

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 30 October 2018 at 1.30 pm in the Bridges Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for absence
2	Minutes of last meeting (Pages 3 - 8) The Committee are asked to approve as a correct record, the minutes of the meeting held on 18 September 2018.
3	Healthwatch Gateshead - Interim Report (Pages 9 - 34) Report of Gateshead Healthwatch
4	OSC Review - Helping People to Stay at Home Safely - Evidence Session (Pages 35 - 44) Report of Strategic Director, Care, Wellbeing and Learning.
5	Annual Report on Services Complaints, Compliments and Representations - 1 April 2017 to 31 March 2018 (Pages 45 - 62) Report of the Strategic Director, Care, Wellbeing and Learning
6	Annual Work Programme (Pages 63 - 66) Joint Report of the Chief Executive and the Strategic Director, Corporate Services and Governance

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Public Document Pack Agenda Item 2

GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 18 September 2018

PRESENT: Councillor S Green (Chair)

Councillor(s): M Charlton, M Hood, R Mullen, I Patterson,
J Simpson, J Wallace, A Wheeler, P McNally, M Hall, J Lee
and Gibson

APOLOGIES: Councillor(s): C Bradley, W Dick, K Ferdinand,
B Goldsworthy, M Goldsworthy and P Maughan

CHW105 MINUTES OF LAST MEETING

The minutes of the last meeting held on 19 June 2018 were approved as a correct record.

CHW106 MATTERS ARISING

The Council Plan – Year End Assessment of Performance and Delivery 2017-18

The Committee asked how it was planned to sustain the position to the indicator – LW17 – Gap in employment rate for those in contact with secondary mental health services and the overall employment rate.

Whilst the direction of travel has improved Gateshead is significantly higher than the NE average and has the 3rd highest % point gap of the 12 NE LA's

The Committee were advised that this is an important performance measure for the service and it will continued to be monitored with the action and the impact on performance in the ASC monthly performance clinic.

The Committee were also advised that the Care, Wellbeing and Learning service are linking in with NTW and the Economic Development service in terms of the work they both do to support people with mental illness into employment. The Employment and Enterprise Services Team have attended the MH team meeting and will be looking to deliver more support around employment and training resulting in continued improved performance around this measure.

Care, Wellbeing and Learning are also in continued discussion with NTW in terms of data sharing (as it is known that there has been some under reporting previously); data quality issues are being addressed by the service to ensure we are confident

that all those in employment are recorded and reported accurately.

Healthwatch report on NHS Continuing Healthcare

At the request of the OSC the report has been circulated for information to all councillors and they have been advised that the OSC will be looking at progress on this issue in Gateshead and a further update will come back to the OSC at its meeting on October.

CHW107 DECLARATIONS OF INTEREST

Councillor Judith Gibson declared a personal interest in the next two agenda items, as she works for Northumberland CCG.

CHW108 SUNDERLAND CCG URGENT CARE CONSULTATION

Ann Fox, Director of Nursing, Quality and Safety and Dr Tracey Lucas, Executive GP and Urgent Care Clinical Lead, NHS Sunderland provided the Committee with a powerpoint presentation and briefing note on the Sunderland CCG Urgent Care Consultation.

The Committee were advised that the consultation is not about closing buildings but it is about proposed changes to urgent care services, which include: no longer providing urgent care services in Houghton, Bunny Hill and Washington and replacing these with appointments in existing 40 GP practices and Sunderland Extended Access Service. An urgent treatment centre located at Pallion Health Centre.

The Committee were also advised that the consultation does not affect other services that are currently based in these buildings. Most people will be treated closer to home; and that this part of a wider range of changes (Sunderland Extended Access Service, home visiting, enhanced NHS 111 and 42,000 extra GP appointments per year)

The CCG advised the Committee under the proposals that urgent care services would be provided closer to home most of the time through 40 GP practices and up to five Sunderland Extended Access Service hubs, plus one Urgent Treatment Centre in Pallion. A newly improved NHS 111 service with more clinical input will help people get the right service first time and reduce the need to be transferred from one service to another.

Marc Hopkinson, NewcastleGateshead CCG and Dr Steve Kirk and Nicola Kenny, Associate Director, Medical Business Unit Queen Elizabeth Hospital were also be in attendance. The Committee were advised that the proposals may have the following impact on Gateshead residents/urgent care provision in Gateshead/Gateshead GP practices:

- Firstly, there are potentially 1,200 Gateshead residents who may be directly impacted by the proposals

- Secondly, that the proposals for Sunderland may have a significant impact on urgent care provision in Gateshead and Gateshead GP practices

The Committee expressed concern that the proposals would put extra pressure on the Queen Elizabeth Hospital and Gateshead GP's but were advised that extra provision/capacity was being put in place to cope with the increase.

The Committee advised that they understood the need to condense services but were concerned regarding the impact that this would have on certain areas of the borough like Wrekenton and Springwell (Springwell village is part of Sunderland but nearer the QE Hospital) especially as the only growth point in the immediate vicinity is Washington.

The Committee asked if a thorough travel plan had been investigated in line with the consultation process.

The Committee were advised that extra GP availability was being made for every evening, weekend and Bank Holiday in order to cope with the increases and the CCG were confident that capacity was available.

- RESOLVED -
- i) That the information be noted
 - ii) That the views of the OSC be forwarded to NHS Sunderland CCG
 - iii) That the views of the OSC be also communicated to the Chair and Vice Chair of Sunderland Health OSC

CHW109 DUNSTON HILL PROPOSALS - SUBSTANTIAL VARIATION AND DEVELOPMENT

The Committee received a report and presentation from Nicola Kenny, Associate Director, Medical Business Unit, QE Hospital on the proposals to begin an exit strategy for St Bede's Day Care Services and the Younger Person's Dementia Unit currently operating from the Dunston Hill site and provided by Gateshead Health NHS Foundation Trust.

The Committee were advised that the Trust has commenced engagement with service users, staff, carers and key stakeholders and it is proposed this will be completed by the end of September. The Committee were also advised that the proposed timescales have recently been escalated due to new interest in the site by a potential buyer – Homes England. This is following a number of years of unsuccessful sale of the site. Based on current knowledge a sale is anticipated in November 2018 and the sale means that the service would no longer be able to operate from the site

St Bede's Day Care Service offers three days a week, utilising a 'social day care model' providing an environment whereby service users can be supported through conversation and listening.

Woodside Unit for younger people with a dementia and their carers provides a specialist Community Outreach and Day treatment services for people under the age of 65, and their families, who have a diagnosis of a dementia illness.

The Committee also heard from Evelyn Jackson who was representing the patients at the Palliative Day Care and Madeleine Nettleship (who works at the QE and is a Unison Rep) who is currently representing staff and patients at the Palliative Day Care Hospital at Bensham.

The Committee sought reassurances that the main driver for the proposals was not related to the potential sale of the site and was assured that this was not the case. The situation had however, been expedited by the involvement of Homes England.

Ward Councillors expressed disappointment that they had not had earlier notice of the proposals.

The Committee queried whether there had been any engagement or plans to engage with Healthwatch and asked for representatives of the Trust to come back to a further meeting of the OSC with this information and further information outlining feedback on engagement with service users regarding the proposals. The Committee also asked for further information to be brought on what the trust has done or is doing to mitigate against any potential negative impacts on service users arising from the proposals.

- RESOLVED -
- i) That the information be noted
 - ii) That representatives from Gateshead Health NHS Trust come back to a future meeting of the OSC with further information outlining feedback on engagement with service users regarding the proposals and the work the trust is doing to mitigate any potential negative impact on service users arising from the proposals.
 - iii) That arrangements be made for the OSC to visit the Dunston Hill site in advance of the issue coming back to the OSC.

CHW110 HELPING PEOPLE TO STAY AT HOME SAFELY

The Committee received a scoping report as part of the OSC's review into Helping People to Stay at Home Safely. The Committee were advised that the review will centre on the following 6 core themes of:-

- Assistive technology and digital information;
- Enablement services;
- Housing options to support independent living;
- Commissioning for enablement outcomes;
- Emergency and community services;
- Personalisation and choice.

The report focussed upon how the Local Authority and Gateshead Health Foundation Trust are working collaboratively as part of the Gateshead Care

Partnership to provide community based Enablement approaches to residents of Gateshead enabling people to be as independent as possible. The report also detailed the trusted assessor models and interface between the Local Authority and Gateshead Health Foundation Trust (Queen Elizabeth Hospital – QEH) which serve to seamlessly discharge people from hospital back to their own homes.

The Committee were advised that the ageing population means that there will be an increase in demand on both health and social care in future years. Around 53,000 people (1 in 4) in Gateshead have one or more long term conditions. Over 8,000 of these have three or more long term conditions. There is a significant difference in health inequality across the borough (as much as ten years difference) and healthy life expectancy in Gateshead is significantly lower than for England; for men it is 59.1 years compared to 63.3 and for women 60.6 years compared to 63.9. Around 22% of people in Gateshead reported that their health limits day to day activities compared to around 18% nationally (Census 2011). Significantly, Gateshead residents have higher levels of dementia, COPD, coronary heart disease and stroke prevalence than national average levels across England. The population is ageing it is projected that by 2039 there will be an additional 14,400 people aged 65 or over, an increase of 38%.

The Committee were advised that to effectively respond to a Gateshead population that is getting older with an increase in the number of people with life limiting illnesses, the Council's Adult Social Care Provider service has remodelled its services. These include; PRIME Enablement Service (short term domiciliary care support), Rapid Response, Promoting Independence Centres (Eastwood, Shadon House and Southernwood), Blaydon Resource Centre and Shared Lives. These services all serve to optimise the ability of Gateshead residents to continue living independently in their own homes and attaining a high quality of life. The majority of these services are registered by the Care Quality Commission and have either an 'Outstanding' or 'Good' rating.

The Committee also received a verbal update about Gateshead Community Services, Trusted Assessment: Hospital Transfers of Care to Eastwood, Trusted Assessment: Hospital Transfers of care into Reablement Services, Bridging Service, Function of the Social work team and supporting Gateshead Community Services in providing care closer to home for people with health and social care needs.

The Committee will also be visiting Blaydon Resource Centre, Shadon House and Eastwood Promoting Independence Centre on the afternoon of 9 October 2018 as part of a site visit programme.

- RESOLVED -
- i) That the information be noted
 - ii) That further updates be brought to the next meeting in line with the timetable as outlined in the review

CHW111 ANNUAL WORK PROGRAMME

The Committee received a report setting out the provisional work programme for the Care, Health and Wellbeing OSC for the municipal year 2018/19.

The appendix tabled to the report sets out the work programme as it currently stands and highlighted proposed changes to the programme in bold and italics for ease of identification.

- RESOLVED -
- i) That the provisional work programme be noted
 - ii) 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.

Chair.....

TITLE OF REPORT: Healthwatch Gateshead Interim Update

REPORT OF: Report of Gateshead Healthwatch

Summary

1. To inform the Care Health and Wellbeing Overview and Scrutiny Committee about the priorities set for Healthwatch Gateshead in 2018/19 and to update the Committee on progress achieved since last year.
 2. The OSC is asked to receive this interim report for information with a view to receiving a further report at the March 2019 meeting.
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Background

3. Tell Us North CIC (TUN) is a community interest company which was successful in securing the contract to deliver Healthwatch Gateshead from 1 April 2017. TUN also holds the contract for Healthwatch Newcastle, and this allows us to work across Gateshead and Newcastle when required, sharing resources, skills and knowledge whilst ensuring that both geographies remain distinct.
4. The joint Healthwatch Gateshead and Healthwatch Newcastle conference was repeated in April. The venue this year was St Mary's Heritage centre and the focus was the work of both Healthwatch as well as involving delegates in the creation of an engagement plan/resource for Newcastle Gateshead Clinical Commissioning Group (CCG). The engagement plan focused on engaging with service users with learning disabilities, their relatives and carers.
5. As with last year the Healthwatch Gateshead committee had developed a short list of possible priorities. This list was informed by comments, concerns and points of view gathered from residents during 2017/18 as well as input from local health and social care officers and organisations. The list was consulted on publicly and the committee then established the key 2018/19 priorities as :
 - Lack of funding for social care
 - Mental Health (joint with Healthwatch Newcastle)
6. The Healthwatch Gateshead committee has also agreed that the priorities for engagement during 2018/19 should be:
 - Young people

- The West of Gateshead borough

Progress to date.

7. Lack of funding for social care

Healthwatch Gateshead project manager, Kim Newton, has spent the summer speaking with various officers and voluntary and community sector leaders to scope this project. We developed a survey for Gateshead residents to support them to participate in the consultation on the LGA green paper on social care. This was submitted to Gateshead Council so that elements could be incorporated into their response to the consultation and council officers decided to include the full Healthwatch Gateshead report as an appendix to their response.

The final design of this project is still to be agreed by the committee however, it is likely to include a survey with service users to establish what, if any changes, they have seen in services since the last round of changes under the council's budget. We also intend to hold a consultation event on this year's budget proposals to mirror work we did a few years ago.

This project will be complete by the end of the financial year and a report will be submitted to this OSC.

8. Mental health

As there has been a lot of engagement and consultation on mental health in Gateshead in recent years, we decided to take a different approach to this project. Our work will focus on people who were not fully involved in the Deciding Together and Expanding Minds, Improving Lives engagement processes. We have identified the following groups from conversations with officers and voluntary and community sector leaders and are prioritising them for engagement:

- Lesbian and transgender communities
- Black African and Afro-Caribbean communities
- Veterans
- Homeless people
- Students (particularly overseas students)
- People on Universal Credit

We approached voluntary and community sector organisations to invite them to bid to undertake engagement with their service users and have commissioned a veterans organisation, Gateshead Citizens Advice Bureau (CAB) and Fulfilling Lives. They will work with male and female veterans, people on Universal Credit and people who are homeless respectively.

We are also currently undertaking a survey of the lesbian and transgender communities. We have a Northumbria University student working with us on placement who will be supervising the work focussing on students.

This project will also share its report with this committee following publication of the report in March 2019.

9. Engagement

Victoria Clarke, Volunteer and Outreach Coordinator, is leading a programme of engagement, supported by a core group of volunteers. We will shortly be recruiting for volunteers to help expand this work. Our main methods of engagement are focus groups, working with community groups to ensure we reach people who would not necessarily come to a Healthwatch event, and our feedback centre, where people can review health and social care experiences online, by phone or via a feedback card.

We have been out and about at large community events including Pride, Newcastle Mela and Chinese New Year, as well as doing smaller scale engagement in venues such as care homes and Gateshead College.

Victoria is tracking all engagement activity by type and location to ensure that we get a representative demographic spread across the borough.

We have seen great indirect benefits of Victoria's engagement work. She has been working closely with the Roma community, building up trust and links. As a result of this work, Gateshead CAB have been able to engage with the community to ensure that they are getting access to benefits they are entitled to.

10. Last year's projects

- We are still waiting to have a conversation with Newcastle Gateshead CCG about our report on NHS Continuing Health Care. We hope that this will take place within the next month.
- We understand that the council and CCG have recommissioned Carers' support services and we are awaiting an update to see what elements of our report have been incorporated into the new support available.

11. Organisational update

Over the last year the Healthwatch Gateshead team has changed. The part-time administrator has been replaced by a full time administrator and full time administrative apprentice working between Gateshead and Newcastle. Our part time project manager was also made redundant, however we have increased our flexible associate funding to allow us to bring in the necessary expertise where required, e.g.

project management, volunteer support, marketing etc.

Unfortunately, Wendy Hodgson, our Operations Manager, has decided to leave us after 18 months. Steph Edusei, Chief Executive, will be taking on some of her role until a suitable replacement can be found. Other elements of her role will be undertaken by the staff team, with additional hours, and contractors. Unfortunately, a number of committee members have resigned. This has predominantly been due to changes in work commitments or life changes. We are currently recruiting for new committee members.

Recommendations

1. The OSC is asked to note the contents of this report.
2. That the OSC agree to receive a further report to be included at their March 2019 meeting.



healthwatch
Gateshead

**Annual report
2017–18**



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Message from our Chair

Our focus has been on expanding opportunities for engaging people and communities in places where they receive services, such as hospitals and events.

We have produced reports on areas which the public said were priorities for them, such as carer's assessments and NHS continuing healthcare. I urge you to read the reports to gain a full sense of how Healthwatch Gateshead gets to the real issues affecting people. We take pride in carrying out thorough research and producing concise reports, backed up by strong evidence. Our recommendations for improvements are mostly welcomed by the services we examine and some recommendations are carried out very quickly. An example is the report on page 9 regarding continuing healthcare. We are also starting to influence the commissioners of services in the NHS and Gateshead Council, as they use our information to inform how service contracts will be developed and tendered.

Despite being a small team we have made sure we are represented at key meetings, where decisions are made to change and reshape services. It is our duty to make sure Gateshead residents have their right to be fully heard and that they are properly consulted and involved. They must have real influence on how services develop and where resources are prioritised. We are gaining a reputation for expertise on how best to engage and involve residents in sometimes difficult and complicated issues, where their views must be taken into account. We are prepared to challenge and speak up on behalf of residents if we do not think they

are being listened to or are not being given the opportunity to take part.

Looking ahead we will further develop how we measure what we do to ensure we can demonstrate value for money. We will engage people in community-based settings, such as dentists and opticians, and carry out more outreach work with diverse communities. We will expand our volunteer base to gather more views and observe delivery of services. We will continue to publish reports to improve services based on priorities the public have said are important to them.

There is no doubt that the year ahead will continue to be challenging due to national and local financial pressures on the council and the NHS. We will keep track of any developments regarding sustainability and transformation plans and how health and social care reorganises to jointly deliver services. We will make sure Gateshead people have meaningful involvement in these important areas. It is vital Healthwatch Gateshead continues to give a voice to health and social care service users and the general public to make sure services reflect their needs and aspirations.

All of this activity could not take place without the commitment of the staff and volunteers. Their impressive work belies the fact they are a relatively small team working within a tight budget. A big thank you goes to them for continuing to develop Healthwatch Gateshead into an effective voice for Gateshead's residents.



Michael Brown
Healthwatch Gateshead Committee Chair

Message from our Chief Executive

This year has been extremely busy. We have been transitioning from the old format Healthwatch Gateshead to our new refreshed model.

This has involved changes in both job roles and everyday practice for staff. We officially welcomed Wendy Hodgson as the Operations Manager in July, although she had been working with us since late March on an interim basis. We also saw Kim Newton and Carole Gourdie taking up roles as Project Managers, and Victoria Clarke as our Volunteer and Outreach Coordinator. We also welcomed our new Healthwatch Gateshead Committee this year and are experiencing the benefits that having a diverse and experienced Committee steering our work can bring.

Despite this being the first year of the new Healthwatch Gateshead, and us going through a lot of change, I am so proud of all that the team has managed to achieve. Within the first six months of this year we had completed research into people's experiences of carer's assessments. This work was perfectly timed to help influence the new specification for carers' support services. The new contract has now been awarded and we look forward to seeing how our work will improve services.

Our research into NHS continuing healthcare has also been very well received, and while it is still early days we have already seen some improvements in public information and the management of young people's care as they move into adult services.

During autumn 2017 we led some innovative work to support engagement on the future model of community mental health services in Newcastle and Gateshead. Our 'fringe' events allowed service users, relatives and carers, voluntary and community sector representatives and members of the public to get involved in very intensive work. People taking part in the redesign work commented on how impactful this work was and we are looking forward to supporting further work in the near future.

Our Healthwatch Champions (volunteers) are at the forefront of our work and without them we would not achieve as much as we do. We said goodbye to some Champions at the end of last year but have welcomed new additions to the team. Our Champions have continued to work with us over the last year in a number of different roles and are helping us to develop new ways in which they can add to our work.

I have personally enjoyed getting to know Gateshead, its services and people. Most of what we do is about building relationships and being trusted so that people feel safe about sharing information with us. It is vitally important when it comes to making a difference and having an impact with the people who plan and provide services. Although we have only started to do this, we have made a great start and I am looking forward to the year ahead.



Steph Edusei
Healthwatch Gateshead Chief Executive

Highlights from our year

We reached more than 174,000 people on social media



Our volunteers help us with everything from information stalls to carrying out face-to-face research



We carried out over 50 engagement activities to reach local people and collect their views



Our reports have tackled issues ranging from carer's assessments to NHS continuing healthcare



264 people took part in our survey about carer's assessments



Our volunteers gave 328 hours of their time





Who we are

You need services that work for you, your friends and family. That's why we want you to share your experiences of using health and care with us – both good and bad. We use your voice to encourage those who plan and run services to act on what matters to you.

Our vision:

Have your say and we will make sure your voice is heard by those who make decisions on your behalf

Many services that people use in Gateshead are delivered or commissioned by organisations that cover larger areas, so we often work closely with our colleagues in other local Healthwatch as well as with partners in the voluntary and community sector.

To do this we believe it is important that we...



Listen often and widely – to as many people as possible who use social care and health services in Gateshead to gather views.



Speak loudly and clearly – to the people who plan, commission and deliver services about the things people are telling us.



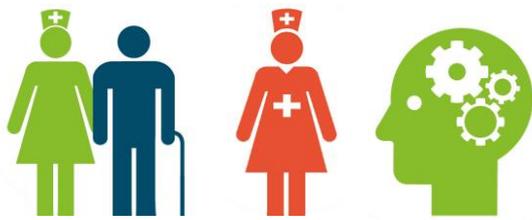
Work together and effectively – to influence services to improve when there are issues, and to share good practice when they do things well.

Our priorities

We carried out a process of analysis and consultation during spring 2017 to choose our annual priorities. This included analysing feedback from the public and examining local intelligence on health and social care issues from various sources including reports, providers and commissioners, and voluntary and community sector organisations.

We also asked delegates at our annual conference to choose their top priorities from a longlist. The Committee then decided on the following priorities for 2017–18:

1. Carers
2. NHS continuing healthcare (a joint project with Healthwatch Newcastle)
3. Mental health



Healthwatch Gateshead staff team during 2017–18

- Victoria Clark, Volunteer and Outreach Co-ordinator
- Steph Edusei, Chief Executive
- Carole Gourdie, Project Manager
- Wendy Hodgson, Gateshead Operations Manager and Deputy Chief Executive of Tell Us North
- Kim Newton, Project Manager
- Nicola Winship, Finance and Administration Officer (left February 2018)

Healthwatch Gateshead Committee members during 2017–18

- Julie Boyack
- Michael Brown (Chair)
- Lynda Cox
- Ann Dymyd
- Lola McPartland
- Michael Peacock
- Shamshad Shah
- Ian Wolstenholme

Healthwatch Gateshead Champions (volunteers) during 2017–18



- Ann Atkinson (stepped down in December 2017)
- Freda Bevan
- Alison Chambers
- Kenneth DGLISH
- Alan Guest
- Kay Parker



Your views on health and care



Listening to people's views

As the independent consumer champion for health and social care in Gateshead, we listen to the views and experiences of patients, families and carers and the public and share them with the people who make key decisions about our health and social care services.

Our remit covers all health and social care services for adults, children and young people, including everything from hospitals to care homes, GP surgeries to patient transport, mental health and home care to opticians and dental surgeries. We listen to the experiences of everyone and try to make sure that their views are fairly represented and heard.

The information we collect from local people shapes our work, our recommendations to local organisations and our responses to consultations.

Everything we do is rooted in the comments and experiences that people share with us.

Our work is especially important for people who generally do not have access to those making decisions or delivering services. To increase our reach we work with other key partners, including voluntary and community sector (VCS) organisations. This helps us to talk directly with groups and individuals whose voices are seldom heard. We continue to have excellent relationships with key VCS organisations to share information, experience and opportunities to give people a voice.

We recognise the importance of engaging with seldom heard groups and individuals, allowing strengthening of democracy and encouraging different communities to be more actively involved. We aim to help early identification of potential health and social

care issues and benefits, and support enhancement and improvement of services.

We are committed to representing Gateshead's diverse communities and continue to build relationships across the borough including with seldom heard communities and vulnerable people in order to widen engagement. We use a wide range of engagement techniques including focus groups, questionnaires, one-to-one interviews, and running stalls at local events. Examples include:

- Adults with learning disabilities – Guidepost and LINKS
- Adults with mental health issues – Gateshead Clubhouse
- Black and minority ethnic groups – Gateshead Muslim Men's group
- Carers – Gateshead Carers Association and the Carers Trust
- Men's groups – Blaydon Men's Shed and Teams Community Care
- Older people – Gateshead Older Peoples Assembly and Age UK Gateshead
- Patients and carers – Queen Elizabeth Hospital
- Refugee and asylum seekers – Comfrey Project

We are part of the Gateshead Diversity Forum. The forum is facilitated by Gateshead Council in partnership with other lead agencies, for example, police, neighbourhood safety and community leaders of various faith groups. It aims to ensure a borough-wide strategic approach to services for all minority ethnic communities in Gateshead.

We owe a large part of our success to partnership working with the VCS, which supports Healthwatch staff and Champions by actively allowing us to attend, participate

and engage with established communities and groups. For example, our Champions attended a men's group to gather the views and experiences of service users on health and social care issues while joining in with activities such as dominoes and cards and playing golf on a games console. We also engaged with older people while they were participating in a chair aerobics session.

Our work with community leaders from a newly established Roma community in Gateshead has been instrumental in the community accessing other essential services, helping them to more fully participate in their neighbourhoods.

Our interactions with the VCS allow us to build strong links to people who would not normally attend health and social care, or even Healthwatch run, engagement events. These relationships are extremely valuable in enabling us to gather a wide range of views and experiences and providing an effective signposting service.

Making sure services work for you

As a local Healthwatch we have a statutory power to 'enter and view'. We can visit places that provide publicly-funded health or social care services to observe and report on services.

We did not identify any areas of our work during 2017–18 that required the use of 'enter and view'. Information about health and social care services was gathered in other ways, for example, via our information stalls and online feedback centre and through our in depth research work on carers' assessments and NHS continuing healthcare.

Helping you find the answers

How we have helped the community get the information they need



We provide an information and signposting service giving callers free, independent and confidential information about local social care and health services. We can help people make decisions on what to do if they are unhappy with their care or treatment or that of a friend or family member.

The service is available Monday to Friday, 9am to 5pm, by phoning 0808 801 0382 (free from landlines), texting 07535 877 831 or completing an online form.



There is an online feedback centre where people can search, rate and review all local social care and health services. Providers are able to provide a response to reviews. The feedback centre enables people to browse local services and provide feedback at a time that is convenient for them. A paper leaflet is available for people without internet access. This tool helps us to identify trends in the issues that are raised and enables us to take appropriate action. Identifying these trends also helps us to set our annual priorities.

We also have a Healthwatch Gateshead app, free to download, for Android phones and tablets. The app offers a convenient way for people to search, rate and review services, access our social media platforms, and nominate people or organisations that are delivering great care for a 'Healthwatch Star' award.

Case study: supporting a family with care needs

We received a call from a family member who needed information about getting additional help and support for his parents, one of whom had dementia.

With the family's permission, we contacted adult social care at Gateshead Council and shared all the relevant information. Adult social care contacted the family and arranged for care assessments to be carried out and for an appropriate support package to be given to the family.

Case study: supporting flexible appointment times

We received a call from a patient who required weekly appointments at his GP surgery for several weeks. He was unhappy because the appointments were always at a time when his free bus pass could not be used and so he was incurring a weekly cost.

With the patient's permission, we spoke to the practice nurse at the patient's GP surgery and explained the situation and the financial impact it was having on the patient. The practice agreed to offer appointment times that were more appropriate, allowing the patient to use his free bus pass and avoiding the extra weekly financial cost.

Making a difference together

How your experiences help to influence change

NHS continuing healthcare

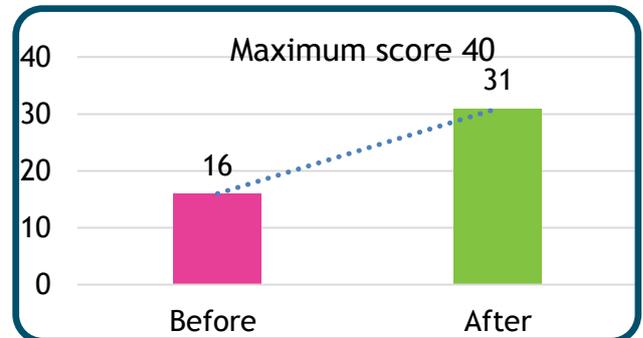
The Healthwatch Gateshead and Healthwatch Newcastle Committees chose to prioritise researching people's experiences of NHS continuing healthcare (CHC) during 2017–18. Early findings told us that, generally, information on CHC and experiences of the assessment process were poor for service users and their relatives and carers.

As part of the research, we wanted to find out what information was currently available locally and nationally on CHC. We worked with NHS Newcastle Gateshead Clinical Commissioning Group (CCG), which told us that the CCG was currently looking to produce local information to support service users and carers through the CHC journey.

We found national information about CHC, in the form of a film commissioned by NHS England, to help explain the national policy framework to people and their families. We wanted to make sure that the film would be an effective information source so we held a workshop with eight Healthwatch Champions to assess the quality of the information.

Healthwatch Champions are our trained volunteers who support us with our engagement and research work. Before watching the film, we asked them to rate their knowledge of CHC from one to five. The combined points were 16 out of a possible 40. We repeated the question

after the Champions had watched the film and those numbers rose to 31 out of 40 (93.7% increase).



We recommended that the CCG make the information film available to the public on its website. The recommendation was taken forward and the film can be viewed at

www.newcastlegatesheadccg.nhs.uk/your-health/continuing-healthcare.

We also worked with two families to follow their transition from accessing support through children's services to adult services, where it appeared likely that CHC would be required as an adult. We identified some issues relating to the timing and planning of this transition, and made recommendations as part of our final CHC report.

Gateshead Council was quick to respond to the recommendations. There are now plans to carry out a full audit and regular training to make sure that children's social workers are aware of their duty to refer children, in line with the national framework on CHC.

Read the report, including recommendations, at

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

Working with other organisations

We work in partnership with other organisations, including other local Healthwatch, voluntary and community sector organisations (VCS), and commissioners and providers of health and social care.



We work closely with our VCS partners, particularly when hosting our ‘One collective voice’ events. During the course of our CHC project, for example, we wanted to find out about the issues people faced in more detail. We organised an event to hear from the VCS and other organisations that support people to access services, information, support or guidance around the CHC process.

There was representation from the following organisations:

- Advocacy Centre North
- Dementia Care
- Disability North
- Gateshead Access Panel
- Newcastle Council for Voluntary Service
- Independent Complaints Advocacy
- Parents in Power
- The Advice Centre – Gateshead
- The Carers Trust
- Newcastle Upon Tyne Hospitals NHS Foundation Trust

We also designed and implemented a way for service users, relatives and carers and members of VCS organisations to become more involved in the redesign of community mental health services (Deciding Together, Delivering Together).

We have good working relationships with Gateshead Council and sit on several of its strategic and operational groups, including the Health and Wellbeing Board, and Gateshead Care, Health and Wellbeing Overview and Scrutiny Committee. We also attend several Newcastle Gateshead CCG boards and steering groups.

Gateshead Council and Newcastle Gateshead CCG have also informed the direction of our research projects. For example, we supported the CCG and Gateshead Council review of carer support services, looking at how they can better support informal carers.

We adopted a varied approach to our research, including a survey and working with VCS partners to gather views and provide evidence for the commissioners in order to influence the commissioning process, with the aim of improving access and service provision for carers.

VCS organisations involved in this work included the Carers Trust, the Carers Association, Age UK Gateshead, the Stroke Association and the Alzheimer’s Association. The Queen Elizabeth Hospital Community Care Team worked with us to help us reach carers in the community.



We also worked closely with the Care Quality Commission in support of its 2017–18 adult social care inspection programme, providing relevant information gathered from residents about the service(s) it visited.

We were a member of the steering committee, coordinated by the North of England Commissioning Support Unit, which was tasked with refreshing the Gateshead Pharmaceutical Needs Assessment for 2018.

How we work with our community

We owe a huge part of our success to our volunteers, who we aptly name Healthwatch Champions. Our Champions are fully supported and encouraged to participate in all aspects of the planning and delivering of our outreach and engagement strategy.



Champions are vital in helping us to meet our aims and we value the knowledge, skills, experience and ideas that they bring. Champions are integral in shaping our work, how we work and where we work to make a difference, and they also gain valuable experience and further develop their skills.



Our Champions have attended training in areas such as Dementia Friends, visual impairment awareness and transgender awareness. They have also had an opportunity to gain knowledge and understanding about some of the different religions and beliefs held by our region's multi-cultural population. Visits have included attending Jewish, Muslim and Sikh areas of worship and talking with members of the community.

In the past year Champions have given over 300 hours of their precious time to be involved in all aspects of our engagement, including the planning and delivery of our community engagement and helping to run stalls at regional events such as the Newcastle Mela, Newcastle Pride and Chinese New Year celebrations.

We are looking forward to expanding the Champion role next year, giving us more opportunities to reach out and hear from people across the borough.

It starts with you

Case study: carers

The support available to carers is one of the areas we chose to look at during 2017–18.

Carers had told us about the issues they were experiencing, including trying to access services, obtaining a carer’s assessment or receiving the support identified when assessed.



Newcastle Gateshead CCG and Gateshead Council had reviewed their support services for carers and feedback showed that carer’s assessments were a very important part of supporting carers. However, the engagement by the council and CCG had not looked at carers’ experiences of the assessment.

Also, a recent carers’ survey by Gateshead Carers Association had touched on the assessments but not looked at the barriers to uptake, or people’s experiences of having an assessment.

We were able to offer a more in-depth view of the process, complementing existing research and increasing the number of residents who had the opportunity to share their views.

Newcastle Gateshead CCG and Gateshead Council told us that they were planning to

re-commission the carers’ support service. We recognised that our plans to gather the views and experiences of carers regarding carer’s assessments in Gateshead would be useful to help inform the new specification and improve access and service provision. Therefore, we developed surveys and these were completed over a five-week period, between July and August 2017, to coincide with the commissioning timeframe.

We asked carers of all ages in Gateshead local authority area to complete a survey and 264 people participated, 56 of whom had experience of carer’s assessments.

We found that, overall, carers who had an assessment were glad they did so. However, feedback was broadly negative and included comments about the process for requesting a carer’s assessment not being user friendly or ‘fit for purpose’. It was clear from our research that carer’s assessment procedures could be improved.

A report was written and shared with partners and commissioners. It contains recommendations linked to areas where people’s responses were not so positive:

1. Increase uptake

- Develop and implement an awareness raising campaign about carer’s assessments and develop the services available on the Gateshead Council website. Include more information about what people can expect during the carer’s assessment process as well as details of services available for carers.



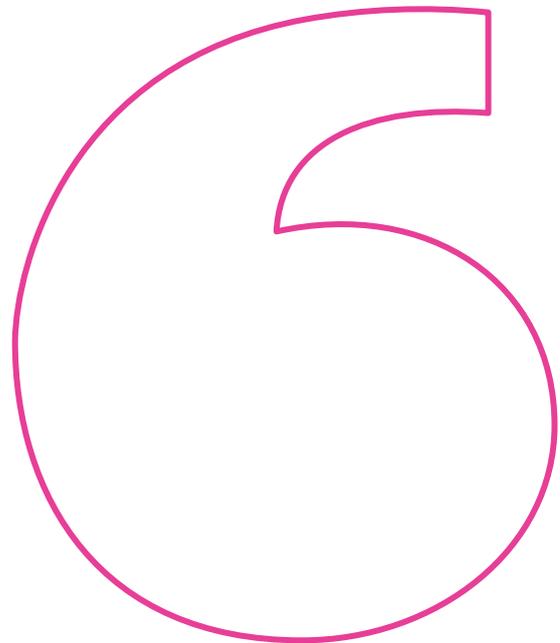
- Review internal procedures to ensure that people who request an assessment are not refused one (in line with the Care Act 2014). Social workers, and other relevant professionals, should explain the carer's assessment process to carers and offer support to complete the forms.

2. Improve assessment quality

- Provide carers with information appropriate to their needs (in line with the Accessible Information Standard) before conducting a carer's assessment in order to help them prepare for the assessment and support full and meaningful discussion.
- Ensure carer's assessments are conducted in an appropriate timescale and in line with the Care Act 2014.
- Ensure carers receive an annual review.

3. Streamline partnership working

- Develop strategies with partners to streamline communication to improve outcomes for carers. The Gateshead Carers Partnership comprises carers and key staff in health, social care and the voluntary sector and strives to give carers a strong strategic voice.
- Ensure partnership meetings have regular and accountable representation from Gateshead Council.



Our plans for next year

Our priorities for 2018–19 were chosen after a public prioritisation process. Healthwatch Gateshead Committee members agreed a shortlist of potential priorities based on:

- Feedback we had received from service users, relatives and carers and members of the public
- Feedback from people who plan and provide local services
- National themes and trends

We then asked members of the public to prioritise the topics. This was done online and at our face-to-face events. We also asked delegates at our annual conference to help us prioritise, as well as to identify potential focusses for each topic. This resulted in the following priority order:

- Mental health services
- Lack of funding for social care
- Access to services – impact of waiting times
- Impact of austerity on health and wellbeing
- Public health cuts
- Children and families use of urgent care
- Low take up of cervical screening

Our Committee then used all this information to inform their final choice of priorities.

Our top priorities for next year



Mental health



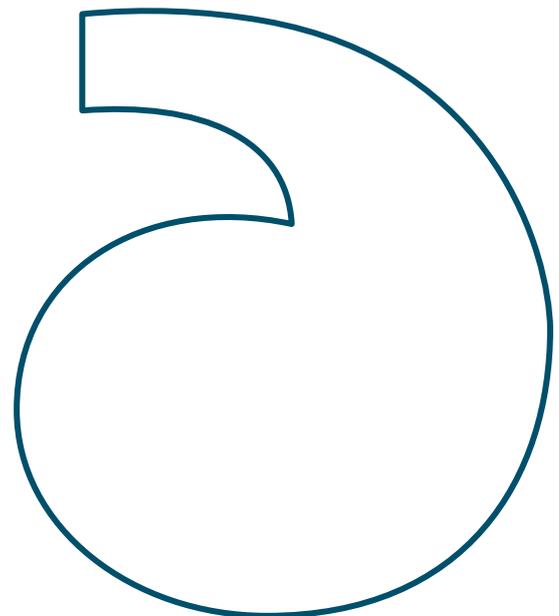
Lack of funding for social care

WAITING ROOM



Access to services

We will be doing further work to scope the exact topics and methods for our work and will involve key stakeholders, including service users, their relatives and carers.



Our people

Decision-making

We want to make sure that the decisions we take are based on sound evidence and our processes are transparent and open.

We gather broad-based information through widespread engagement with service user groups, members of the public, the voluntary and community sector (VCS), and local and national statutory organisations.

The following information is used to decide which topics to prioritise:

- Issues raised by the public through Healthwatch and other public engagement events.
- Issues raised through our online feedback centre (where all feedback we receive from service users of health and social care services is logged).
- Information provided via our Champions (volunteers).
- Information gathered and shared by the local VCS or other local Healthwatch.
- Information gathered from relevant national and local reports and media.
- Information gathered from health and social care providers and commissioners.

Decision-making procedures

We use the process described in the flow chart on page 16 to help us make decisions about our work and priorities.

If further information is required to make a decision then the most appropriate method will be used to collect this, for example, asking partner organisations (VCS) for additional information, or during Healthwatch events or enter and view visits.

Deciding on annual research priorities

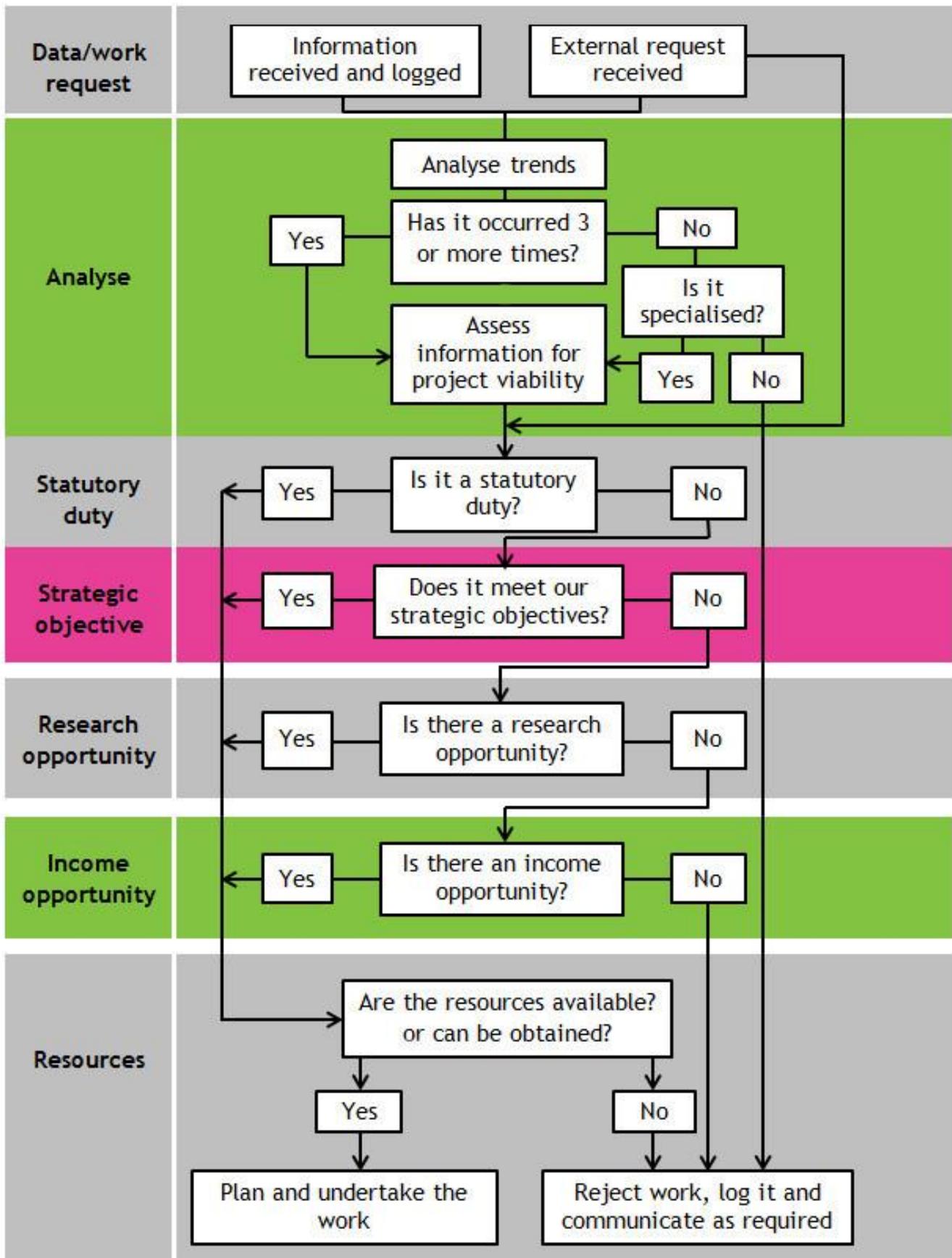
To choose our annual research priorities we:

- a) Produce a longlist of topics based on intelligence we collect.
- b) Present the longlist to the Healthwatch Committee for review and shortlisting.
- c) Share the shortlist with the public via our events and online, and ask them to prioritise the topics.
- d) Ask delegates to prioritise the topics at our annual conference.
- e) Use prioritisation by the public and conference delegates as a guide for the Healthwatch Gateshead team to prepare a final priority list for the Committee to approve.
- f) Ask the Committee to review and challenge the list and finalise our priorities.

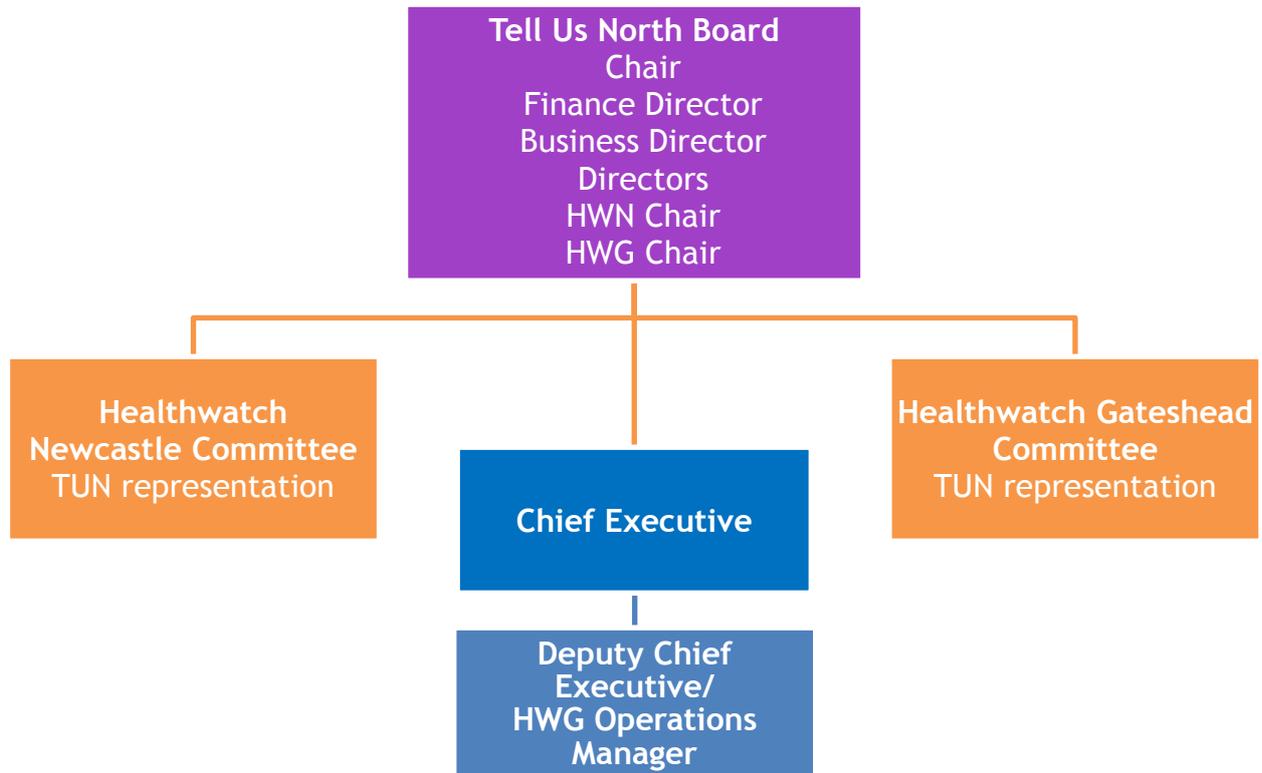
Our 'Decision-making procedure' document explains in more detail how we make decisions; this can be found on our website at

<https://healthwatchgateshead.co.uk/about-us/policies-and-procedures>.

Decision-making procedure flowchart



Role of the Board, Committee and the executive in decision-making



Healthwatch Gateshead has been run by Tell Us North CIC since 1 April 2017. The Tell Us North CIC Board, Healthwatch Gateshead Committee and executive all have different roles in decision-making:

Tell Us North CIC Board

The Board holds final accountability for all aspects of Healthwatch Gateshead and Healthwatch Newcastle.

The Board provides strategic leadership, promotes good governance and accountability on all contractual, legal and financial duties of Healthwatch Gateshead. It approves the business plan, the selection of annual specific research topics, and has an overview of the financial management of the organisation.

Healthwatch Gateshead Committee

The Board delegates certain functions to the Healthwatch Gateshead Committee,

including a budget and responsibility for setting Healthwatch strategy to achieve the objectives and goals. The Committee also makes decisions referred on from the executive.

The Committee refers issues to the Board if they are outside its delegated limits.

Executive

The Chief Executive, assisted by the Deputy Chief Executive, undertakes the day-to-day running of Healthwatch Gateshead and implements the operational strategy and annual research projects as approved by the Committee and Board.

In the majority of cases, day-to-day decisions will be taken by the executive and updates provided to the Committee and Board.

How we communicate decisions

We hold Committee meetings in public at least twice a year, where anyone is welcome to attend as an observer. Service users and members of the public are welcome to write to the Chair of the Board, Committee Chair or Chief Executive to raise an issue or question. Openness and transparency is a key principle for us.

Decisions taken are reported at Committee meetings and the minutes are published on the Healthwatch Gateshead website. We also share key decisions using the following means:

- On social media platforms, including Twitter and Facebook
- In our monthly newsletters
- Relevant meetings attended
- Direct email to relevant VCS organisations or other stakeholders

How are decisions published?

To meet the statutory requirement that any 'relevant decisions' must be published, we ensure that Committee minutes set out the decisions taken and reasons for any decisions and that these are published on our website. Relevant decisions include:

- How we undertake our activities
- Which health and care services we look at as part of our activities
- The amounts spent on activities
- Whether to request information
- Whether to make a report or a recommendation
- Which premises to 'enter and view' and when they are to be visited

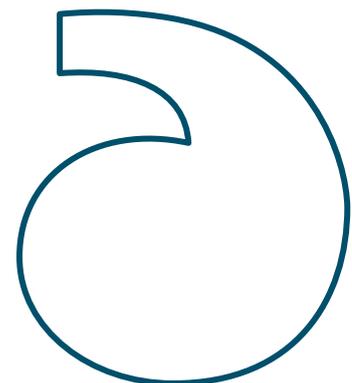
How we involve the public and volunteers

Involving the public in our work is an integral part of everything we do. We are passionate about working with members of the public, patients and carers to help us:

- Learn from the experiences of patients and carers.
- Make sure that services are sensitive to people's needs and preferences.
- Enable the public to review the quality of the services they receive and in turn report to Healthwatch England, which then informs government bodies, including Parliament, about our findings.

We can also ask the health and social care regulator, the Care Quality Commission, to take action when we have special concerns. We achieve this by:

- Listening closely to people, especially the most vulnerable, to understand their experiences and what matters most to them.
- Influencing those who have the power to change services so that they better meet people's needs now and into the future.
- Empowering and informing people to get the most from their health and social care services.





We ask members of the public and key stakeholders to help choose our priorities for the following year, including at our annual conference.

We also ask our volunteers to promote this in their local communities by circulating flyers where people can rank a shortlist of priorities in their order of preference.

The shortlist of priorities is initially drawn up from feedback gathered over the previous 12 months. This intelligence is gathered from the general public through our feedback centre, conferences and stalls, focus groups, etc. We also take into account key health and social care issues raised both at a local and national level by statutory and voluntary and community organisations.

Our finances

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		150,000
Additional income		1,000
Total income		151,000
EXPENDITURE		£
Operational costs		14,239
Staffing costs		102,690
Office costs		33,140
Total expenditure		150,069
Net expenditure		931
Balance brought forward 1 April 2017		0
Balance carried forward 31 March 2018		931



Contact us

Registered office

Healthwatch Gateshead is part of
Tell Us North CIC, company number 10394966
Broadacre House
Market Street
Newcastle upon Tyne
NE1 6HQ

Get in touch

Healthwatch Gateshead
Davidson Building
Swan Street
Gateshead
NE8 1BG

T 0191 477 0033 / 0808 801 0382 (Freephone)
E info@healthwatchgateshead.co.uk
W <http://healthwatchgateshead.co.uk>

If you require this report in an alternative format please get in touch with us at the address above

We make this annual report publicly available by 29 June 2018 by publishing it on our website and circulating it to Healthwatch England, the Care Quality Commission, NHS England, Newcastle Gateshead Clinical Commissioning Group, the Health Scrutiny Committee and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

healthwatch
Gateshead

TITLE OF REPORT: Sheltered and Extra Care Housing - Helping
people to stay at home safely

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

SUMMARY

Care, Health & Wellbeing Overview and Scrutiny Committee have agreed that the focus of its review in 2018-19 will be "helping people to stay at home safely".

At the Overview and Scrutiny Committee on the 18th June 2018, Committee agreed that the review will consider how health, social care and voluntary services support people's confidence and independence to live safely in their own home. The review will centre on the 6 core themes of

- Assistive technology and digital information;
- Enablement services;
- Housing options to support independent living;
- Commissioning for enablement outcomes;
- Emergency and community services;
- Personalisation and choice.

The Committee will consider the range and extent of current activity in these areas, with a view to agreeing a set of recommendations.

This report will focus upon two areas:

1. Sheltered Housing
2. Extra Care Housing

1. SHELTERED HOUSING

Older Persons Accommodation in Gateshead

1.1 People's aspirations and needs can vary enormously over time, which can affect their sense of safety and wellbeing in their living environment. How, and where people choose to live depends on personal preference, support networks, age, income, health, and care requirements.

1.2 The Strategic Housing Market Assessment for Newcastle and Gateshead (SHMA) identifies 2,619 specialist older person housing units (SHMA, para 6.90). The Gateshead Housing Company total council-owned older persons housing stock is 3,623.

Sheltered Housing in Gateshead

1.3 There are 2,050 bungalows appointed for older persons in Gateshead, distributed amongst the general housing stock, and managed by the local housing office teams.

1.4 Additionally, 1,573 properties are managed by the TGHC Older Persons Team. These include 315 flats, 219 sheltered flats and 1,039 bungalows that are grouped in recognised Sheltered schemes.

1.5 Sheltered schemes offer customers an independent living environment with small, easy managed self-contained services. Access to support and advice with health and housing care needs is available on site.

1.6 Customers tell us that sheltered housing schemes can feel more secure than living alone. It can be reassuring to know that other people are around to talk to. Officers from TGHCs sheltered housing team can be contacted during the day, and there are also lots of opportunities to socialise with other people of a similar age. Our schemes have a community feel, with shared spaces and residents are encouraged to join in organised activities.

1.7 Work is ongoing with Gateshead Council to protect this offer of choice and independence for older people. In 2017 the Neighbourhood Services team was refocused into four neighbourhood housing teams, but a specialist Older Persons housing team was retained to deliver a borough wide tenancy and estate management service. Following the Sheltered Scheme Officer Service transferring to TGHC in April 2016, work has been undertaken to restructure the service, delivering more efficient ways of working and giving a more customer focused service. We have introduced four Older Persons Housing Officer's (OPHO) who deal with tenancy and estate management issues. Through keeping patch sizes to approx. 400 properties, they can offer more intensive support to customers who invariably have higher support needs. In addition, each OPHO provides line management and supervision to the onsite Sheltered Scheme Officers and Mobile Scheme Officers. The increased level of supervision provided to the frontline team has been positively welcomed by the frontline officers, who feel empowered to focus on their delivering services to customers in a supportive environment, with ideas being encouraged.

Support Planning

1.8 More people in Gateshead aged over 65 are living with selected conditions and or care and support needs. The Sheltered Scheme Officer ensures that customers living in sheltered housing feel safe and secure in their homes. They are responsible for monitoring and managing the support planning process. The Support Plan sets out how the support and care needs of customers living in sheltered housing will be met and determine if they are eligible for a care package or extra support. They help sustain a good quality living experience, maximised independence, and assured security. Throughout 2018/19, Scheme Officers carried out 1058 Support Plan reviews– an average of 27.1 per scheme. During the year, a total of 10,694 calls were made to customers. This is an average of 2738.3 calls annually per scheme.

Risk management and compliance

1.9 The sheltered team gives priority to needs and risk assessment, delivered in a way that suits the needs of the individuals living in the scheme. Monthly visual inspections are done to identify issues such as repairs, cleanliness, and tripping hazards. Officers also provide customers with support on personal safety around their home and ensure that buildings are secure. 100% of these inspections went ahead for the year and feedback from customers is extremely positive with residents feeling reassured that the environment is safe and secure.

1.10 To record this activity a database has been developed to capture compliance information. This database allows for the creation of regular performance reports so that the team can ensure that the necessary checks are complete

Fire safety checks

1.11 Residents with care and support needs are a higher risk in terms of fire safety. We continue to work in partnership with Tyne and Wear Fire and Rescue Service to achieve its vision of 'creating the safest community'. Annual home safety visits help reduce the risk of fire in domestic premises in sheltered housing.

1.12 Home safety checks are conducted within every sheltered home annually and consider generic factors such as the potential for them to respond to a fire alarm, an explanation on the fire safety policy for the building, and ability for the person to escape. In some cases, referrals will be made to the fire service and instructions of specific controls are put in place for example safer ash trays, fire retardant bedding and introduction of specific controls to alert to a fire like visual alarms.

1.13 Every sheltered scheme has a fire risk assessment and a building specific fire management plan. Both of which are reviewed annually. This includes a 'stay put' policy for flat occupants and safety plans with the Fire service which identifies those with mental / physical issues.

1.14 Any risks identified through the FRA's will inform investment works or procedural changes to mitigate risks of fire. For this client group with high levels of health needs and mobility issues, fire safety and smoke and heat detection are a vital service we provide to ensure safety of individuals. In addition to audible alarms, we have in place monitoring arrangements through a Service Level Agreement (SLA) with Carecall to ensure any alarm activations are responded to, including out of hours.

1.15 Sheltered teams have continued to carry out Fire Alarm and Emergency Lighting tests in the schemes in conjunction with the Council's Facility Management Team. The team has achieved 98.81% completion for 2017/18.

Falls

1.16 Our service plays a vital role in helping older people to stay healthy, reducing hospital admissions and delayed transfers of care, thereby generating savings to health and social care budgets.

1.17 An ageing population means that a greater number of people are likely to be living with long term conditions and becoming frail in the years ahead. As people develop more long-term conditions, their resilience reduces so that they become increasingly frail which can result in falls as well as social isolation and loneliness.

1.18 Nationally each year, 1 in 3 people over 65 and almost 1 in 2 people over 85 experiences one or more falls, many of which are preventable. A fall at home that leads to a hip fracture costs the state £28,665 on average. Short and long-term outlooks for patients are generally poor following a hip fracture and are a major cause of people moving from their own home to long-term residential or nursing care.

1.19 Home safety visits look at ways to help reduce having a fall, including making simple changes to the home and doing exercises to improve strength and balance. The older persons team work in close partnership with Adult Social Care and local GPs to report concerns about people who are not managing independently at home.

1.20 Many of our communal lounges offer the opportunity for moderate exercise such as gardening, chair-based exercise and arts and crafts. We also work in partnership with community groups and centres such as Age UK, The Gateshead Older People's assembly and Go Gateshead to offer exercise programmes for over 50s.

Tackling social isolation – safe and cohesive communities

1.21 In Gateshead in 2011, there is a total of 12,138 (34.4%) people 65 years of age or older living alone. Older people spend more time on their homes and immediate neighbourhoods than any other age group. Sheltered Housing helps address this by providing a range of social activities and support networks. One example of this includes The Hen Power project, run by North East Charity Equal Arts sees older people keeping hens to reduce depression, loneliness and improve well-being. In 2013, the project at Wood Green attracted press and television coverage from all round the world. Film crews from Japan to Sweden have visited the scheme to speak to the residents about the difference keeping chickens has made to their lives and that of the community in Bill Quay. Just last week ITV were at the scheme filming a documentary.

Intergenerational work – safe and cohesive communities

1.22 The Older Persons Housing team are working in partnership with Gateshead Council to develop intergenerational get-together sessions with local schools. The sessions aim to promote a greater understanding and respect between generations and contribute to a more cohesive community encouraging the use of local services such as the library for borrowing story books.

1.23 McErlane Square recently brought together 10 residents and 16 children from St Alban's School and Nursery at Pelaw. The first session took place on Friday 26 January 2018 with a Gruffalo storytelling theme at St Alban's School. For the second session, children from the nursery came to the sheltered scheme with their musical instruments for a music and movement class.

1.24 One of the sessions will discuss housing and pupils will have the opportunity to learn about the lives of residents living in sheltered accommodation. After these sessions the group will continue to spend time together with activities such as gardening and summer picnics. We intend to further develop links with schools to deliver joint work around technology, arts and crafts, gardening and performing arts.

Quality Neighbourhoods

1.25 Bensham Court is now part of the national Safe Places scheme. The scheme aims to support vulnerable people who find themselves scared or at risk while out and about in the local community. Difficulties could include feeling unwell, having an accident, becoming lost, being bullied or having something stolen. Bensham Court's lounge is now one of the Safe Places for individuals to come to if they need help. Here they will receive support from the Mobile Sheltered Scheme Officer and the residents to keep them safe until contact can be made with family members or support agencies.

1.26 The Gateshead Housing Company are also holding free courses to help customers avoid falling prey to scams, especially in the run up to Christmas. Moving Forward is the housing company's training programme that gives local residents the opportunity to learn new skills, meet new people and help to improve our services. It helps empower customers to develop their skills and knowledge and provides information and advice on wide ranging topics which can help support their day to day lives.

What's next

1.27 This year we will continue our close partnership with the Council and improve opportunities for involvement for older people by improving opportunities for social activities in communal lounges.

1.28 We are working with customers to improve outside communal spaces to make them more welcoming and secure with communal gardens and patio spaces. The overall SCF budget will increase to £150,000 for 2018/19 and the team will be allocated their own dedicated budget to develop further projects.

1.29 We will embed our health and safety checks and improve the system monitoring to make auditing and reporting more efficient.

2. SHELTERED HOUSING

Background

2.1 Extra Care Housing (ECH) for Older People is a self-evident tried and tested model throughout the UK. The principle of ECH is to allow someone to live independently with support on site 24 hour per day

2.2 Each ECH scheme normally has a mixture of 1 and 2-bedroom self-contained apartments with communal areas including; resident lounge(s), on-site restaurant, shops, hair salon, laundry room, buggy storage areas and specialist bathing rooms

2.3 To make an ECH scheme work, the needs of all the tenants has to be balanced to ensure there is a mixture of people with low, medium and high care needs

2.4 Equipment and technology play a vital role with ECH to both reduce the support needs of individuals and to prevent admissions into long term residential care

Extra Care Housing in Gateshead

2.5 ECH has been in Gateshead for nearly 20 years as the Council worked in partnership with Housing and Care 21 to support the development of 4 schemes across the borough

2.6 A further 2 schemes were built around 8 years later; Callendar Court which was a redevelopment and managed by Housing and Care 21, and Angel Court which was a new build owned and managed by the Council via the Housing Company

2.7 Overall there are 6 Extra Care schemes in Gateshead with a total capacity of 240 apartments:

2.8	SCHEME	Area	LANDORD	CARE PROVIDER
	Angel Court	Harlow Green	Gateshead Housing Company	Gateshead Council
Ac	Callendar Court	Beacon Lough	Housing and Care 21	Gateshead Council
ross	Fountain Court	Bensham	Housing and Care 21	Housing and Care 21
the	Marigold Court	Old Fold	Housing and Care 21	Housing and Care 21
UK	Priory Court	Wardley	Housing and Care 21	Housing and Care 21
the	Winton Court	Winlaton	Housing and Care 21	Housing and Care 21
gen				

der split for social care services is on average 70% female and 30% male. Within Gateshead the split is slightly off the average with 65% female and 35% male

2.9 The eligible age to access extra care schemes in Gateshead is 55 however there may be exceptions in special circumstances. The average age across all the schemes is 83 with females being slightly older at 84 compared to 81 for males

2.10 Just under a quarter (24%) of people living in ECH in Gateshead is aged 90+

2.11 The average planned hours of care and support per tenant per week is 10.53 which is slightly less than the average of a person receiving home care support at their own home (12.5)

2.12 The overall care and support needs can be categorised into four bands as

follows:

IDENTIFIED NEED	TENANTS	%
No Needs	21	8.97%
Low Need (1 to 7 hours)	85	36.32%
Medium Need (7 to 14 hours)	76	32.48%
High Need (14+ hours)	52	22.22%
Total =	234	100.00%

Resources

2.13 The gross expenditure per annum for the 6 ECH schemes is £2.4m

2.14 The cost to provide care and support within an ECH setting is significantly cheaper than residential care and for a package for someone living in their own home in the community

2.15 As you generally have 40 tenancies within a scheme, you achieve economies of scale along with minimising the requirement of travel time between planned care visits

2.16 Each scheme has emergency support available throughout the day as well as 2 workers overnight to be able to respond as and when required

2.17 The costs of proving the emergency and overnight services are shared equally between each tenancy with each tenant being allocated 4 hours per week for charging purposes

2.18 The hourly rate paid for ECH is £13.00 per hour of care and support. This includes all costs associated with delivering care including travel time, training, supervision, sickness, management costs and office costs

2.19 In comparison, the hourly rate we pay for Home Care is £14.52

2.20 The cost of residential care placement in Gateshead averages £32,000

2.21 The average cost per person in ECH is £9,800 per annum which is £1,150 less than a like for like package for Home Care services

New Delivery Models

2.22 Following a decision for the Council to no longer be the provider to deliver the care and support at both Angel and Callendar Court, a full review was carried out on the existing delivery model. The review included a full consultation programme with all tenants, their families and the staff who work within the ECH schemes

2.23 The review was carried out across all 6 ECH schemes over a 6-month period. The overall feedback was positive however there were areas to improve highlighted such as the lack of activities across some schemes, not enough staff to support people in communal areas and some schemes not having the right balance of tenants

2.24 Following the review recommendations have been agreed with a new model to be

delivered at both Angel and Callendar Court. The model will be based on an outcomes approach which will allow the contracted provider to move away from a time and task model and focus on the delivery of care and support in a more personalised and flexible way to meet the needs of each tenant

2.25 Following a tender exercise, the contract to take over for the Council at Angel and Callendar Court have been awarded to the Human Support Group Ltd (HSG). A transition period is underway with the transfer to take place on Monday 19th November 2018

2.26 The new model will be reviewed following the first 6 months of delivery before being rolled out across the other 4 ECH schemes in Gateshead

Future Supply and Demand

2.27 The demand for ECH in Gateshead have been increasing over the last few years and there is now a need for further schemes to be built over the next 5 years to meet both current and future demand

2.28 A Housing Solution Options Appraisal was completed in April 2018 and this identified the need for an additional 245 units:

AREA OF DEMAND	PEOPLE
Current Waiting List	20
Current Residential Placements	78
Domiciliary Care (High Packages)	49
Future Increase in Demand	99
Total =	245

2.29 A mixture of small specialist provision is required along with larger developments across the borough

2.30 Dementia is a significant challenge for Gateshead so the development of specialist dementia care units along with the investment of technology, will allow people to live independently for longer without the need to move into long term residential care

Potential Developments

2.31 Discussions are underway with several development opportunities in key areas to meet our current and future need

2.32 One of the developments which will have approximately 80 units is potentially having a planning application submitted in the coming weeks. If the planning application is successful it is expected to be built and open within 20 months

2.33 We also aim to get a further 4 sites developed over the following 4 years, ideally with 1 site opening each financial year to manage the required resources needed to manage the opening of each ECH scheme

2.34 An accommodation strategy is being development which will include:

- Demand
- Locations Required (may be as broad as Neighbourhoods or Wards)
- Size of Schemes
- Type of Schemes
- Tenure Mix

2.35 Following the completion of the strategy a plan will be in place to consider the building opportunities across the borough and to get developments lined up for the future 5 years

Recommendations

2.36 Members are asked to receive this report for information and consider:

- (i) whether the support given to people within Sheltered Accommodation and Extra Care Housing in Gateshead is supporting people to maintain living independently
- (ii) supporting the requirement for additional Extra Care Housing to be developed in the next 5 years to meet current and future need
- (iii) and asked to identify any areas they feel require more detail about or feel require further scrutiny

Contact: Steph Downey: 3919

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Date: 30 October 2018

TITLE OF REPORT: Adult Social Care and Public Health - Annual Report on Services Complaints, Compliments and Representations - April 2017 to March 2018.

REPORT OF: Caroline O'Neil, Strategic Director, Care, Wellbeing & Learning.

Summary

Cabinet considered the attached report on 17 July 2018.

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 and the The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012.

Background

1. The Local Authority Social Services and National Health Service Complaints, (England) Regulations 2009 and The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 set down the procedures that Adult Social Care Services, National Health Services, (NHS) and Public Health Services must follow when complaints or representations are made. As part of the responsibilities set out in the acts, 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 and Public Health Services between 1 April 2017 – 31 March 2018.
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 procedures. 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 focuses primarily on statutory complaints for Adults Social Care Services and Public Health, with information on complaint related queries and compliments that are received about staff or services. The report covers the period from 1 April 2017 – 31 March 2018.

Operation of the Procedure

5. 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

6. In 2017/18 the number of complaints and representations dealt with was as follows:
- Sixty-five statutory complaints were received during 2017/18. This is a 23% increase on the number of complaints received during 2016/17, (53);
 - Ten of the complaints received were graded as green complaints, which are low level issues that carry a small risk either to the service user or the Council;
 - Fifty-five complaints were graded as amber complaints - moderate issues with medium risk to the service user or the Council;
 - There were no Red complaints received during 2017/18. Red complaints are regarding serious issues which are high risk for either the service user or the Council;
 - The number of low level informal issues received decreased by 26%, (17 from 23).
 - As most complainants now wish for a written response to their concerns, this would account for the decrease in low level issues not requiring an outcome letter and the increase in formal complaints where a written response is a statutory requirement.

Points of Interest

7. The following points may be of interest:
- 42%, (27) 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.
 - 44% (27) of complaints were not upheld after investigation.
 - 15% (9) of complaints were partially upheld.
 - 29% (18) were fully upheld after investigation.
 - 77% of representations made during 2017/18 were compliments and only 23% were concerns or formal complaints.

Learning from complaints and representations:

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

Examples of improvements identified during 2017/18:

- That when referring clients to a commissioned care home, all assessing officers / social workers must always ensure that the care home is provided with an up to date Care Plan and contract on admission.

- That all workers within the Single Point of Access Team should be mindful about the way in which service users or their representatives are informed of any delays in respect of the assessment / allocation process. This information should always be shared in a sensitive manner to minimise the risk of any upset or possible dissatisfaction.
- That all Care Call Operators must ensure that they activate the “No Response” procedure should a service user not respond when a Care Call Operator contacts their home.
- That all employees within Adult Social Care should ensure that any sensory needs of a service user and/or their representative is clearly included within the case file. This will ensure that any documentation sent to them is in the correct format.
- That Assessing Officers should always ensure that a service user with capacity will accept a package of care before it starts and that they should ensure that this agreement is recorded on the case file.
- That when arranging an emergency admittance to care, that all workers will ensure that the correct up to date documentation is used.
- Due to the increase in calls to the Single Point of Access and Adult Social Care Direct Teams, several workers have been allocated to work overtime hours each evening to enable the service to deal with the backlog of telephone calls and emails. This will ensure that queries from members of the public are dealt with in a timely manner.

Future Objectives

9. Objectives for 2018/19 are to:
 - a. Continue to meet regularly with Managers from Adult Services and Public Health to consider what further action needs to be taken to;
 - i. Resolve complaints at the earliest opportunity and within local timescales.
 - ii. Improve the number of complaints being investigated and resolved to the complainant’s satisfaction;
 - iii. Ensure that the number of complaints progressing to the Local Government Ombudsman remain low.
 - iv. Ensure that Adult Social Care and Public Health continue to use the outcomes from complaints to drive service improvement.
 - b. Ensure that staff members who receive compliments continue to pass the details on to Social Care Customer Services so that they or their team receive the recognition they deserve.

Recommendation

10. Committee is requested to:
 - I. Consider and comment on the annual report;
 - II. Indicate whether it is satisfied with the performance of Care, Wellbeing and Learning in responding to complaints and ensuring that this results in continuous service improvement

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TITLE: **Adult Social Care and Public Health - Annual Report on Services**
Complaints, Compliments and Representations – 1 April 2017 to 31 March
2018

REPORT OF: Alison Routledge, Complaints Manager

SERVICE: Commissioning and Quality Assurance. Care, Wellbeing and Learning

SUMMARY

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.

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 2017 – 31 March 2018.

1.0 The Statutory Complaints Process

1.1 There are two steps to the Statutory Complaints Process;

Step 1 - Informal (Local) resolution by the Council;

Step 2 - Independent consideration by the Local Government Ombudsman, (LGO).

1.2 Once received, all complaints are assessed and given a grading. Categories of complaint are:

- Green, which are low-level or minimal risk for either the service user or the Council;
- Amber, which are assessed as a moderate or medium risk;
- Red, a serious complaint which is graded as high risk.

1.3 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.

2.0 Publicity and Information

2.1 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. Adult Social Care feedback cards are also provided to clients and their carers after an assessment or review of social care needs.

3.0 Independent Element

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

4.0 Advocacy and Special Needs

4.1 Vulnerable people receiving an Adult Social Care service are encouraged and supported to express their views and to access the complaints procedure if they wish. An easy read complaints leaflet is also available for people with a learning disability.

4.2 In all cases advocacy is offered if it is felt that the complainant would benefit from this service.

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

5.0 Training and Employee Development

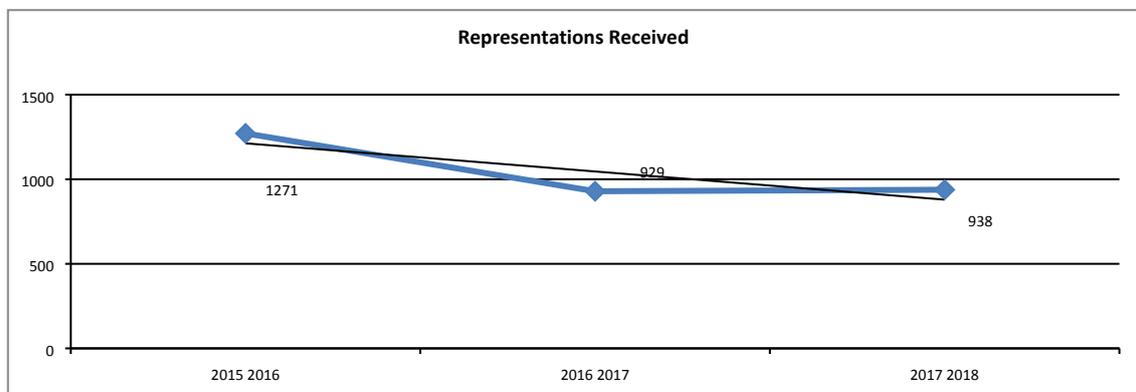
5.1 Training for Investigating Officers is provided on a regular basis. All Adult Social Care Team Managers / Service Managers are expected to have undergone investigating skills training.

5.2 The Investigating Skills Training Course is facilitated by the Local Government Ombudsman, (LGO). The 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.

5.3 A LGO Investigating Skills Training Course specific to Adult Social Care took place on 25 April 2017. Fifteen Adult Social Care Managers attended the training course, which was facilitated by a senior LGO Investigator. The feedback from the course was extremely positive and it is hoped to arrange another course for all new managers in October 2018.

6.0 All Representations Received over the Past Three Years

All Formal Contacts	2015 2016		2016 2017		2017 2018	
Statutory Adult Services Complaints	4.88%	62	5.72%	53	30.66%	65
Appeals Processes	Na	Na	Na	2	0.94%	2
Comments re Adult Social Care	Na	Na	Na	Na	0.47%	1
Complaint Related Queries	3.38%	43	2.48%	23	8.02%	17
Commissioned Service - Own investigation	1.34%	17	0.22%	2	1.89%	4
Commissioned Services Issues	4.01%	51	11.87%	110	50.94%	108
Corporate Complaints	0.16%	2	0.11%	1	0.47%	1
Data Breach	0.00%	0	0.00%	0	0.00%	0
Health & Social Care Joint Investigations	0.24%	3	0.43%	4	2.83%	6
Insurance Claim	0.08%	1	0.00%	0	0.94%	2
Inter-Agency Concerns	0.16%	2	0.43%	4	0.00%	0
Local Government Ombudsman	0.47%	6	0.00%	9	1.42%	3
MP / Councillor Responses	0.24%	3	0.97%	1	0.00%	0
Safeguarding Alerts	0.31%	4	0.11%	0	0.00%	0
Whistle Blow	0.24%	3	0.00%	0	1.42%	3
All Dissatisfaction		197		209		212
Compliments	84.50%	1074	77.67%	720	77.32%	726
Total		1271		929		938



6.1 **A Representation is any comment made by a service user or their representative about the services provided by Adult Social Care.**

6.2 Representations may be general, dissatisfaction or complimentary but all are regarding the quality of the services that had been received.

6.3 The table on page 2 and the graph above show the increase in representations received during 2017/18.

6.4 As representations also include compliments, the rise in the number of representations received during 2017/18 is, in part due to the increase in the number of compliments received about the quality of the services or the staff within Adult Social Care.

7.0 Statutory Adults Services Complaints

Complaint Categories	2015 2016	2016 2017	2017 2018
Green	4	7	10
Amber	57	45	55
Red	1	1	0
All	62	53	65

7.1 Key Points of Interest

- During 2017/18, sixty five complaints were received regarding Adult Social Care Services.
- This is a 23% increase on complaints received during 2016/17, (53).
- The number of complaint related queries (Crqs) have continued to reduce and 2017/18 saw a 26% decrease on the number received during 2016/17, (17 from 23).
- Complaint related queries are low-level representations that must be resolved within one working day after receipt.
- The majority of low level issues were dealt with directly by the services concerned and resolved to the customer's satisfaction.
- As most complainants now wish for a written response to their concerns, this would account for the decrease in low level issues not requiring an outcome letter and the increase in formal complaints where a written response is a statutory requirement.
- The number of complaints assessed as Green (minimal risk to the Council or service user) accounted for 15% (10) 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. Amber complaints can often include a number of issues which are deemed as moderate risk to either the service user or the Council.
- There were no Red complaints during 2017/18. Red complaints are assessed as high risk to either the Council or the service user and are often extremely complex and generally contain a large number of sensitive issues.

- 9% (6) complaints were regarding the consultation around the Council's charging for care policy.
- 9% (6) complaints were about Adult Social Care Direct.
- Five of the complaints received about Adult Social Care Direct were regarding the delays in having telephone calls or emails responded to. One was regarding staff behaviour.
- 77% of representations made during 2017/18 were compliments and only 23% were concerns or formal complaints.

7.2 Themes of Complaints Received

7.2.1 There were three main themes of complaints received during 2017/18

1. Disputes Around Charging for Care

During 2017/18, twenty two complaints were received relating to charging for care services.

45%, (10), of complaints received were about the lack of information about charges for care services at the assessment stage. All complainants had stated that the Assessing Officer / Social Worker had not informed them that there would be a cost for any care services that may be provided.

As a resolution to complaints regarding disputes to care charges, the Council had agreed in some circumstances to waive either all or some of the care fees owed.

27% (6) complaints were regarding the implementation of the Council's new Charging Policy. All complainants raised issues about the lack of consultation relating to this Policy along with the changes which had been proposed.

As a result of these complaints, the Director of Adult Social Care agreed to suspend the Policy and undertake a further consultation exercise to ensure that all services users and their representatives who may be affected by this policy had an opportunity to have their views heard.

14% (3) complaints were around the delay in arranging a care package for service users who were undergoing an assessment of need within a Promoting Independence Centre. The delays were in part due to the unavailability of an appropriate care service within rural locations along with delays caused by individual social workers work capacity.

2. Staff Issues

Eight complaints were received regarding the behaviour of individual members of staff. All complainants cited staff conduct as the main issue complained about.

The Council ensure that all complaints where staff conduct is cited as the main concern are fully investigated by a manager, and where necessary, appropriate action is taken.

If any conduct issues are found to be justified, the Service ensure that these are addressed with the member of staff concerned. If the issues raised are of a very serious nature, the Council can immediately invoke employment procedures to

ensure that the concerns are independently investigated. During 2017/18, the Council invoked the internal employment process on one occasion.

After investigation, three complaints about staff conduct were not upheld, two were partially upheld and one was fully upheld. Two complaints are still under investigation.

3. Delays Encountered by Users of Adult Social Care Direct

Six complaints were received regarding delays or problems encountered by the public when trying to access the Adult Social Care Direct Service. The issues were fully investigated and all complaints were upheld. As a result of the complaints raised, Adult Social Care Direct have reviewed the service and identified times where the volume of calls and requests appeared to increase. As an outcome to this review, Adult Social Care Direct have appointed additional staff to meet the increasing public demand for services.

7.3 Specific Areas of Complaint

Service Area	2015 2016		2016 2017		2017 2018	
Assessment & Personalisation	54.84%	34	40.63%	36	80.00%	52
Care Call	6.45%	4	7.81%	2	9.23%	6
Commissioning & Quality Assurance	6.45%	4	23.44%	4	4.62%	3
Finance & ICT	3.23%	2	0.00%	0	0.00%	NA
Health & Housing Support	8.06%	5	12.50%	0	0.00%	NA
Provider Services	20.97%	13	15.63%	11	6.15%	4
Total		62		53		65

- During 2017/18, fifty two complaints were about the Assessment & Personalisation service.
- This is a 44% increase on the number received during 2016/17 (36).
- However, as Assessment & Personalisation is the first service to become involved, dissatisfaction and disputes can often be expected, in particular in times of unprecedented demand for services.
- 27% (14) of complaints received by Assessment & Personalisation were disputes to care charges. In particular the poor communication from workers about possible charges for services that were provided.
- 27% (14) of complaints were regarding services provided by the Hospital Social Work Team.
- 50% (7) of these complaints were around communication about care charges at the assessment stage.
- After investigation, five complaints were found to be unjustified and two were fully justified.
- Complaints about Adult Social Care Provider Services decreased by 64% (4 from 11), since 2016/17.
- Provider Services include Promoting Independence Centres, Shared Lives Services and Council home care.
- Three complaints were around the standard of care provided by the Promoting Independence Centres.
- After investigation, one complaint was partially upheld and two were not upheld.
- A complaint about the conduct of a home care worker was found to be justified and appropriate action was taken by the service concerned.

Issues of Complaint	2015 2016		2016 2017		2017 2018	
Appeal Changes after Care Needs Review	0.00%	0	20.75%	11	0.00%	0
Council Policy	0.00%	0	5.66%	3	10.77%	7
Delay	6.45%	4	3.77%	2	9.23%	6
Lack of Service	11.29%	7	9.43%	5	23.08%	15
Quality of Service	53.23%	33	41.51%	22	41.54%	27
Refusal of Service	0.00%	0	0.00%	0	3.08%	2
Staff Issues	29.03%	18	18.87%	10	12.31%	8
Total		62		53		65

- Almost 42%, (27), 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:
 - Missed or delayed social work visits / appointments;
 - Non return of telephone calls;
 - Poor communication;
 - Lack of a timely response after a request for service.
- Only one complaint was around the quality of the support provided by an individual social worker.
- The complaint was investigated and found to be unjustified.
- 8% (3) complaints were regarding the quality of the assessment or review which had been carried out by individual workers.
- All complaints were regarding changes to care packages or services.
- Each complaint was investigated and the individual assessment of need was reviewed by a Team Manager.
- As a result of this review, it was found that in two cases, the changes to the care package were considered to be appropriate.
- 12% (8) complaints received were regarding the attitude or conduct of individual workers.
- All complaints cited staff attitude as their main issue.
- After investigation, three complaints about attitude or behaviour of staff were not upheld.
- Two were partially upheld.
- One complaint was fully upheld.
- Proportionate and appropriate action was taken by the service concerned.

7.5 Outcomes

Outcomes of complaints	2015 2016		2016 2017		2017 2018	
Outstanding		6		5		4
Not upheld	28.57%	16	52.08%	25	44.26%	27
Partially upheld	35.71%	20	18.75%	9	14.75%	9
Upheld	23.21%	13	29.17%	14	29.51%	18
Other Resolution	12.50%	7	0.00%	0	11.48%	7
Total		56		48		61

- 44%, (27), of all complaints were not upheld after investigation;
- 15% (9) of complaints were found to be partially justified;
- 29% (18) of complaints were found to be fully justified;
- All improvements as a result of the complaints found to be partially / fully justified are included within this report.

7.6 Timescales

- 36 working days was the average time to investigate complaints during 2017/18. This is a 9% increase on the response times during 2016/17, (33 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. In all cases, if the complainant is regularly updated on the progress of the investigation, any extended timescales are generally accepted.

7.7 How complaints were received

Method of Complaint	2015 2016		2016 2017		2017 2018	
Service Feedback Form	4.84%	3	1.89%	1	3.08%	2
Complaints Form	3.23%	2	0.00%	0	0.00%	0
Email	33.87%	21	24.53%	13	33.85%	22
Letter	27.42%	17	32.08%	17	36.92%	24
Personal Visit	9.68%	6	1.89%	1	6.15%	4
Telephone	20.97%	13	39.62%	21	20.00%	13
		62		53		65

- Letters and emails continue to be the main method of referral accounting for 71%, (46), 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 83%, (54) of complaints made.

8.0 Equalities Monitoring

8.1 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.

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

- No formal complaints, 1 complaint related query and 7 compliments were raised by members of the BAME community.
- All compliments were regarding the quality of the services provided by Adult Social Care.
- Complaint information can always be provided in various formats to facilitate easy access to the complaints procedure.
- Access to interpreters can be provided if necessary.

9.0 Commissioned Care Services – All issues received

Commissioned Services	2015 2016	2016 2017	2017 2018
Formal Complaints	1	4	3
Complaint Related Queries	7	2	3
Commissioned Services Issues	Page 55	110	108

Commissioned Service - Own Response	19	2	4
Compliments	4	6	1
Moved to Safeguarding	3	0	0
Whistle Blows	2	0	2
Total	87	124	121

- During 2017/18 representations regarding commissioned services decreased by 2%.
- Three formal complaints were received, which were investigated by the Contract Management Team.
- One complaint was about a home care provider, two were regarding commissioned care homes.
- After investigation, two complaints were found to be unjustified.
- One complaint about a commissioned care home was found to be partially justified.
- In all cases, Contract Management Officers carried out additional monitoring of the service to ensure that the provider was adhering to their contractual obligations with the Council.

9.1 Commissioned Service issues are concerns received by other professionals on behalf of service users, which are shared with the care providers. The care providers are then responsible for looking into the issues and providing effective resolution for the service user concerned. During 2017/18, one hundred and eight commissioned service issues were received. This is a decrease of 2% on the number received during 2016/17, (110).

9.2 Once a completed response is received from the care providers, it is shared with the relevant Contract Management Officer who is requested to ensure that all issues have been fully addressed.

- During 2017/18, seventy three commissioned services issues were received about commissioned home care services.
- 43% (31) concerns were about late, missed or short home care visits remains the main theme of issues received.
- 34% (25) were regarding the support or conduct provided by individual care workers;
- 12% (9) were around medication issues.
- Thirty two commissioned services issues were about commissioned care homes.
- Issues received regarding care homes highlight;
 - The standard of individual care provided
 - Hygiene concerns;
 - The standard of the food and beverages provided.

9.3 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.

10.0 Health & Social Care Joint Investigations

10.1 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 complaints will take the lead in the investigation and

will ensure that a combined response letter is sent to the complainant within the agreed timescales.

- 10.2 During 2017/18, six complaints were received which included concerns about services provide by both Health and Social Care. This is an increase of 50% (4), since 2016/17.
- 10.3 Five investigations were led by colleagues at the Queen Elizabeth Hospital in conjunction with Managers within Adult Social Care.
- 10.4 Adult Social Care issues complained about mostly focused on the discharge process. However all complaints received included a number of issues, which included The Gateshead Housing Company, the Occupational Therapy Service and Adult Social Care Direct.
- 10.5 All six complaints were investigated by the relevant managers within Adult Social Care.
- 10.6 Three complaints regarding Adult Social Care Services were not upheld as it was found that the Service had acted appropriately. One concern was found to be partially justified and recommendations were identified by the investigating officer. Two complaints are still under consideration.

11.0 Local Government Ombudsman Investigations

- 11.1 During 2017/18, three complaints were investigated by the Local Government Ombudsman. This is a decrease of 67% on the number received during 2016/17, (9).
- 11.2 All complaints received had previously been considered through the statutory complaints procedure.
 - Two referrals were regarding services provided by Assessment & Personalisation;
 - One referral was about the Care Call Service.
- 11.3 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.
- 11.4 After investigation, the Ombudsman made judgement on two complaints:
 - Both investigations had found no injustice relating to the main issues raised;
 - There was an element of injustice within one complaint and as a result, the Ombudsman recommended that the Council provided the complainant with a full apology. This was accepted and actioned on behalf of the Chief Executive;
 - One complaint is still under consideration.

12.0 Public Health Complaints

- 12.1 During 2017/18, there were two formal complaints received by the Council regarding Public Health Services. Both complaints were in relation to the School Measuring Programme, in particular, disagreement with the assessment outcome. Both complaints were investigated and responded to by Consultant's within Public Health and were found to be unjustified. In both cases, it had been found that the assessment had been carried out in-line with national guidance.

12.2 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 is forwarded to the Council on a quarterly basis.

Public Health Concerns & Compliments	2015 - 2016		2016 - 2017		2017 - 2018	
	Compliments	Concerns	Compliments	Concerns	Compliments	Concerns
Gateshead Evolve	11	3	5	1	19	3
Platform Gateshead	3	0	0	0	0	0
South Tyne Foundation Trust	123	7	21	0	0	0
Integrated Sexual Health	62	7	0	1	108	2
Live Well	0	2	18	0	0	0
Rape Crisis	Na	Na	21	1	0	0
	199	19	65	3	127	5

13.0 Learning from Complaints: Examples of Service Improvements

13.1 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.

13.2 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.

13.3 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:

- That when referring clients to a commissioned care home, all assessing officers / social workers must always ensure that the care home is provided with an up to date Care Plan and contract on admission.
- That all workers within the Single Point of Access Team should be mindful about the way in which service users or their representatives are informed of any delays in respect of the assessment / allocation process. This information should always be shared in a sensitive manner to minimise the risk of any upset or possible dissatisfaction.
- That all Care Call Operators must ensure that they activate the "No Response" procedure should a service user not respond when a Care Call Operator contacts their home.
- That all employees within Adult Social Care should ensure that any sensory needs of a service user and/or their representative is clearly included within the case file. This will ensure that any documentation sent to them is in the correct format.
- That Assessing Officers should always ensure that a service user with capacity will accept a package of care before it starts and that they should ensure that this agreement is recorded on the case file.
- That when arranging an emergency admittance to care, that all workers will ensure that the correct up to date documentation is used.
- Due to the increase in calls to the Single Point of Access and Adult Social Care Direct Teams, a number of workers have been allocated to work overtime hours each evening to enable the service to deal with the backlog of telephone calls and

emails. This will ensure that queries from members of the public are dealt with in a timely manner.

- That family members / carers should receive comprehensive written feedback in respect of a person's stay within a Promoting Independence Centre, which will be shared with the service user's representative on discharge.
- That the detail, quality and accuracy within case recordings is monitored by the Promoting Independence Centre Manager. This will ensure that a true account of a person's experiences is recorded. It will also evidence that the service user's care and support needs are being fully met.
- That when arranging an emergency admittance to care, that all workers must ensure that the correct up to date documentation is used.

Charging Issues

- All assessing staff and social workers will ensure that they inform of care fees at the assessment stage. They must inform on the standard rate and the assessed rate for assessment / respite stays in a Promoting Independence Centre.
- All Assessing Officers will ensure that each area on the Agreement to Assessment Form is discussed with the service user and/or their representative and each area of the form ticked to indicate acceptance, in particular, areas regarding charging for care. The agreement must then be signed and dated by the service user and/or their representative.
- All Promoting Independence Centre staff will ensure they use the 2017 residency agreement and that they must also provide a copy of the signed agreement to the service user and/or their representative.
- All Promoting Independence Centre admitting officers will ensure that they also verbally explain the charges for assessment / respite stays to the service user and/or their representative during the admissions process.

14.0 Compliments

- 14.1 A compliment is good news! Line managers should recognise the importance of such events and to ensure good practice is shared across teams. Compliments help balance the picture that is given to Senior Management, Members and to the public.
- 14.2 Information about compliments is always fed into all Adult Social Care Services, including the Commissioning Team, to highlight good practice and to identify opportunities for improvements to services.
- 14.3 During 2017/18, Adult Social Care received 726 compliments, which accounted for 77% of all representations received.
- 37% (268), of compliments were regarding the Assessment & Personalisation Team;
 - 72%, (192) of the Assessment & Personalisation compliments were regarding the Single Point of Access Team;
 - 6%, (15) were about the Adult Social Care Direct Team;
 - 61%, (443) of compliments were about Provider Services;
 - 34%, (152) of these compliments were about Council provided home care;
 - 41%, (181) of Provider Service compliments were about the care provided by the Councils Promoting Independence Centres.
- 14.4 Examples of compliments received **Page 59**

Adult Social Care Direct

'Thanks to the call handler at Adult Social Care Direct, she was a lovely, delightful, caring and supportive girl and that she explained everything fully and clearly.'

Care Call

'I work for the North East Ambulance Service. Me and a colleague attended a patient this morning where some of your care employees were on scene. I would just like to say that both workers did a fantastic job - excellent care given to the patient prior our arrival.'

Single Point of Access

'The worker who visited me at my flat was very polite and well-spoken and assisted me fully in getting me the aids to help me through my daily routines ie bath hand rail and kitchen aids that make it easier and less stressful when cooking or even standing washing dishes. Thank you.'

Promoting Independence Centres

'Can I just say thank you so much for the care, support and friendship that has been given to my mother over the last 6 weeks.'

Occupational Therapy Team

'From my first telephone conversation and all subsequent meetings and assessments with M she has proven herself to be totally professional, with an amazing understanding of my needs, and she was excellent in arranging the work that had to be done. Her advice has been invaluable. I cannot thank this wonderful lady enough.'

Learning Disability Team

'Just to say many thanks again from all of us for your help, good advice, support and patience over the last couple of difficult years for our family''

Gateshead Access to Employment Service (GATES)

'Just to say thank you for the work and support that had been done in securing paid employment for our son we are very impressed with the determination shown and the help which has been invaluable'.

15.0 Conclusions

- 15.1 Between 1 April 2017 and 31 March 2018, there were 6075 new referrals to Adult Social Care. In addition to this, 4600 people received an Adult Social Care service during 2017/18.
- 15.2 Therefore there were 10,675 users of Adult Social Care during 2017/18
- 15.3 Adult Services complaints increased by 23% compared to 2016/17 figures. However, the number of complaints received during 2017/18 is more in-line with the numbers received in previous years.
- 15.4 During 2017/18 increased demand for services had been identified across all of Adult Social Care and any increase in demand invariably leads to dissatisfaction due to delays or waiting lists for allocation.
- 15.5 Issues around charging for care have increased during 2017/18. The majority of complainants had cited a lack of information regarding fees and charges for services.

As a result of this, Adult Social Care have made a number of changes to their processes in respect of sharing charging information at the start of the assessment process. The Service have also improved the documentation provided to service users and their representatives during the Promoting Independence Centre's admission process.

- 15.6 More people are now requesting written responses to their concerns rather than verbal feedback. When this is the case, the concern must be recorded as a formal complaint. This can be evidenced by the increase in formal complaints processed and by the reduction of complaint related queries, (low level concerns dealt with informally and verbally).
- 15.7 After considering the number of referrals to Adult Social Care during 2017/18, it can be evidenced that 99% (10,610) of all contacts with Adult Social Care had been satisfied with the services they had received and that only 1% (65) of contacts resulted in formal dissatisfaction.
- 15.8 The number of changes to services and processes set out within this report can evidence that Adult Social Care continue to use complaints and compliments to inform them of service users personal experiences of Adult Services. It can also be evidenced that these experiences are then used to drive a number of improvements across all of the Adult Social Care Teams.
- 15.9 This commitment benefits the Council by ensuring that the Adult Care services delivered are of a standard that people expect and deserve.

Contact Officer: Alison Routledge, X2408

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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 2018/19.

1. The Committee's provisional work programme was endorsed at the meeting held on 17 April 2018 and Councillors have agreed that further reports will be brought to future meetings to highlight current issues / identify any changes/additions to this programme.
2. Appendix 1 sets out the work programme as it currently stands and highlights proposed changes to the programme in bold and italics for ease of identification.

Recommendations

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

Contact: Angela Frisby

Extension: 2138

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Draft Care, Health & Well-being OSC 2018/2019	
19 June 18	<ul style="list-style-type: none"> • Constitution (to note) • Role and Remit (to note) • The Council Plan – Year End Assessment and Performance Delivery 2017-18 • OSC Review – Helping People to Stay at Home Safely – Scoping Report
18 Sept 18 – <u>5pm mtg</u>	<ul style="list-style-type: none"> • Sunderland Urgent Care Proposals • Proposals Re Dunston Hill – Substantial Variation and Development • OSC Review – Helping People to Stay at Home Safely - Evidence Gathering • Work Programme
15 Oct 18 – Addit Mtg	<ul style="list-style-type: none"> • Proposal to Amalgamate GP Practice Sites – Dunston Health Centre and Glenpark Medical Practice • Dunston Hill Proposals – Substantial Variation and Development
30 Oct 18	<ul style="list-style-type: none"> • OSC Review – Helping People to Stay at Home Safely - Evidence Gathering • Social Services Annual Report on Complaints and Representations – Adults • Gateshead Healthwatch Interim Report • Work programme
11 Dec 18	<ul style="list-style-type: none"> • OSC Review – Helping People to Stay at Home Safely - Evidence Gathering • The Council Plan – Six Monthly Assessment of Performance and Delivery 2018-19 • Annual Report of Local Adult Safeguarding Board and Business Plans – Emerging Priorities • Monitoring - OSC Review of work to Address Harms caused by Tobacco • Work Programme
22 Jan 19	<ul style="list-style-type: none"> • OSC Review – Helping People to Stay at Home Safely - Evidence Gathering • Health & Well-Being Board Progress Update • Gateshead Progress re Healthwatch NHS Continuing Healthcare Report • Work Programme
5 Mar 19	<ul style="list-style-type: none"> • OSC Review – Helping People to Stay at Home Safely - Interim Report • Gateshead Healthwatch • Health and Social Care Integration • Work Programme
23 April 19	<ul style="list-style-type: none"> • OSC Review – Helping People to Stay at Home Safely - Final Report • Monitoring - OSC Review of Work to Address Harms caused by Tobacco

	<ul style="list-style-type: none">• Health and Well-Being Board – Progress Update• OSC Work Programme Review
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Issues to slot in

- Deciding Together Delivering Together – Progress Update / Potential Consultation
- Impact of any health transformations on adult services.
- Quality Accounts - Gateshead Health NHS Trust and NTW NHS Foundation Trust and South Tyneside NHS Foundation Trust
- STP Updates - as appropriate.