a key partner in delivering the Prevent strategy across all health care settings. The Safeguarding Adults Lead Nurse is the Prevent Lead at the QE and radicalisation was added to the Trusts Safeguarding Adults policy.

Awareness of the Prevent agenda is raised via the Trust mandatory training days, corporate induction and awareness raising sessions and Prevent is one of the Safeguarding priorities for 2017.

5.2 Proportionality and Protection

Implementation of revised Care Act compliant Multi-Agency Policy and Procedures

The Practice Delivery Group supported by the Safeguarding Adults Board is in the process of revising the Multi-Agency Safeguarding Adult Policy and Procedures. The key principles of proportionality and protection are wholly embedded throughout the document.

Northumberland, Tyne and Wear NHS Foundation Trust (NTW)

The Safeguarding and Public Protection Team have improved ways of working by reviewing the Triage model for access to advice, supervision and support. Access to Triage is now via completion of a web based form by a Trust employee and reviewed by a triage worker.

This enables the monitoring of all concerns in real time including positive reporting of both significant harm and the identification of low level concerns that require a single agency plan to safeguard.

Queen Elizabeth Hospital (QE)

The QE have employed a Learning Disability Lead Nurse in their safeguarding team and the focus for this role is to ensure high quality patient centred care is delivered to patients with learning disabilities who require their services.

The scope of the role involves ensuring care pathways are in place, appropriate and reasonable adjustments are made and recorded and that staff who are delivering the care are appropriately informed and supported.

The LD Lead Nurse acts as the single point of contact for any staff within the QE who requires advice or support and she is also contacted when a patient with a learning disability is admitted to hospital or an outpatient appointment made.

The Safeguarding Strategic Lead is the single point of contact for the police with regard to patients who are high risk of violence or known sex offenders. A weekly meeting is held with the lead for security at the hospital and this ensures appropriate safety plans are implemented and shared with staff and internal notification systems.

Safety plans are also created for community staff who attend high risk addresses and relevant information is shared through their partner agency information sharing agreements.

Gateshead Council

The Care Act 2014 sets out a clear legal framework for how Gateshead Council should protect adults at risk of abuse or neglect. Gateshead Council is compliant in all aspects of these duties (outlined below):

- **lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens
- **make enquiries, or request others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- **establish Safeguarding Adults Boards**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- **carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
- **arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

Despite a significant increase in the number of Deprivation of Liberty Safeguard applications (nearly double compared to the previous year), during 2016/17 Gateshead Council continue to maintain compliance by co-ordinating these applications in a timely manner ensuring protection for those individuals was provided where necessary.

5.3 Partnership

Gateshead Safeguarding Adults Board

SAB meetings in Gateshead have been effectively chaired during most of 2016/17 by Independent Chair Sir Paul Ennals who was recruited in November 2016. Board meetings have been well attended and partners contribute to Board meetings, sub groups and associated task and finish groups.

Partner organisations have consistently contributed towards Board meetings, with agendas reflecting varied multi-agency authors and topics. There are examples in which the Chair and Board members have instigated challenge where necessary and influenced change.

The SAB has also developed closer working relationships with the Local Safeguarding Children Board (LSCB) and is in the process of developing links with the Community Safety Partnership and the Health and Wellbeing Board. This can be evidenced via the establishment of a joint sub group with the LSCB (Strategic Exploitation Group) that focuses upon sexual exploitation, modern slavery and trafficking.

A joint Training Directory for 2016/17 was produced in conjunction with the Local Safeguarding Children Board and the Community Safety Partnership to maximise opportunities for raising awareness about training courses available.

Queen Elizabeth Hospital (QE)

The Director of Nursing and the Strategic Lead for Safeguarding attend the SAB and the Strategic Lead chairs the Quality and Assurance Sub Group.

The Trust safeguarding team are part of the multi-agency training programme and help deliver this to Gateshead Council employees and their partners.

A member of the safeguarding team also attends MASH meetings and offers advice from a health perspective.

From the 1st April 2016 the safeguarding adult team at the QE have had access to the local authority social care recording system, Care First, which allows easier access to relevant information and the streamlining of service collaboration.

Newcastle Gateshead CCG

The SAB and each of its sub groups are attended and supported by senior staff from the CCG, including taking on the role of Chair for the Safeguarding Adult Review Group and Vice-Chair for the Quality & Assurance Sub Group.

Additionally the CCG continues to fund the running of the Safeguarding Adults Board and statutory reviews.

The Gateshead Housing Company (TGHC)

TGHC are represented on the SAB by the Director of Customers and Communities and the Housing Services Manager chairs the Practice Delivery Group.

Gateshead Council

The local authority hosts the SAB provides part of the funding to ensure it is appropriately staffed and resourced, provides venues for meetings, coordination of meetings, coordination of the Safeguarding Adult Review process, access to legal and HR advice and assistance with the recruitment of the Independent Chair.

Staff members from Adult Social Care, the Safeguarding Team and Workforce Development attend the Board and the various sub-groups and assist with the production of the multi-agency training, practice guidance notes and multi-agency policies and procedures.

5.4 Accountability

Quality & Assurance Sub Group

The Quality & Assurance sub group looks at safeguarding activity across partner agencies so assurances can be provided to the Board. The Sub group have identified 3 main aims;

- Partner assurance to provide the Board with assurance that individual agencies have knowledge, systems and process in place to appropriately safeguard individuals that use their service.
- Board effectiveness, the Board to be assured that is meeting its statutory and “self-defined” objectives.
- Multi-agency pathway, the Board to be assured that pathways are reviewed and implemented appropriately.

The Q&A group have adopted a quality assurance framework (QAF) that is used by the north of Tyne Safeguarding Adult Boards and they have rolling programme of presentations from partner agencies using this QAF. This allows scrutiny and challenge and to provide assurances to the SAB.

The group are also progressing with the development of a Safeguarding Adults Dashboard that will allow it to monitor and scrutinise safeguarding data held by Gateshead Council.

The Gateshead Housing Company

In 2015/16 The Gateshead Housing Company completed an internal audit of their approach to Safeguarding. This formed the basis of their decision to carry out bespoke Safeguarding Awareness briefings in 2016/17 that were attended by 45% of their employees.

National Probation Service

The South of Tyne Cluster has established a Professional Practice Forum (PPF) to lead on development and learning through a range of reviews including SAR's. Each team has a PPF champion.

Northumberland, Tyne and Wear NHS Foundation Trust (NTW)

At NTW data around types of harm, threshold of harm and actual impact are presented to the Trust Quality and Performance Committee on a quarterly basis and safeguarding assurance dashboards are submitted quarterly to the respective CCG.

Appendix 1

A decorative graphic consisting of several overlapping, wavy, curved shapes in various shades of purple, ranging from a deep magenta to a light lavender. These shapes sweep across the upper and right portions of the page, creating a modern, abstract background element.

Gateshead Safeguarding Adults Board

Strategic Plan 2016-2019
(2017 update)

Contents

Page

Introduction 3

Policy context 4

Gateshead Safeguarding Adults Board 5

- Our vision
- Governance arrangements

Developing the plan 7

Strategic Priorities 8-9

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

Key Challenges 10-11

Introduction

This is the first Strategic Plan for the now statutory Gateshead Safeguarding Adults Board post implementation of the Care Act (2014) on April 1st 2015. This three year Strategic Plan will be supported by annual Business Plans to enable the Board to prioritise and focus activity over the three year period. Of course, the national and local policy landscape is constantly changing and it will be important to review the Strategic Plan on an annual basis to ensure that the Strategic priorities remain right for Gateshead. **This plan has been reviewed and updated in May 2017.**

The Gateshead Safeguarding Adults Board is committed to make Safeguarding in Gateshead person-led and outcome focussed by adopting and implementing a preventative model. The Board have worked hard to ensure that within Gateshead we are Care Act compliant and have demonstrated via internal and independent scrutiny that we deliver quality services.

We face new challenges however ranging from the inclusion of new categories of abuse, the removal of thresholds, an important emphasis upon the empowerment of those Adults at risk of or experiencing abuse and neglect and unprecedented organisational changes for many of our partner organisations as a result of continual austerity.

The Gateshead Safeguarding Adults Board also continues to provide strategic leadership for our approach to responding to statutory duties detailed within the Mental Capacity Act, including the Deprivation of Liberty Safeguards.

The Gateshead Safeguarding Adults Board has a strong commitment from its members to implement the Strategic Priorities identified within this plan. Some of these we can address and deliver quickly. Others will need commitment and further development throughout the three year period.

Policy Context

This is the first Strategic Plan for the now statutory Gateshead Safeguarding Adults Board post implementation of the Care Act (2014) on April 1st 2015. This three year Strategic Plan will be supported by annual Business Plans to enable the Board to prioritise and focus activity over the three year period. Of course, the national and local policy landscape is constantly changing and it will be important to review the Strategic Plan on an annual basis to ensure that the Strategic priorities remain right for Gateshead. This plan has been reviewed and updated in May 2017.

The Gateshead Safeguarding Adults Board is committed to make Safeguarding in Gateshead person-led and outcome focussed by adopting and implementing a preventative model. The Board have worked hard to ensure that within Gateshead we are Care Act compliant and have demonstrated via internal and independent scrutiny that we deliver quality services.

We face new challenges however ranging from the inclusion of new categories of abuse, the removal of thresholds, an important emphasis upon the empowerment of those Adults at risk of or experiencing abuse and neglect and unprecedented organisational changes for many of our partner organisations as a result of continual austerity.

The Gateshead Safeguarding Adults Board also continues to provide strategic leadership for our approach to responding to statutory duties detailed within the Mental Capacity Act, including the Deprivation of Liberty Safeguards.

The Gateshead Safeguarding Adults Board has a strong commitment from its members to implement the Strategic Priorities identified within this plan. Some of these we can address and deliver quickly. Others will need commitment and further development throughout the three year period.

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

Schedule 2 of the Care Act (2014) stipulates that Safeguarding Adults Boards must publish a Strategic Plan each financial year, which identifies how the Boards and their members will protect adults in their respective areas from abuse and neglect.

Gateshead Safeguarding Adults Board

Our vision

Our vision for adult safeguarding in Gateshead is:

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

In Gateshead we believe that Safeguarding is everyone’s business. This means, whoever you are, wherever you are and whatever position you have – you have a responsibility to take action to help protect our local residents when you hear about allegations of abuse or neglect.

We believe that our vision is shared and practiced by all our partner organisations. Safeguarding cannot be fully delivered by agencies acting in isolation – and can only be achieved by working together in partnership to help protect and support adults at risk of, or experiencing, abuse or neglect.

Governance arrangements

The Gateshead Safeguarding Adults Board became a statutory body in April 2015. The Board is responsible for assuming the strategic lead and overseeing the work of Adult Safeguarding and Mental Capacity Act / Deprivation of Liberty Safeguards arrangements in Gateshead. Within Gateshead we have commissioned an Independent Chair to enhance scrutiny and challenge. The Board has a comprehensive Memorandum of Understanding which provides the framework for identifying roles and responsibilities and demonstrating accountability. The Safeguarding Adults Board has developed strong links with the Local Safeguarding Children’s Board, Health and Wellbeing Board and the Community Safety Board.

In law, the statutory members of a Safeguarding Adults Board are defined as the local authority, the local police force and the relevant clinical commissioning group. However, in Gateshead, we recognise the importance of the contribution made by all of our partner agencies and this is reflected by the wider Board membership (correct as of May 2017):

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

The Safeguarding Adults Board is supported by five sub-groups:

- **Practice Delivery Group** (Chaired by The Gateshead Housing Company)

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

- **Safeguarding Adult Review Group** (Chaired by the Designated Nurse – Safeguarding Adults Newcastle/Gateshead CCG)

The role of this group is to consider whether there are any cases in which a Safeguarding Adult Review should be undertaken. The group will commission reviews on behalf of the Safeguarding Adults Board and subsequently monitor their progress. It will collate and review recommendations from Safeguarding Adult Reviews and other commissioned reviews, ensuring that achievable action plans are developed and that actions are delivered. The group will consider any lessons learned that are identified nationally, regionally and locally from any cases requiring a Safeguarding Adults Review, Serious Case Review or any other review process relevant to the Safeguarding Adults agenda. These will be fed into the Quality and Assurance sub group.

- **Quality and Assurance Group** (Chaired by the Strategic Safeguarding Lead at the Queen Elizabeth Hospital)

The primary role of this group is to develop an oversight of all activity that is undertaken by Board member agencies and relevant services or organisations in order to safeguard those adults in Gateshead who are subject to the Safeguarding duties as stated in Section 42 of the Care Act 2014. The group monitors and scrutinises the quality of activities to ensure that the interventions offered were and continue to be person-centred, proportionate and appropriate. As well as retaining a strategic oversight of all safeguarding activity across Gateshead, the Quality and Assurance Group is responsible for considering any lessons learned that are identified locally or nationally by the Safeguarding Adult Review group.

- **Training Group** (Chaired by the Local Authority)

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

- **Strategic Exploitation Group** (Chaired by Police)

The Strategic Exploitation Group is a sub-group of both the Safeguarding Adults Board and the Local Safeguarding Children's Board. The group is responsible for overseeing all work with respect to sexual exploitation, modern slavery and trafficking in Gateshead.

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

Developing the Strategic Plan

The Gateshead Safeguarding Adults Strategic Plan has been developed in consultation with a variety of stakeholders, and underpinned by performance information and feedback from members of the general public, safeguarding adult service users, advocates and professionals from a range of service users.

Stakeholder consultation included:

- Safeguarding Adults Board partner organisations
- Practice Delivery Group
- Health Partners Network
- Healthwatch – via inviting members to a consultation event
- General public – via eight events during the Safeguarding Adults For Everyone (SAFE) week in November 2015
- Commissioned Providers – via two workshops
- Practitioner feedback – via training courses, self neglect workshops, housing conference

Information gathered:

- Performance information
- Independent case file audits
- Partner inspection processes

Strategic Priorities

The Gateshead Safeguarding Adults Board has established five Strategic Priorities for 2016/19:

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

These will all be underpinned by the six Principles of Safeguarding identified within the Care Act (see page 4).

1. Quality Assurance

The Safeguarding Adults Board would like to continue to prioritise Quality Assurance in its widest sense. This will enable the Board to demonstrate quality and effectiveness at both strategic and operational levels. It aims to support a better understanding of how safe adults are locally and how well local services are carrying out their safeguarding responsibilities in accordance with the Care Act and the Gateshead Multi-Agency Policy and Procedures.

2. Prevention

Prevention is one of the six Principles of Safeguarding. Within Gateshead we have prioritised preventative work and have produced a range of practice guidance notes and bespoke training courses to support our front line practitioners. Challenge has also been encouraged at Board level to develop services that are preventative and proactive rather than reactive. Nonetheless the Policy landscape is changing, along with operational practice, and it is important that the Safeguarding Adults Board continue to focus on the prevention agenda.

3. Community Engagement and Communication

The Safeguarding Adults Board have prioritised empowerment, personalisation and Making Safeguarding Personal to ensure that those adults involved within the safeguarding process have their wellbeing promoted and, where appropriate, that regard is given to their views, wishes, feelings and beliefs in deciding on any action. Everyday practice however has demonstrated that there is a lack of understanding about Safeguarding Adults with the wider community which can impact upon the effectiveness of Safeguarding Adults as a whole.

4. Improved Operational Practice

Whilst this is a Strategic Plan, the Safeguarding Adults Board must ensure that operational practice is fit for purpose and delivering person-centred outcomes. Following implementation of the Care Act on April 1st 2015 and the subsequent implementation of revised Multi-Agency Policy and Procedures in Gateshead feedback from Adults who have been through the Safeguarding process and from practitioners has identified a number of key challenges that the Board must ensure are addressed.

5. Implementing Mental Capacity Act / Deprivation of Liberty Safeguards

The Mental Capacity Act, including Deprivation of Liberty Safeguards, have been subject to significant legislative changes resulting in an unprecedented increase in resource demands nationally and local. The agenda will continue to evolve as new ways of working and case law is embedded into practice. There is an increasing need to improve the knowledge base of the MCA and DoLS agenda and to further enhance engagement with partner agencies and service users in relation to the MCA to enable the successful incorporation into everyday assessment and care provision.

Key challenges 2016 – 2019

Year 1	Year 2	Year 3
Improve data collection from all partner organisations	Implement a Quality Assurance framework that can provide assurances to the board that agencies are working effectively to safeguard adults	Develop and implement a self-assessment process
Devise an enhanced comprehensive performance management framework	Review all practice guidance notes and multi-agency policy & procedures	Develop and implement a programme of peer reviews
Revise Safeguarding Adult Review practice guidance note	Provide assurances that partner agencies are completing mortality reviews	Revise / review the Quality Assurance framework, with a focus upon effectiveness and recognising and responding to risk
Revise Safeguarding Adult Review practice guidance note	Provide assurances that the SAB and sub groups are effective	Improve reporting mechanisms from partner organisations to the Board
Continue to learn from, and respond to, best practice/ inspections/audits and reviews	Produce an annual report that reflects the board and its sub groups work in meeting the requirements of the Care Act	Revise the financial abuse practice guidance note and deliver updated training
Revise the self-neglect practice guidance note and deliver updated training	All partners are aware of the function and requirements of the board	Develop an understanding of the safeguarding implications for integration of health and social care
Work with the LSCB to develop an action plan for the Strategic Exploitation Group which focuses on sexual exploitation, trafficking and modern slavery	Ensure professionals and the public are aware of safeguarding processes and procedures	Work with the Community Safety Board to enhance the operational response to the prevent agenda
Work with the LSCB to produce practice guidance in relation to FGM	Ensure professionals and the public are aware of safeguarding processes and procedures	Harness partner / community resources to support with community engagement activities
Embed the role of housing practitioners within the safeguarding process	Continue to implement and embed learning, findings and recommendations from SAR's, reviews and inspections	Continue to develop the Safeguarding Adults Board identity

Year 1	Year 2	Year 3
Develop a comprehensive Community Engagement and Communication strategy	Training needs analysis to ensure appropriate multi-agency training is in place	Work with the community and Healthwatch to develop a rolling programme of consultation
Develop and disseminate key Safeguarding Adult messages to the wider community	Develop and implement an operational response to Modern Slavery	Develop and implement a Safeguarding Adults Champion scheme to raise awareness about the Safeguarding Adults agenda
Deliver focussed engagement activity, i.e. expand activities during SAFE week and Dignity week	Work with other partnerships to strengthen links and improve the visibility of the SAB	Improved user engagement mechanisms utilising recommendations from the national Making Safeguarding Personal programme
Where appropriate, ensure feedback is provided to those who raised the Safeguarding concern at the beginning/end of the process		Improve the implementation of Mental Capacity Act assessments and Best Interest decisions with the Safeguarding process
Work with partners and providers to encourage swifter responses from single agency investigations		Focused awareness raising with professionals with respect to 16/17 year olds and the Mental Capacity Act
Raise awareness about the importance of seeking consent prior to the concern being raised and clearly document why, in certain circumstances, consent is overridden		Community engagement with respect to MCA and DoLS
Enhance the quality of safeguarding concerns raised		Develop a targeted approach to MCA and finances
Raise awareness and improve understanding of the Mental Capacity Act across partner agencies		Practitioner training with respect to Court processes
Agree an approach to manage the increase in DoLS applications		Continue to raise awareness of the full DoLS process
Understand and respond to the impact of Domestic DoLS		

Appendix 2 Business Plan 2017 - 2018

Overall Aim: To improve safeguarding outcomes for adults in Gateshead

Specific aims: Quality Assurance, Prevention, Community Engagement and Communication, Improved Operational Practice, Implementing MCA/DOLs Safeguards, Strategic Governance

Priority	Objective	Activities	Targets (RAG rated)	Outcomes	Outcome indicators	Who is responsible
Strategic Governance Quality Assurance	To produce an Annual Report that reflects the Board and its Sub Groups work in meeting the statutory requirements of the Care Act.	Agree format for Annual Report.	Draft 6th July 2017 Completed	Annual report that endorsed and owned by the SAB.	An annual report that shows what difference the board and sub groups have made to the adult safeguarding agenda in Gateshead. The report shows that people in Gateshead are safeguarded effectively.	Business Manager (with assistance from partners)
Strategic Governance	Partners are aware of the function and requirements of the Board.	Advise partners agencies/subgroups of content required Business manager to produce an induction pack to be used by Board members.	Completed	Board members induction pack endorsed by the SAB.	All Board members are fully aware of the function, purpose and requirements of the SAB and can effectively contribute to the partnership.	Business Manager
Strategic Governance Quality Assurance Improved Operational Practice	SAB and sub groups work smarter and more efficiently	SAB executive group to be formed that will have an oversight of SAB and sub group activities.	Completed Executive group formed	High challenge and high support around the role, function and effectiveness of SAB and sub groups.	Partners are provided with assurance that the SAB and sub groups are making a meaningful difference in safeguarding adults in Gateshead.	Independent Chair, Business Manager, Chairs of sub groups, director CWL

Priority	Objective	Activities	Targets (RAG rated)	Outcomes	Outcome indicators	Who is responsible
Quality Assurance	The SAB has processes in place to monitor the effectiveness of the board, local pathways and partner agencies in Safeguarding Adults	Implementation of a Quality Assurance Framework, incorporating a "check and challenge" model. Development of data sets to reflect activity and compliance. Exploration of additional processes for audit and peer review.	Ongoing process	Board receives assurance that agencies are working effectively to safeguard adults	Key agencies have completed QAF Data sets are collected and analysed A timetable of audit and peer review is made available to the SAB	Quality and Assurance sub group
Quality Assurance Prevention Improved Operational Practice	Practitioners are aware of safeguarding processes and procedures	Produce/review procedures/ practice guidance notes for different areas of the adult Safeguarding agenda	1st September 2017	Improved safeguarding awareness and practice.	Practice Guidance notes for the following areas: SAR process. Self Neglect Financial abuse Policy guidance for partners. FGM. Raising concerns.	Practice Delivery Group
Community Engagement & Communication	People in Gateshead are aware of their role in the safeguarding adults agenda, how to keep themselves and others safe and how to report concerns	Develop a comprehensive community engagement and communication strategy	1st September 2017	New task and finish group established and the strategy endorsed by the SAB. Update and maintain new look SAB website. Newsletter. Media presence Road shows	The local community, voluntary/community organisations and people with care and support needs know what safeguarding is, how to protect themselves and others and how to report abuse.	Task and finish group

Priority	Objective	Activities	Targets (RAG rated)	Outcomes	Outcome indicators	Who is responsible
					<p>People will understand the work of the SAB and how to access information about it.</p> <p>Easy to read information leaflets.</p> <p>Better quality safeguarding referrals submitted.</p> <p>There are consistent safeguarding messages given to practitioners and members of the public.</p>	
<p>Implementing MCA / DoLS</p> <p>Strategic Governance</p> <p>Quality Assurance</p> <p>Improved Operational</p>	<p>Local authority and partners continue legal compliance with DoLS</p> <p>Ongoing safeguarding of human rights using MCA/DoLS framework</p> <p>Partner agencies and commissioned providers updated on new practice requirements/ compliance issues</p> <p>Development of new forms and guidance to improve adherence to MCA Principles</p>	<p>Data set maintained and collected by NHS Digital</p> <p>Increased awareness of statutory advocacy</p> <p>Policy and Processes reviewed and changed when necessary</p> <p>Development of Audit tools/ repeat of 2013</p>	January 2018	<p>In house management tool to be developed to capture reporting requirements</p> <p>Regular monitoring of compliance</p> <p>Updated information launch once electronic management system is live</p> <p>Steering group established and feeds into wider implementation network</p>	<p>Annual report from NHS Digital will demonstrate local and national comparators</p> <p>Meet & Greet and awareness raising by Advocacy Provider to all partners</p> <p>Outcomes of DoLS authorisations available in a more timely manner</p> <p>Better training and understanding of MCA across all partners, including housing, social care, health and children's services.</p>	

Priority	Objective	Activities	Targets (RAG rated)	Outcomes	Outcome indicators	Who is responsible
Quality Assurance	Partner agencies are completing mortality reviews, including the statutory requirement of the LeDeR programme	Learning monitored by Q&A group and fed into the SAB	Ongoing process	The learning is embedded into practice and any learning fed into the SAB	RPiW (rapid process improvement workshop) completed March 30th standard operating process developed for review of all deaths. Panel agreed to further review 20% of reviewed deaths for lessons learnt and preventable deaths. All relatives will be contacted for feedback and opportunity to have a meeting as part of the being open policy (duty of Candor)	Quality and Assurance group
Quality Assurance Prevention Improved Operational Practice	Lessons learned	Implement and embed the learning, findings and recommendations from the SARG, SAR's, inspections and peer reviews as they arise and cascade the learning across partner agencies	Ongoing process	Any lessons learned or recommendations are fully embedded into practice	How safe are people and has our safeguarding work made a difference?	Quality Assurance Group
Improved Operational Practice	Training needs analysis	Gateshead Council Organisational Development team will carry out a training needs analysis and include internal and external partners	1st February 2018	All partners will complete the TNA within the specified timescales.	Training will be focused on those areas raised by partners.	Training Group

Priority	Objective	Activities	Targets (RAG rated)	Outcomes	Outcome indicators	Who is responsible
Improved Operational Practice	Modern Slavery operational response	An operational response plan will be developed by Gateshead Council	1st July 2017	Operational response plan produced, endorsed by the SAB and embedded into partner agencies	All agencies will know how the local authority will respond to any incidents of modern slavery. Victims are made safe in an appropriate and timely manner.	Practice Delivery Group
Strategic Governance	Strengthen links with other partnerships	Work with other partnerships to strengthen links and improve the visibility of the SAB	1st October 2017	<p>Receive the annual report from the LSCB on activity and priorities</p> <p>Receive the annual report from the CSP on activity and priorities</p> <p>Submit the SAB annual report to the LSCB</p> <p>Submit the SAB annual report to the HWB</p> <p>Submit the SAB annual report to the CSP</p> <p>Joint training</p> <p>Joint sub groups</p> <p>Alignment of strategies</p>	<p>Better links with the other partnerships to avoid duplication.</p> <p>Ensure a joined up approach to any work that cuts across partnerships.</p> <p>Improved understanding of the work and priorities of the other partnerships</p>	



Produced by Gateshead Safeguarding Adults Board, August 2017

T: 0191 433 2378

E: adultsocialcaredirect@gateshead.gov.uk

www.gateshead.gov.uk/safeguardingadults

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

REPORT OF: Director of Public Health

SUMMARY

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

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

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

UPDATE

Recommendation	Update
1. Review the actions set out in the Housing Intervention Action Plan, and, where appropriate, provide Public Health support to assist in maximising the benefits to health arising from delivering elements of the Plan. The evidence presented in the review identifies priority candidate elements with the greatest potential to improve health and wellbeing, further detailed below.	Progress on delivery of the Housing Intervention Work Plan (HIWP) is being updated by Development, Transport and Public Protection (DT&PP), and Public Health contribution to this is in place.
2. Ensure that improving health and wellbeing is reflected in the production of local development plan documents ie. Making Spaces for Growing Places (MSGP).	Consultation on the draft MSGP concludes at the end of August, Public Health is a consultee. The intention is that the draft MSGP will be reported to Cabinet in October.
3. Review how health and wellbeing is reflected in Council Letting Policies and The Gateshead Housing Company (TGHC) support services (ie. health criteria, preventative interventions).	A review of the Council's Strategic Tenancy Policy will be undertaken as part of the of the Housing Strategy review (due for completion July 2018), and existing letting policies are under review, by the Council and the Gateshead Housing Company (TGHC).

	<p>The review will consider the impact of legislative changes (Welfare reform, Universal Credit) on both the Housing Revenue Account (HRA) business plan and how this will impact upon current and prospective tenants.</p>
<p>4. Assess the current range of Council private sector housing interventions to maximise their contribution to health and wellbeing (including energy efficiency programmes, private landlord accreditation, Selective Landlord Licensing, financial assistance programmes, falls prevention, Making Every Contact Count).</p>	<p>This is a work stream of the Housing Intervention Work Plan (HIWP). Progress on delivery of the HIWP is being updated by DT&PP, and Public Health contribution to this is in place.</p> <p>This will also form a key element of the review of the Housing Strategy (due for completion July 2018).</p>
<p>5. Undertake actions to ensure that the greatest proportion of Council housing is maintained to a standard that secures the health and wellbeing of residents within the context of changes to revenue and capital funding.</p>	<p>Following on from the Decent Homes Investment Programme, a rolling programme of Stock Condition Surveys is under way to:</p> <ul style="list-style-type: none"> a) Inform future investment priorities and ensure properties are maintained and free from hazards b) Inform the asset strategy to support the sustainability of the Housing Revenue Account and the Council's housing stock. <p>An Asset Strategy Steering group has been established, which will endorse re-investment decisions and consider options appraisals on estates or properties where it is deemed necessary.</p>
<p>6. Determine the circumstances where the Council seeks to ensure that high design and space standards are delivered, including accessibility.</p>	<p>The Council has procured a Strategic Housing Market Assessment (final draft received August 2017) that will provide an evidence base for development of planning policies aimed at securing good space standards.</p> <p>The Council is committed through</p>

	<p>the Core Strategy & Urban Core Plan to secure good design within new development. MSGP policies will also support this objective.</p> <p>The intention is that the draft MSGP will be reported to Cabinet in October.</p>
<p>7. Determine the need for, location of and processes to deliver adequate levels of supported, specialist, and older persons housing</p>	<p>This forms a work stream of the HIWP. Progress on delivery of the HIWP is being updated by DT&PP, and Public Health contribution to this is in place.</p> <p>A review of specialist and supported accommodation needs, and options for delivery is progressing. This is being undertaken jointly across Care Wellbeing and Learning and Communities and Environment, and with TGHC.</p> <p>A comprehensive health needs assessment on homelessness and complex needs was concluded. The findings and recommendations were presented to the Health and Wellbeing Board and TGHC Board. Leadership Team (ie. Service Directors) are now considering the implementation of the recommendations.</p>

Recommendation

Overview and Scrutiny Committee is recommended to note and comment on the six monthly review update.

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

Contact: **Alice Wiseman** **Ext: 2777**

This page is intentionally left blank

TITLE OF REPORT: Work to address the harms caused by tobacco

REPORT OF: Director of Public Health

SUMMARY

This report gives details of the evidence gathering session that will take place on 12th September 2017. The views of the Committee are being sought on the evidence presented and the future plans outlined.

Background

Care, Health & Wellbeing Overview and Scrutiny Committee agreed that the focus of its review in 2017-8 is work to address the harms caused by tobacco.

The review will help the Committee to consider how tobacco use in Gateshead impacts negatively upon physical and mental wellbeing, its impact upon the local health and social care economy, and its role in perpetuating poverty and inequalities within and between generations.

The Committee will also consider the range and extent of current activity to address those harms, with a view to agreeing a set of recommendations.

Purpose of this session

The scoping report agreed by OSC on 20th June 2017 described the range of activities that reduce harm caused by tobacco. Broadly, these are:

- Stopping people starting smoking
- Helping people stopping smoking
- Reducing exposure to secondhand smoke
- Tobacco control (ie. Enforcement of legislation round the sale of tobacco)

At a population level, making tobacco use the exception rather than the norm (the “denormalisation” of tobacco use) is central to all of the above.

This first evidence gathering session will hear two presentations of ten minutes from:

- Andy Graham, Consultant in Public Health, Gateshead Council
- Peter Wright, Environmental Health, Community Safety and Trading Standards Manager, Gateshead Council

The presenters will provide an overview of current work to reduce harms caused by tobacco, and introduce the proposed outline for future evidence gathering sessions.

Issues to Consider

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

- Gateshead has higher than average levels of smoking
- Smoking remains the single cause of most preventable illness and death in Gateshead
- There are significant inequalities in the prevalence of smoking between different groups and areas
- Demand for stop smoking services is reducing locally, regionally, and nationally
- There are particularly low levels of take up of stop smoking services amongst some groups ie. People from black, Asian and minority ethnic groups
- There is pressure on Public Health budgets now and in the future
- The Gateshead Health and Wellbeing Board has an ambition to reduce smoking prevalence in Gateshead to 5% or less by 2025 from its current prevalence of 17.9%.
- Innovative solutions developed in Gateshead in the past have helped to transform smoking rates in particular communities

Recommendation

Overview and Scrutiny Committee is recommended to agree:

- The approach and content as set out in this report and presentations.

Contact: Alice Wiseman Ext: 2777

Date: 12 September 2017

TITLE OF REPORT: Annual Report on Adults Services Complaints and Representations, April 2016 – March 2017.

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

Summary

Cabinet considered the attached report on 20 June 2017.

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.

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 2016 – March 2017, (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 2016 – 31 March 2017.

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 2016/17 the number of complaints dealt with was as follows:
- 53 statutory complaints, which is a 15% decrease on the number of complaints received last year, (62);
 - 7 of the complaints received were graded as green complaints - low level issues, small risk either to the service user or the Council;
 - 45 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;
 - The number of low level issues received decreased by 47%, (23 from 43).

Points of Interest

8. The following points may be of interest:
- 41%, (22) of complaints were around the quality of services received and remains the greatest cause for complaint;
 - Quality of service involves alleged failure of service delivery, for example;
 - Non return of telephone calls;
 - Lack of or poor communication from services or individual workers;
 - Late or missed social work visits;
 - Lack of timely response after a request for service.
 - 52% (25) of complaints were not upheld after investigation.
 - 19% (9) of complaints were partially upheld.
 - 29% (14) were fully upheld after investigation.
 - There has been a 27% decrease in formal all recorded contacts since 2015/16.

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 2016/17:

- The Shared Lives Service now ensure that all service user's or their representatives are formally advised that in the event that a service or Shared Lives session needs to be cancelled, that they must inform the Council as soon as possible as failure to do this may mean a charge is still imposed.
- Bereavement training sessions have been arranged for the Adult Social Care Direct Team so that staff are better prepared and more able to understand and consider the wider needs of the family in times of crisis. Part of the session will focus on communication skills to ensure the ASCD Team provide a high level customer service.

- To ensure that service users' case files are up to date, all Adult Social Care workers should ensure that all significant events, incidents or difficult conversations are recorded on service user's case files as soon as possible.
 - Team Managers have improved the handover procedure for when agency workers leave the Council. This will ensure that Care and Support Plans are not returned to workers who may have since left. The Care and Support Plan can then be allocated to another worker in a timely manner.
 - The PIC Standard Operational Procedures has been updated to reflect the requirement to identify an appropriate professional within discharge planning meetings. The identified professional will then be required to facilitate a coordinated discharge.
 - That minutes from multidisciplinary planning meetings will be sent to all attendees as soon as possible. This will help to clarify any individual actions that may be required or agreed.
 - All PIC staff have been instructed to ensure that they always use up to date agreements and documentation.
 - A review of residency agreements has been undertaken. This review has ensured that the documents for both intermediate care and assessments clearly state the current charging rates. The admitting officer must also verbally explain fees and charges to service users and/or their carers.
 - A medication risk assessment is now completed for all service users of START who require support with their medication, irrespective of whether there are identified concerns at the point of referral.
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.

During 2016/17, Adult Social Care received 720 compliments, which accounted for 78% of all representations received.

- 42% (305), of compliments were regarding the Assessment & Personalisation Team;
- 10%, (31) of the Assessment & Personalisation compliments were regarding the Adult Social Care Direct Team;
- 27%, (172) were about the Physical Disabilities Team.
- 53%, (384) of compliments were about Provider Services;
- 61%, (235) of these compliments were about Council provided home care;
- 39%, (149) of Provider Service compliments were about the care provided by the Councils Promoting Independence Centres.

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 2016/17.

This page is intentionally left blank

ANNUAL REPORT ON

ADULT SERVICES COMPLAINTS-COMPLIMENTS-REPRESENTATIONS

1 APRIL 2016 – 31 MARCH 2017

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 2016 – 31 March 2017.

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 all investigations are proportionate to the issues complained about and 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 should be fully independent of any form of 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 undergone 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 has been arranged for April 2017. The training is mandatory for all Adult Social Care Managers to ensure that all are trained to the Ombudsman's investigation standards. The training will also focus on resolution and meaningful remedies for the complainant.

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.

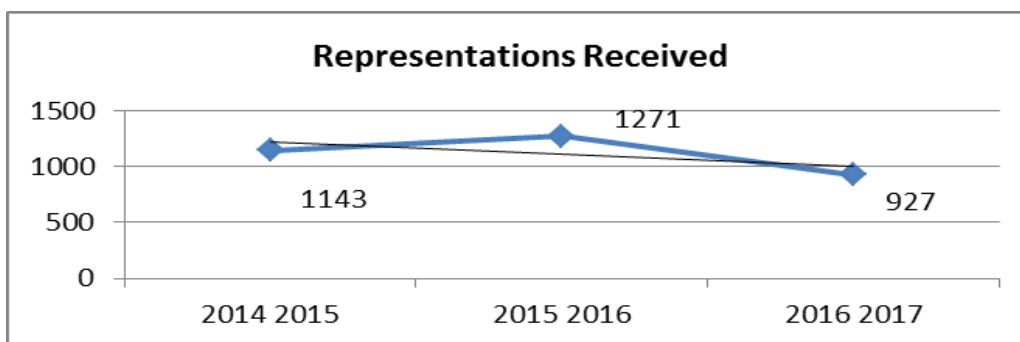
Representations Received from 1 April 2016 and 31 March 2017.

During 2016/17, 53 complaints were received regarding Adult Social Care Services. This is a 15% decrease on complaints received during 2015/16, (62).

The number of low level issues received have continued to decrease and 2016/17 saw a 47% decrease on the number received during 2015/16, (23 from 43). 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 always asked to confirm that they are satisfied that the issue had been resolved.

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

All Formal Contacts	2014 2015		2015 2016		2016 2017	
Commissioned Service - Own investigation	1.22%	14	1.34%	17	0.22%	2
Corporate Complaints	0.09%	1	0.16%	2	0.11%	1
Adult Services Complaints	5.60%	64	4.88%	62	5.72%	53
Complaint Related Queries	4.99%	57	3.38%	43	2.48%	23
Commissioned Services Issues	5.60%	64	4.01%	51	11.87%	110
Compliments	80.14%	916	84.50%	1074	77.67%	720
Data Breach	0.17%	2	0.00%	0	0.00%	0
Health & Social Care Joint Investigations	0.44%	5	0.24%	3	0.43%	4
HCPC Referrals	0.09%	1	0.00%	0	0.00%	0
Insurance Claim	0.26%	3	0.08%	1	0.00%	0
Inter-Agency Concerns	0.35%	4	0.16%	2	0.43%	4
Local Government Ombudsman	0.17%	NA	0.47%	6	0.00%	9
MP / Councillor Responses	0.17%	2	0.24%	3	0.97%	1
Safeguarding Alerts	0.44%	5	0.31%	4	0.11%	0
Solicitor Responses	0.09%	1	0.00%	0	0.00%	0
Whistle Blow	0.17%	2	0.24%	3	0.00%	0
		1143		1271		927



Complaint Categories	2014 2015	2015 2016	2016 2017
Green	7	4	7
Amber	56	57	45
Red	1	1	1
All	64	62	53

Key Points of Interest

- There has been a 27% decrease in all formal recorded contacts about Adult Social Care since 2015/16.
- Overall, Adult Services complaints decreased by 15% compared to 2015/16 figures.
- The number of complaints assessed as Green (minimal risk to the Council or service user) accounted for 13% of the total number of complaints received.
- Amber complaints, which are medium risk to the Council or the service user, accounted for 85% of all complaints received. This evidences that complaints received do have a degree of complexity. Amber complaints can often include a number of issues which are deemed as moderate risk to either the service user or the Council.
- The number of complaints that are assessed as Red, (high risk to the Council or the service user), has remained constant since 2014/15.
- Complaint related queries decreased by 47%. 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 2016/17 was regarding the quality of worker support, in particular about the quality of the information provided or about poor communication. All low level issues were responded to by either the service concerned or by the Complaints Section.
- Almost 78% of representations made during 2016/17 were compliments and only 24% were concerns or formal complaints.

Themes of Complaints Received

There were three main themes of complaints received during 2016/17.

1. Quality of Service

Quality of service remained the main theme of complaint.

41%, (22), of complaints received during 2016/17 were regarding the quality of the services being provided.

Issues raised within complaints about quality included:

- The quality of support given to individuals;
- Lack of or poor communication from either the service or individual workers;
- Allegations that assessing officers had not informed clients or family members about the charging policy;
- Inappropriate sharing of personal information;

- Disputed care charges / invoices;
- The quality of residential care.

After investigation, 33%, (6), of complaints about the quality of the service were unjustified. 17%, (3) were partly justified and 50%, (9) were found to be fully justified. All improvements or recommendations as a result of these complaints are included within this report.

2. Staff Issues

10 complaints that were received were regarding the behaviour of individual members of staff. From this figure, 9 complaints cited the conduct of the worker as the main issue complained about.

Every complaint received by Adult Social Care that cites inappropriate staff conduct as the main concern is fully investigated by the service. In all cases any conduct issues that are found to be justified are addressed with the staff member concerned and processes put in place to minimise the risk of reoccurrence. These measures could include monitoring behaviour / performance via individual supervision sessions or by providing additional or refresher training. If the service felt that the issues were serious enough and found to be justified, the Council can also invoke their own internal employment procedures.

3 Appeals after Assessments / Reviews

11 complaints were received that were regarding changes to care packages after an assessment or review. To ensure that the assessment / review had been fair and had included all relevant information to inform the decision making, the service re-evaluated each individual case. As a result of the re-evaluation, the Service had reinstated either in part or in some cases, the original care packages for 4 complainants.

Complaints Service Area

Service Area	2014 2015		2015 2016		2016 2017	
Assessment & Personalisation	40.63%	26	54.84%	34	67.92%	36
Care Call	7.81%	5	6.45%	4	3.77%	2
Commissioning & Quality Assurance	23.44%	15	6.45%	4	7.55%	4
Finance & ICT	0.00%	0	3.23%	2	0.00%	0
Health & Housing Support	12.50%	8	8.06%	5	N/A	N/A
Provider Services	15.63%	10	20.97%	13	20.75%	11
Total		64		62		53

- During 2016/17, almost 68%, (36), of complaints were about the Assessment & Personalisation service.
- This is a 6% increase on the number received during 2015/16, (34).
- 31%, (11) of complaints received by Assessment & Personalisation were appeals after an assessment or review of need.
- After fully reviewing each individual case, 4 complaints were found to be justified. As a result of this, services were reinstated.
- Complaints about Council Provider Services decreased by 15% (11), since 2015/16.
- Provider Services include Promoting Independence Centres, Shared Lives Services and Council homecare.
- 27%, (3), of complaints about Provider Services were about the alleged lack of preparation when clients were transferring from Council provided home care to commissioned services.
- After reviewing each case, it was agreed to reassess one client due to a change in their personal circumstances.

All issues complained about

Issues of Complaint	2014 2015		2015 2016		2016 2017	
Appeal Changes after Care Needs Review		N/A		N/A	20.75%	11
Council Policy		N/A		N/A	5.66%	3
Delay	3%	2	6.45%	4	3.77%	2
Lack of Service	5%	3	11.29%	7	9.43%	5
Quality of Service	80%	51	53.23%	33	41.51%	22
Refusal of Service	6%	4	0.00%	0	0.00%	0
Staff Issues	6%	4	29.03%	18	18.87%	10
Total		64		62		53

- 41%, (22), of complaints were around the quality of services received. This area remains the greatest cause for complaint.
 - Quality of service involves alleged failure of service delivery, for example:
 1. Missed or delayed social work visits / appointments;
 2. Non return of telephone calls;
 3. Poor communication;
 4. Poor response after a request for service.
- 4 complaints were regarding the quality of the worker support provided.
- 3 of the complaints about worker support were upheld. Areas complained about were regarding poor communication, failure to record events on case records, and lack of action after a request for service. Any improvements as an outcome to these complaints are outlined within this report.
- 10 complaints received were regarding the conduct of individual workers.
- 9 of these complaints cited staff attitude as their main issue.
- After investigation, 6 complaints about attitude or behaviour of staff were not upheld.
- 3 were partially upheld.
- 1 was fully upheld. This complaint resulted in additional training for all of the team concerned.

Outcomes

Outcomes of complaints	2014 2015		2015 2016		2016 2017	
Outstanding		8		6		5
Closed or withdrawn	1.5%	1	12.50%	7	0.00%	0
Not upheld	41%	23	28.57%	16	52.08%	25
Partially upheld	22%	18	35.71%	20	18.75%	9
Upheld	25%	14	23.21%	13	29.17%	14
Total		64		56		53

- 52%, (25), of all complaints were not upheld after investigation.
- 48%, (23) of complaints were either fully or partially upheld during 2016/17.
- This is a 11% decrease on the number of complaints that were either fully or partially upheld during 2015/16.

Timescales

- 33 working days was the average time to investigate complaints during 2016/17. This is a 18% decrease on the response times during 2015/16, (40 working days).
- Although there are no statutory timescales for response, the Council expects all complaints to be completed within 30 working days of receipt. However, as complaints now include numerous issues across adult services and other agencies, it is often difficult to provide a full and thorough response within this timescale. However, if the complainant is regularly updated on the progress of the investigation, any extended timescales are generally accepted.

How complaints were received

Method of Complaint	2014 2015		2015 2016		2016 2017	
Service Feedback Form	7.9%	5	4.84%	3	1.89%	1
Complaints Form	0%	0	3.23%	2	0.00%	0
Email	31.3%	20	33.87%	21	24.53%	13
Letter	39.1%	25	27.42%	17	32.08%	17
Personal Visit	4.7%	3	9.68%	6	1.89%	1
Telephone	17.2%	11	20.97%	13	39.62%	21
		64		62		53

- Letters and emails continue to be the main method of referral accounting for 57%, (30), of all complaints received.
- Personal visits are now rare, with complainants preferring to either submit written complaints or complain by telephone. Complaints received by telephone are generally in response to immediate issues, such as missed care visits or disputes regarding invoices for care.
- Relatives, including relative carers, continue to make the most representations, and accounted for 75%, (40) of complaints made.

Equalities Monitoring

Ethnic Status	2014 2015		2015 2016		2016 2017	
White British	96.88%	62	98.39%	61	94.34%	50
Black/ Black British	0.00%	0	1.61%	1	0.00%	0
Chinese	0.00%	0	0.00%	0	0.00%	0
Mixed	0.00%	0	0.00%	0	0.00%	0
Asian / Asian British	1.56%	1	0.00%	0	3.77%	2
Other White	1.56%	1	0.00%	0	1.89%	1
		64		62		53

- 2 formal complaints, 2 complaint related queries and 7 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	2014 2015	2015 2016	2016 2017
Formal Complaints	10	1	4
Complaint Related Queries	8	7	2
Commissioned Service Issues	64	51	110
Commissioned Service – Own Response	14	19	2
Compliments	N/A	4	6
Insurance Claim	1	0	0
Moved to Safeguarding	Na	3	0
Whistle Blows	2	2	0
Total	99	83	124

- During 2016/17 representations regarding commissioned services increased by 49%, (124).
- 4 formal complaints were received, which were investigated by Contract Management Officers.
- 2 were regarding a home care provider, 1 regarding the Direct Payment Support Service and 1 about the quality of care provided by a commissioned care home.
- After investigation, both complaints about commissioned home care were upheld.
- The complaint regarding a commissioned care home was partially upheld
- In all cases, Contract Management Officers carried out additional monitoring of the service to ensure that they were complying with their contractual obligations with the Council.
- The complaint regarding the Payroll Service was not upheld.

Commissioned Service Issues are concerns received by other professionals on behalf of service users, which are shared with the providers. The providers are then responsible for looking into the issues and providing effective resolution for the client concerned. During 2016/17, 110 commissioned service issues were received. This is a 116% increase on the number received during 2015/16, (51). All responses received direct from the provider are shared with the relevant Contract Management Officer to ensure that all issues have been fully addressed.

- During 2016/17, 77 commissioned services issues were received about commissioned home care.
- Concerns about late, missed or short home care visits remains the main theme of issues received.
- 32 commissioned services issues were about commissioned care homes.
- Issues received regarding care homes highlight;
 - hygiene / housekeeping concerns;
 - Lack of action after requests by residents or family members;
 - The quality of the food provided

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 2016/17, 6 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.

During 2016/17, 4 complaints were received which included concerns about services provide by Health and Social Care during 2016/17. This is an increase of 33% (3), since 2015/16.

2 complaint investigations were led by Adult Social Care managers and 2 investigations were led by colleagues at the Queen Elizabeth Hospital.

Adult Social Care issues complained about mostly focused on the discharge process. However, 1 complaint included an element which was regarding the Council's home care workers.

All 4 complaints were fully responded to by the relevant managers within Adult Social Care. After investigation, all of the issues regarding Adult Social Care, which had been included within all 4 complaints, were found to be unjustified. In each case, it was evidenced that workers or the service had acted appropriately and followed standard social work practice.

Local Government Ombudsman

During 2016/17, 9 complaint referrals were received from the Local Government Ombudsman. This is an increase of 80% on the number received during 2015/16, (5). However, this is in line with the increase in Ombudsman referrals across the region.

During 2016/17, the Ombudsman requested information about 9 complaints, which had previously been responded to through the statutory complaints procedure.

- 6 referrals were regarding services provided by Assessment & Personalisation;
- 1 referral was around the management of the Safeguarding Adults Process;

- 2 referrals were around the aids and adaptations process, in particular the refusal of major building works.

Detailed information and responses for each individual case was provided to the Ombudsman to allow them to investigate the circumstances and to make a decision on whether the Council had followed processes and procedures.

The Ombudsman has since provided their decision on 7 referrals;

- 2 referrals were closed after initial investigation:
- 2 were closed after the Council offered the complainant local resolution to the issues complained about;
- 2 were closed after investigation. The Ombudsman did not find any injustice to the complainant or any malpractice by the services concerned;
- The findings from 1 investigation resulted in a judgement of maladministration with injustice.

Although the main issue of complaint was found to be unjustified, the Ombudsman did feel that the communication with the complainant had been poor and that this had caused unnecessary uncertainty and misunderstandings. The Council accepted the Ombudsman's findings and agreed a financial disbursement of £250.00 for the injustice that had been caused to the complainant.

- 2 referrals regarding the refusal of major building work are still under Ombudsman investigation

Public Health Complaints

During 2016/17, there were 2 formal complaints received by the Council regarding Public Health Services. 1 was investigated and responded to through the Public Health Complaints Procedure and 1 complaint was dealt with through the Council's Corporate Complaint Procedure. Both complaints were not upheld.

All services commissioned by Public Health are required to have their own complaints procedure and are responsible for the management of any complaints that they receive. The numbers of complaints and compliments for each service are forwarded to the Council on a quarterly basis.

During 2016/17, there have been 3 concerns and 65 compliments received by services commissioned by Public Health.

Public Health Concerns & Compliments	2015 - 2016		2016 - 2017	
	Compliments	Concerns	Compliments	Concerns
Gateshead Evolve	11	3	5	1
Platform Gateshead	3	0	0	0
South Tyneside Foundation Trust	123	7	21	0
Integrated Sexual Health	62	7	0	1
Live Well	0	2	18	0
Rape Crisis	Na	Na	21	1
	199	19	65	3

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 the Council's internal employment procedures.

Improvements after a complaint include:

- The Shared Lives Service now ensure that all service user's or their representatives are formally advised that in the event that a service or Shared Lives session needs to be cancelled, that they must inform the Council as soon as possible as failure to do this may mean a charge is still imposed.
- Bereavement training sessions have been arranged for the Adult Social Care Direct Team so that staff are better prepared and more able to understand and consider the wider needs of the family in times of crisis. Part of the session will focus on communication skills to ensure the ASCD Team provide a high level customer service.
- To ensure that service users' case files are up to date, all Adult Social Care workers should ensure that all significant events, incidents or difficult conversations are recorded on service user's case files as soon as possible.
- Team Managers have improved the handover procedure for when agency workers leave the Council. This will ensure that Care and Support Plans are not returned to workers who may have since left. The Care and Support Plan can then be allocated to another worker in a timely manner.
- It has also been reiterated to all staff of the need to update their own, or in the event of leave, another Team Manager, of the priority of their Care and Support Plans to ensure that all service users receive an outcome as quickly as possible.
- When it is identified that the service user has capacity, family members and friends should still have a level of involvement in an individual's care if the service user consents to this. A form has been developed so workers can ask service users who they would like to be involved and informed about their care. The service user's views will then be formally recorded and placed on their case file.

Promoting Independence Centres

- That when arranging a service user's discharge from a Promoting Independence Centre, (PIC), the Service will ensure that written correspondence is sent to the service user's primary carer to advise of discharge arrangements including the date, time and transport arrangements.
- The PIC Standard Operational Procedures has been updated to reflect the requirement to identify an appropriate professional within discharge planning meetings. The identified professional will then be required to facilitate a coordinated discharge.
- That minutes from multidisciplinary planning meetings will be sent to all attendees as soon as possible. This will help to clarify any individual actions that may be required or agreed.
- All PIC staff have been instructed to ensure that they always use up to date agreements and documentation.
- A review of residency agreements has been undertaken. This review has ensured that the documents for both intermediate care and assessments clearly state the current charging rates. The admitting officer must also verbally explain fees and charges to service users and/or their carers.
- All service users and/or their carers must be given a copy of the signed residency agreement for their own records at the time of admittance.
- That PICs should ensure that all who attend Planning meetings receive a copy of the minutes as soon as possible after the meeting has taken place.

START, (now PRIME) Service

- START now have a formal handover process to ensure continuity of care when taking over either in part or in full, a care package from a long term commissioned provider.
- A medication risk assessment is now completed for all service users of START who require support with their medication, irrespective of whether there are identified concerns at the point of referral.
- All START care staff will be reminded in team meetings and formal supervision sessions that if they record recommendations, (in particular about necessary equipment identified to support service users), within the daily feedback reports, they must bring this to the attention of the Reablement Officer.

Care Call

- Care Call Client reports will now be cross referenced against Carefirst records after Care Call staff have been notified of the death of a service user. This check will determine if other family members are still living at the property who may be receiving a home care service. This will then ensure that key safes or other equipment are not removed in error.
- Care Call staff will also attempt to contact any known next of kin or carers prior to the removal of a key safe wherever possible.

Disabled Facilities Grant

- The Service have reviewed all processes in relation to the appointment of contractors who undertake major adaptation work on behalf of the Council. This review also analysed the contract between the Council and the contractor to ensure that all areas are legally compliant in line with the appropriate procurement and Social Care legislation.

Direct Payment Process

- The Direct Payment Service have now reviewed their systems in respect of how direct payments are transferred. The process now ensures that where clients have separate bank accounts for additional grants or payments, a separate creditor reference is created to guarantee that the direct payment is always paid into the correct account.

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.

During 2016/17, Adult Social Care received 720 compliments, which accounted for 78% of all representations received.

- 42% (305), of compliments were regarding the Assessment & Personalisation Team;
- 10%, (31) of the Assessment & Personalisation compliments were regarding the Adult Social Care Direct Team;
- 27%, (172) were about the Physical Disabilities Team.
- 53%, (384) of compliments were about Provider Services;
- 61%, (235) of these compliments were about Council provided home care;
- 39%, (149) of Provider Service compliments were about the care provided by the Councils Promoting Independence Centres.

Conclusions

Adult Services complaints decreased by 15% compared to 2015/16 figures. However, the number of appeals after an assessment or review have increased. This is due to Social Workers or Reviewing Officers robustly applying the eligibility criteria. This is to ensure that those most in need receive appropriate support. In response to the appeals, the service re-evaluated each individual care packages to ensure that they were fair and objective. As a result, 36% (4) of appeals were upheld and the original assessment / review decision was adjusted.

Commissioned Care Services continue to be highlighted in the press and national media and because of this, families and professionals are more vigilant in identifying and highlighting any poor or inappropriate practice or processes. This has resulted in an increase in concerns being shared with the Council's commissioned services. It has also resulted in more stringent monitoring of commissioned services to ensure that they continue to comply with the requirements set out within their contract with the Council

Gateshead Council's Adult Social Care have recently completed a restructure of services and teams to ensure that the Council are able to manage current and future demand for adult social care. The new team and service areas will be reflected within the complaints management system and all future reports will be based on the new service areas.

This page is intentionally left blank

TITLE OF REPORT: Establishment of Northumberland, Tyne & Wear & North Durham STP Joint Health Scrutiny Committee

REPORT OF: Mike Barker, Strategic Director, Corporate Services and Governance
Alice Wiseman, Director of Public Health

Summary

Care, Health and Wellbeing Overview and Scrutiny Committee is asked to endorse the establishment of a Joint Health Overview and Scrutiny Committee under the provisions of the Health and Social Care Act 2012 involving all local authorities affected by the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan and any associated proposals for major service change.

Purpose of Report

1. The OSC is asked to endorse the establishment of a Joint Health Overview and Scrutiny Committee under the provisions of the Health and Social Care Act 2012 involving all local authorities affected by the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (STP) and any associated proposals for major service change.

Background

2. In December 2015, the NHS shared planning guidance 2016-17 – 2020/21 outlined a new approach to help ensure that health and care services were built around the needs of local populations. To do this, every health and care system in England, involving local organisations such as NHS providers, commissioners and local authorities, were asked to produce a multi-year Sustainability and Transformation Plan (STP) showing how local services would evolve and become sustainable over the next five years – ultimately delivering the NHS Five Year Forward View vision of better health, better patient care and improved NHS efficiency.
3. The region is covered by two separate STP's. One covering Northumberland, Tyne and Wear and North Durham and a southern STP covering Durham, Darlington, Teeside, Hambleton, Richmondshire and Whitby
4. The two draft STPs were published in November 2016.
5. Currently there is no requirement, under legislation, for local authorities in the above area to establish a Joint OSC to scrutinise the STP, as the STP in its current format does not represent a major service change. However, under the Regulations local authorities can choose to establish a Joint Committee if it is considered that it is the best way of considering how the needs of a local population which happens to cross local authority boundaries are being met.

6. Where proposals represent a major service change to service provision, Overview and Scrutiny has a statutory role in considering whether any proposed developments are in the best interests of the health service in their area (National Health Service Act 2006 as amended by the Health and Social Care Act 2012).
7. Regulations also specify that where a relevant NHS Body or health service provider consults more than one local authority's health scrutiny function about proposals for major service changes there is a requirement for a mandatory joint health scrutiny committee to consider and respond to the consultation (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
8. It is considered that in the longer term the issues and challenges set out in the STP are likely to lead to some proposals for major service changes and that some of these proposals for change will cross local authority boundaries from across the patch in some form or other and so warrant a mandated Joint Scrutiny Committee at that time.
9. A Joint Health OSC established initially for the specific purpose of scrutinising matters / major service changes as a result of the Better Health Programme, a major transformation programme to improve the quality of health services across County Durham and Darlington and Tees Valley, has recently had its remit extended to include scrutiny of the STP covering South Durham, Darlington, Teeside, Hambleton, Richmondshire and Whitby.

Establishing a Northumberland, Tyne and Wear and North Durham STP Joint Health OSC

10. Having regard to the above, local authorities affected by the Northumberland, Tyne and Wear and North Durham STP have provisionally agreed to establish a joint Health OSC to oversee the development of the STP and any associated proposals for substantial variation and development to health services contained therein or resulting therefrom.
11. In accordance with the regulations detailed below, the new Joint Committee will be the vehicle through which the respective local authorities respond to any consultation on the STP or associated proposals for major service changes.
12. It will be the role of the Care, Health and Wellbeing OSC to provide information and representations in respect of any consultation as it impacts on residents of Gateshead, to Gateshead's nominated representatives on the Joint Committee.
13. The protocol and terms of reference for the proposed Joint Committee are attached at Appendix 1 and they set out the role and function of the Joint Committee as well as the proposed representation required from each Council.
14. It is proposed that the Council appoints three representatives to the Joint Committee in line with the rules on political balance.

Provisions for consultation and engagement of scrutiny committees

15. As indicated in paragraph 7, Regulations require the formation of a joint scrutiny arrangement where an NHS body or relevant health service provider consults more than one local authority on proposals for major service change. The Regulations provide that all local authorities whose residents receive such services must participate in the joint scrutiny arrangement for the purpose of responding to the

consultation, using the method most appropriate to the areas and the issues being considered.

16. A local authority can opt out if, having considered the information provided by the NHS body/relevant health service provider proposing the service change, they determine that the proposal is not “substantial” for their residents. Where a local authority opts out in this way, they will relinquish the power to refer the proposed change to the Secretary of State for the purposes of that particular consultation.
17. Only the Joint Committee may require the organisation proposing the change to provide information to them, or attend before them to answer questions. That organisation has a duty to comply. If the local authority has opted out of the joint arrangements, they may not request information or attendance from the NHS body / relevant service provider proposing the change. Failure to provide information requested by a local authority not participating in the joint scrutiny process does not constitute a failure to consult that authority and is therefore not a valid reason for a referral to be made to the Secretary of State.
18. They may not participate further in the joint scrutiny arrangements, unless changes occur during the development of the proposal that make the impact substantial for residents of the local authority’s area. The local authority in these cases should not expect to revisit any matters that the Joint Committee has already considered.
19. In scrutinising the proposal, the Joint Committee should aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal.
20. Only the Joint Committee can make a report and recommendations back to the organisation proposing the change.
21. Local authorities forming a Joint Committee can choose to delegate their power of referral to the Secretary of State to a mandatory Joint Committee but they need not do so. If they do not delegate this power then each individual authority retains the right of referral. In the case of the proposed Joint Committee each of the participating local authorities will retain the right of referral to the Secretary of State.

Recommendation

22. Overview and Scrutiny Committee is asked to:
 - i) Comment on the report
 - ii) Endorse the establishment of the Joint Committee, as set out in this report
 - iii) Endorse the proposed protocol and terms of reference of the proposed joint scrutiny committee
 - iv) Refer the report to Council to endorse the establishment of the Joint Committee and appoint three councillors to the Joint Committee in line with the rules on political balance.

This page is intentionally left blank

Protocol for a Joint Health Scrutiny Committee

Northumberland, Tyne and Wear and North Durham STP

1. This protocol provides a framework under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013 for considering and providing a formal consultation response in relation to the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan and any associated proposals for substantial development and variation to health services contained therein or resulting therefrom. The proposals affect the Northumberland CCG, Tyne and Wear CCGs and the North Durham CCG area of County Durham. They are being proposed by the following:
 - Newcastle Gateshead CCG
 - North Durham CCG
 - North Tyneside CCG
 - Northumberland CCG
 - South Tyneside CCG
 - Sunderland CCG
2. The terms of reference of the Joint Health Scrutiny Committee is set out at **Appendix 1**.
3. A Joint Health Scrutiny Committee ("the Joint Committee") comprising Durham County Council; Gateshead BC; Newcastle City Council; North Tyneside BC; Northumberland County Council; South Tyneside BC and Sunderland City Council ("the constituent authorities") is to be established in accordance with the Regulations for the purposes of formal consultation by the relevant NHS Bodies in relation to the matters referred to at paragraphs 1. In particular in order to be able to:-
 - (a) respond to the draft STP consultation and any associated proposals for substantial development and variation to health services contained therein or resulting therefrom;
 - (b) require the relevant NHS Bodies to provide information about the proposals;
 - (c) require members/employees of the relevant NHS Bodies to attend before it to answer questions in connection with the consultation.
4. The Joint Committee formed for the purpose of the consultation outlined at paragraph 1 will, following approval of this protocol and terms of reference at its first meeting, circulate copies of the same to:-

Local Authorities

Durham County Council; Gateshead BC; Newcastle City Council; North Tyneside BC; Northumberland County Council; South Tyneside BC and Sunderland City Council;

Clinical Commissioning Groups

Newcastle Gateshead CCG
North Durham CCG
North Tyneside CCG
Northumberland CCG
South Tyneside CCG
Sunderland CCG

NHS Foundation Trusts

City Hospitals Sunderland NHS Foundation Trust
County Durham and Darlington NHS Foundation Trust
Gateshead Health NHS Foundation Trust
Newcastle-upon-Tyne Hospitals NHS Foundation Trust
Northumbria Healthcare NHS Foundation Trust
South Tyneside NHS Foundation Trust
Northumberland, Tyne and Wear NHS Foundation Trust
Tees, Esk and Wear Valleys NHS Foundation Trust
North East Ambulance Foundation Trust

Membership

5. The Joint Committee will consist of equal representation, with three representatives to be appointed by each of the constituent authorities.
6. The term of office for representatives will be for the period from the date of their appointment by their constituent authorities until their relevant authority's next annual council meeting. If a representative ceases to be a Councillor, or wishes to resign from the Joint Committee, the relevant council shall inform the joint committee secretariat and the replacement representative shall serve for the remainder of the original representative's term of office.
7. To ensure that the operation of the Joint Committee is consistent with the Constitutions of all the constituent authorities, those authorities operating a substitution system shall be entitled to nominate substitutes.
8. The Joint Committee may ask individuals to assist it (in a non-voting capacity) and may ask independent professionals to advise it for the purposes of the consultation process.
9. The quorum for meetings of the Joint Committee shall be a minimum of one member representative from each of the constituent authorities.

Chair and Vice-Chair

10. For the purposes of the consideration of the Sustainability and Transformation Plan (Draft and Final) the Chair of the Joint Committee will be a Member representative from [XXXX] and the Vice-Chair will be a Member representative from [XXXX]. The Chair will not have a second or casting vote.
11. If the agreed Chair and Vice-Chair are absent from a meeting, the Joint Committee shall appoint a member to chair that meeting from the representatives present who are members of the same constituent Council as the Chair.

12. For the purposes of the consideration any proposals for substantial development and variation to health services contained within or resulting from the Sustainability and Transformation Plan (Draft and Final), the Committee will be chaired from one of the affected local authority areas.

Terms of Reference

12. The Joint Committee will be the formal consultee under the Regulations and the Directions for the purposes of the consultation by the relevant NHS Bodies concerning those matters outlined at paragraphs 1. Terms of reference are set out at Appendix 1.

Administration

13. Meetings shall be held at the times, dates and places determined by the Chair in consultation with each of the constituent authorities.
14. Agendas for meetings shall be determined by the secretariat in consultation with the Chair.
15. Notice of meetings of the Joint Committee will be sent to each member of the Joint Committee at least 5 clear working days before the date of the meeting and also to the Chair of the constituent authorities' relevant overview and scrutiny committees (for information). Notices of meetings will include the agenda and papers for meetings. Papers "to follow" should be avoided where possible.
16. Minutes of meetings will be supplied to each member of the Joint Committee and to the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information) and shall be confirmed at the next meeting of the Joint Committee.

Final Report and Consultation Response

17. The relevant NHS body are required to notify the Joint Committee of the date by which its consultation response is required, and the date by which it intends to make a decision. The Guidance highlights that it is sensible for the Joint Committee to be able to consider the outcome of public consultation before it makes its consultation response.
17. The Joint Committee is independent of its constituent councils, executives and political groups and this independence should not be compromised by any member, officer or relevant NHS bodies. The Joint Committee will send copies of its final report and formal consultation response to the relevant NHS Bodies and the constituent authorities.
18. The primary objectives of the Joint Committee will be to reach consensus, but where there are any aspects of the consultation as regards which there is no consensus, the Joint Committee's final report and formal consultation response will include, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.

Following the Consultation

19. Any next steps following the initial consultation response will be taken with due reference to the 'Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny' (Department of Health; June 2014).

Principles for joint health scrutiny

20. In scrutinising the proposals, the joint committee will aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal.
21. The constituent authorities and the relevant NHS Bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial and/or disclosable pecuniary interests will be declared in all cases in accordance with the code of conduct and Localism Act 2011.
22. The Joint Committee's procedures will be open and transparent in accordance with the Local Government Act 1972 and the Access to Information Act 1985 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be able to be considered in private. Papers of the Joint Committee may be posted on the websites of the constituent authorities as determined by them.
23. Communication with the media in connection with the Joint Committee's views will be handled in conjunction with each of the constituent local authorities' press officers.

Joint Health Scrutiny Committee

Northumberland, Tyne and Wear and North Durham STP

Terms of Reference

1. To consider the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (hereafter called STP)
2. To consider proposals for substantial development and variation to health services as contained in and/ or developed from the STP and as proposed by the following:
 - Newcastle Gateshead CCG
 - North Durham CCG
 - North Tyneside CCG
 - Northumberland CCG
 - South Tyneside CCG
 - Sunderland CCG
3. To consider the following in advance of the formal public consultation:
 - The aims and objectives of the STP;
 - The plans and proposals for public and stakeholder consultation and engagement;
 - Any options for service change identified as part of the STP including those considerations made as part of any associated options appraisal process.
4. To consider the STP's substantive proposals during the period of formal public consultation, and produce a formal consultation response, in accordance with the protocol for the Joint Health Scrutiny Committee and the consultation timetable established by the relevant NHS Bodies.
5. In order to be able to formulate and provide views to the relevant NHS bodies on the matters outlined above, the Joint Committee may:-
 - a) require the relevant NHS Bodies to provide information about the proposals the subject of the consultation with the constituent local authorities and the Joint Committee; and
 - b) require an officer of the relevant NHS Bodies to attend meetings of the Joint Committee, in order to answer such questions as appear to them to be necessary for the discharge of their functions in connection with the consultation.
6. To ensure the formal consultation response of the Joint Committee includes, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.
7. To oversee the implementation of any proposed service changes agreed as part of the STP process.
8. The Joint Committee does not have the power of referral to the Secretary of State.

This page is intentionally left blank



**CARE, HEALTH & WELLBEING
OVERVIEW AND SCRUTINY COMMITTEE
12 September 2017**

TITLE OF REPORT: Annual Work Programme

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

Summary

The report sets out the provisional work programme for the Care, Health and Wellbeing Overview and Scrutiny Committee for the municipal year 2017/18.

1. The Committee's provisional work programme was endorsed at the meeting held on 25 April 2017 and Councillors have agreed that further reports will be brought to future meetings to highlight current issues / identify any changes/additions to this programme.
2. Appendix 1 sets out the work programme as it currently stands. Any changes proposed to the programme will be set out in bold and italics for ease of identification.

Recommendations

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

Contact: Angela Frisby

Extension: 2138

This page is intentionally left blank

Draft Care, Health & Well-being OSC 2017/2018	
20 June 17 (5.30pm meeting)	<ul style="list-style-type: none"> • Constitution • Role and Remit • The Council Plan - Year End Assessment and Performance Delivery 2016-17 • OSC Review - Work to Address Harms caused by Tobacco- Scoping report • MHA/DOLs Update • Deciding Together, Delivering Together - Progress Update
12 September 17	<ul style="list-style-type: none"> • Monitoring - OSC Review of Role of Housing in Improving Health & Wellbeing • OSC Review - Work to Address Harms Caused by Tobacco - Evidence Gathering • Social Services Annual Report on Complaints and Representations - Adults • Annual Report of Local Adult Safeguarding Board and Business Plans -(Chair of Board to attend) • Scrutiny of STP
31 October 17	<ul style="list-style-type: none"> • OSC Review - Work to Address Harms Caused by Tobacco - Evidence Gathering • Health & Well-Being Board Progress Update • Gateshead Healthwatch • Quality of Care in Commissioned Services • Health and Social Care Funding • Food & Health and Safety Intervention Plans - Progress Update
5 December 17	<ul style="list-style-type: none"> • OSC Review - Work to Address Harms Caused by Tobacco - Evidence Gathering • The Council Plan - Six Monthly Assessment of Performance and Delivery (incl LSCB update) • New Service Delivery Model for Extra Care Services • Gateshead Care Partnership Progress Update
23 January 18	<ul style="list-style-type: none"> • OSC Review - Work to Address Harms caused by Tobacco - Evidence Gathering • Delayed Transfers of Care / Reablement Progress Update • Case Study 1- Health and Social Care System Wide Workforce Issues

6 March 18	<ul style="list-style-type: none"> • OSC Review - Work to Address Harms caused by Tobacco - Interim Report - • Gateshead Healthwatch • Case Study 2- Hospital Admissions as result of Alcohol related Harm
17 April 18	<ul style="list-style-type: none"> • OSC Review - Work to Address Harms caused by Tobacco - Final Report • Monitoring - OSC Review of Role of Housing in Improving Health and Wellbeing • Health and Well-Being Board - Progress Update • OSC Work Programme Review

Issues to slot in

- Impact of any health transformations on adult services.
- Quality Accounts - Gateshead Health NHS Trust and NTW NHS Foundation Trust and South Tyneside NHS Foundation Trust
- STP Updates - as appropriate.
- **Adult Social Care Account - Video**