

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 11 December 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 - 16) The Committee are asked to approve the minutes of the meetings held on 15 October 2018 and 30 October 2018 respectively.
3	The Council Plan - Six Month Assessment of Performance and Delivery 2018-19 (Pages 17 - 40) Report of the Strategic Director, Care, Wellbeing and Learning
4	OSC Review - Assistive and Digital Technology - Helping People to Stay at Home Safely, Evidence Gathering (Pages 41 - 46) Report of the Strategic Director, Care, Wellbeing and Learning
5	Annual Report of Local Safeguarding Board and Business Plans - Emerging Priorities (Pages 47 - 84) Report of Strategic Director Care, Wellbeing and Learning
6	OSC Review - Work to address harms caused by Tobacco - Monitoring Report (Pages 85 - 96) Report of Director of Public Health
7	Work Programme (Pages 97 - 100) Joint Report of the Chief Executive and the Strategic Director of Corporate Services and Governance

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Monday, 15 October 2018

PRESENT: Councillor S Green (Chair)

Councillor(s): M Charlton, C Bradley, I Patterson, J Wallace,
A Wheeler, M Hall, J Lee, Gibson and B Clelland

APOLOGIES: Councillor(s): W Dick, K Ferdinand, B Goldsworthy,
M Goldsworthy, M Hood, P Maughan, R Mullen, J Simpson
and P McNally

**CHW112 PROPOSAL TO AMALGAMATE GP PRACTICE SITES - DUNSTON HEALTH
CENTRE AND GLENPARK MEDICAL PRACTICE**

Dr Jonathan Harness, partner at Glenpark Medical Practice provided the OSC with the rationale to amalgamate their two practices in to one purpose built medical centre and the engagement carried out so far with patients and stakeholders.

Over the last 14 years, the practice, with the support of Gateshead Council and Newcastle CCG has sought to build premises fit for 21st Century medicine within Dunston. This is now coming to fruition with the new Health Centre currently being built as part of the Gateshead Council's Ravensworth Road redevelopment.

The existing two surgeries are currently 0.7 miles apart. As a result of the fact that they are both in the same 'village', so close together and used entirely interchangeably by staff and patient' alike (i.e. all patients are registered with the practice, NOT at the branch surgery), there is confusion every day with patients turning up at the wrong site.

The new premises are about 200m further along Ravensworth Road, close to the corner with Ellison Road, as part of the new development with Aldi, Clavering Court (older person's living accommodation) and Boots Pharmacy. It is therefore closer to the bus routes that use Ellison Road as well as maintaining access to bus routes along Ravensworth Road, and closer to Dunston Health Centre (i.e. there is now only about ½ mile between the two premises; around 2 min drive or 12 min walk). The building is due to be completed in mid-December.

The building has a floor area greater than the two current premises combined and was designed with the ability to allow for future expansion.

Dr Harness outlined the two primary goals for the amalgamation as follows:-

1) Improved financial stability for the practice. The practice has seen a significant drop in its income in the last couple of years as a result of a lower investment in primary care, increasing running costs and the withdrawal of the PMS contract (which alone resulted in a loss of £175k pa from the budget). NHS Property Services own Dunston Health Centre and have been increasing their costs way above primary care budget increases and the practice has no control over the costs they are charging; indeed despite best endeavours the practice has not been able to engage in meaningful discussions with them. In short, without significant financial savings the long-term tenability of the practice is in doubt with resultant unthinkable consequences to the patients and surrounding practices. The only two realistic costs that can make worthwhile savings are staff and premises; reducing staff will have an impact on patient access which the practice clearly wish to avoid.

2) Improve operational efficiency. The practice cannot maintain the same level of service at both sites. Whilst core services are offered, specialist equipment is too expensive to maintain at both sites. As previously mentioned, appointments and/or time is lost every day as a result of patients turning up at the wrong site and either having to rebook or travel to the other site. A single site would reduce the time spent by staff travelling between the two sites, increases flexibility in the deployment of both medical and support staff – all of which can be reinvested in patient care.

Dr Harness also informed the Committee of the results of the Health Centre Consultation, showing overwhelming support for the proposal. Local MP's and local councillors have also been consulted, and one has formally supported the scheme.

Other local GP Practices have also been consulted but no impact on them is envisaged, since there will be no need for any patients to re-register elsewhere. The Local Medical Committee has offered its support. Gateshead Care Partnership (primarily Queen Elizabeth Hospital, in conjunction with Gateshead Council and Gateshead Community Based Care) which runs the community services and occupies space within Dunston Health Centre also support this proposal in principle (indeed discussions are ongoing with them to discuss utilising some space within the new premises to increase co-operative working to the benefit of the patients).

The intention is to now submit a formal request to close Dunston Health Centre, with a closure date sometime in January to ensure that any operational or building snags are ironed out from the move from the old Glenpark to the new premises.

RESOLVED - i) That the information be noted

CHW113 DUNSTON HILL PROPOSALS - SUBSTANTIAL VARIATION AND DEVELOPMENT

The OSC received a further report providing further information regarding the proposals regarding the Substantial Variation and Development to Dunston Hill following on from the site visit on 5 October 2018.

The Chair updated the OSC on his views following on from the site visit to Dunston Hill and made specific reference to the actual condition of the site.

Evelynn Jackson, a service user at the Palliative Day Care Hospital Bede, attended the OSC and spoke against the proposals.

Nichola Kenny, Associate Director, Medical Business Unit Queen Elizabeth Hospital provided the OSC with further information outlining feedback on engagement with service users regarding the proposals at the meeting and what has been done to mitigate potential negative impacts on service users/carers where concerns have been raised.

The Committee were advised that in relation to the DOH scheme that was referred to at the OSC site visit, whilst Homes England is not pursuing with the site, the Trust has been referred into another DOH scheme run by the Direct Delivery Unit. Homes England would still co-ordinate the sale free of charge and utilise nationally appointed agents and solicitors. The biggest difference with this initiative is that the Trust would only get to receive the sale proceeds on actual sale.

The Committee were advised that the Trust is also looking at a service to be run from out of the inpatient ward for those patients who would actually meet the criteria for specialist palliative day care.

The Committee were reminded that when considering whether the OSC were satisfied that the proposals are in the interests of the local health service – this only covers the second element of the proposal i.e. The Younger Persons Dementia Service which it is proposed is relocated to Bensham Hospital site.

The proposals relating to St Bede's Day Care Services do not represent a substantial variation and development as the element of the proposals relates to a social care model which the Trust is not statutorily obliged to provide.

However, the OSC sought assurance that the Trust will continue to work with service users and Adult Social Care and other relevant organisations to ensure that service users' needs are met and they have ongoing support to make an effective transition to other services.

The OSC also invited the Trust to come back to the OSC in approximately 6 months time to update the OSC on progress in relation to the implementation of the proposals.

- RESOLVED -
- i) That the information be noted
 - ii) The OSC were satisfied with the adequacy of the consultation by Gateshead Health NHS Foundation Trust.
 - iii) The OSC were satisfied that the proposals outlined in relation to St Bede's Day Care Services and the Young Person's Dementia Service, currently based at Dunston Hill, were in the interests of the local health service in the area.

Chair.....

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 30 October 2018

PRESENT: Councillor S Green (Chair)

Councillor(s): M Charlton, W Dick, K Ferdinand,
B Goldsworthy, M Goldsworthy, R Mullen, J Simpson,
J Wallace, A Wheeler, P McNally, M Hall, J Lee and Gibson

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

CHW114 MINUTES OF LAST MEETING

The minutes of the meeting held on 18 September 2018 were approved as a correct record subject to Minute CHW107 Declarations of Interest being amended to read as follows:-

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

CHW115 HEALTHWATCH GATESHEAD - INTERIM REPORT

Steph Edeusi, Chief Executive, provided an update to the OSC on the progress achieved since last year and the priorities set for Healthwatch Gateshead in 2018/19.

The OSC was informed that the Joint Healthwatch Gateshead and Healthwatch Newcastle conference was repeated in April and went well. The focus of the event was the work of both Healthwatch as well as the creation of an engagement plan/resource for Newcastle Gateshead Clinical Commissioning Group (CCG) which would focus on engaging with service users with learning disabilities, their relatives and carers.

Healthwatch Gateshead also developed a short list of potential priorities for future engagement which 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)

Additional priorities for engagement for 2018-19 were also identified as:-

- Young People

- The West of Gateshead borough

In progressing work around the lack of funding for social care, Healthwatch Gateshead 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 elements could be incorporated into their response to the consultation and the full Healthwatch Gateshead report was also attached as an appendix to the response to the LGA.

The OSC noted that the final design of the project was still to be agreed but was likely to include a survey with service users to establish what, if any changes, they had seen since the last round of changes under the Council's budget. Healthwatch Gateshead also plan to hold a consultation event on this year's budget proposals to mirror work they did a few years ago.

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

In relation to engagement work around mental health, Healthwatch Gateshead will focus on people who were not fully involved in the Deciding Together and Expanding Minds, Improving Lives engagement process and the following groups have therefore been prioritised for engagement work:-

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

Forward Assist, a veterans' organisation, Gateshead Citizens Advice Bureau (CAB) and Fulfilling Lives have subsequently been commissioned by Healthwatch Gateshead to undertake engagement with male and female veterans, people on Universal Credit and people who are homeless respectively.

A survey of the lesbian and transgender communities is also being undertaken and a Northumbria University student is working with Healthwatch Gateshead on placement to supervise the work focussing on students.

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

The OSC was informed that Victoria Clarke, Volunteer and Outreach Co-ordinator was leading the programme of engagement, supported by a core group of volunteers, and is tracking all engagement activity by type and location to ensure a representative spread across the borough. Healthwatch Gateshead will shortly be recruiting for volunteers to help expand this work.

The OSC noted that one of the engagement priorities for 2018-19 was the west and asked for further information on this.

The OSC was advised that Healthwatch Gateshead was not managing to progress engagement work in the west of the borough as much as they would like and would appreciate any help the OSC was able to provide in relation to this.

The OSC advised that the ward councillors from the west of the borough would be happy to assist and Steph stated that she would arrange for Victoria to get in touch with them.

As a result of Victoria's work with the Roma community, Gateshead CAB have been able to engage with the community to ensure that they are getting access to the

benefits they are entitled to.

The OSC was also informed of the current position in relation to last year's projects and noted that Healthwatch Gateshead is still waiting to discuss its report on NHS Continuing Healthcare with Newcastle Gateshead CCG but hope that this will take place within the next month. Healthwatch Gateshead also understands that the Council and CCG have recommissioned Carers' support services and are awaiting an update to see what elements have been incorporated into the new support available.

The OSC was also updated on a number of organisational / staffing changes.

The OSC queried whether, in light of all the recent changes, Steph was confident that Healthwatch Gateshead was able to maintain a position of stability.

Steph advised that some of the staffing changes had been planned and whilst they were recruiting for a new Operations Manager for Healthwatch Gateshead she would be splitting her time between Newcastle and Gateshead. In addition, Steph stated that she has a good core team which has the ability to move between Newcastle and Gateshead to ensure appropriate staffing support as needed.

The OSC indicated that it would be interested to see the information Healthwatch Gateshead had submitted regarding the LGA Green paper and it was agreed that this would be circulated to the OSC for information.

The OSC also queried the focus on lesbian and transgender communities and whether the gay and bi-sexual communities had been fully engaged in previous consultations.

The OSC was informed that consultations had been open to all the LGBT community but there was now a particular focus on the lesbian and transgender communities as they were less engaged in previous consultations.

The OSC queried how the views of the LGBT community had been sought previously and was advised that this work had been done via the CCG.

- RESOLVED -
- i) That the information be noted.
 - ii) That the OSC receive a further report on Healthwatch Gateshead's progress at its March 2019 meeting.

CHW116 OSC REVIEW - HELPING PEOPLE TO STAY AT HOME SAFELY - EVIDENCE SESSION

The Committee had agreed that the focus for its review in 2018-19 would be "Helping People to Stay at Home Safely" and would consider how health, social care and voluntary services support people's confidence and independence to live safely in their own homes. The review would centre on the following six core themes:-

- Assistive technology and digital information
- Enablement services

- Housing options to support independent living
- Commissioning for enablement outcomes
- Emergency and community services
- Personalisation and choice

This evidence session examined the housing options to support independent living and focused on the following two areas:-

Sheltered Housing

The Committee was informed that the Strategic Housing Market Assessment for Newcastle Gateshead (SHMA) identifies 2,619 specialist older person housing units and the Gateshead Housing Company total owned older persons housing stock is 3,623.

It was noted that in terms of sheltered housing 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. Additionally, 1,573 properties are managed by The Gateshead Housing Company Older Persons Team. These include 315 flats, 219 sheltered flats and 1,039 bungalows that are grouped in recognised sheltered schemes. These 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.

The Committee received evidence that work is ongoing to protect this offer of choice and independence for older people. This has been achieved by refocusing the Neighbourhood Services Team in 2017 into four neighbourhood housing teams but retaining a specialist Older Persons Housing Team to deliver a boroughwide tenancy and estate management service. In addition, following the transfer of the Sheltered Scheme Officer Service to The Gateshead Housing Company in April 2016 there has been a restructure of the service to deliver more efficient ways of working and a more customer focused service. As a result, four Older Persons Housing Officers have been introduced who deal with estate management issues and cover a patch of approximately 400 properties respectively which means they can offer more intensive to customers who have higher support needs. These officers directly manage onsite Sheltered Scheme Officers and Mobile Scheme Officers.

As more people in Gateshead aged over 65 are living with selected conditions and or care and support needs the Sheltered Scheme officers are able to ensure that customers living in sheltered housing feel safe and secure in their homes and they manage a support planning process for these customers.

A support plan is agreed for each customer within a week of moving into the scheme which sets out how their care and support needs will be met and determines if they are eligible for a care package of extra support and their eligibility for any benefits. The plans aim to maximise individuals' independence and consider social activities each customer might participate in. The plans are monitored closely and reviewed every year and take account of changes in circumstance, such as a customer coming back home after a period in hospital, leading to a need for a change in the levels of support provided.

The sheltered team gives priority to needs and risk assessment delivered in a way that suits the needs of individuals living in the scheme with monthly visual inspections to identify issues such as repairs, cleanliness and tripping hazards. Customers are also provided with support on personal safety around the home.

As residents with care and support need are a higher risk in terms of fire safety partnership work continues with Tyne and Wear Fire and Rescue Service to achieve its vision of “creating the safest community”. Annual home safety visits reduce the risk of fire in domestic premises in sheltered housing. Home Safety checks are conducted within every sheltered home annually and every sheltered scheme has a fire risk assessment and a building specific fire management plan both of which are reviewed annually. Water hygiene checks have also commenced from this year.

The Committee also noted that the service plays a vital role in helping older people to stay healthy, reducing hospital admissions and delayed transfers of care and falls, thereby generating savings to health and social care budgets.

The Committee was informed that nationally each year one in three people over 65 and almost one in two people over 80 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. Gateshead has a significantly higher rate of admissions to hospital as a result of falls than other parts of the country.

Home safety visits therefore look at ways to help reduce having a fall, including 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.

The Committee was also advised that in Gateshead in 2011 a total of 12,138 (34.4%) of people aged 65 years or older were identified as living alone. Sheltered housing can therefore help tackle social isolation by providing a range of social activities and support networks. The Hen Power project, run by North East Charity Equal Arts sees older people keeping hens to reduce depression, loneliness and improve well-being and the project at Wood Green in Gateshead has attracted press and television coverage from all around the world.

The Committee also noted that the Older Persons Housing Team are working in partnership with Gateshead Council to develop intergenerational get together sessions with local schools to promote greater understanding and respect between generations and contribute to a more cohesive community. One of these sessions will involve pupils learning about the lives of residents living in sheltered accommodation. The Committee was informed that there are plans to further develop links with schools to deliver joint work around technology, arts crafts, gardening and performing arts.

Bensham Court is also now part of the national safe places scheme which aims to support vulnerable people who find themselves scared or at risk while out and about

in the local community. Difficulties experienced by individuals could include feeling unwell, having an accident, becoming lost, being bullied or having something stolen. Individuals who come to the Court for help will receive support from the Mobile Sheltered Scheme and the residents until contact can be made with a family member or support agencies.

The Gateshead Housing Company are also holding free courses to help customers avoid falling prey to scams. 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 services and provides information and advice on wide ranging topics which can help support their day to day lives.

Future plans include improving opportunities for social activities in communal lounges; working with customers to improve outside communal spaces more welcoming and secure with communal gardens and patio spaces and embedding the system of health and safety checks and improving system monitoring.

Extra Care Housing

The Committee was informed that Extra Care Housing allows someone to live independently with support on site 24 hours per day and has been in place in Gateshead for twenty years. The Committee noted that currently there are six extra care schemes in Gateshead with a total capacity of 240 apartments and the eligible age to access the schemes in Gateshead is 55 although there may be exceptions in special circumstances and the average age across all the schemes is 83. However, just under a quarter (24%) of people living in extra care housing in Gateshead are aged 90+.

The Committee was informed that the cost to provide care and support within an extra care housing setting is significantly cheaper than residential care and a for a package for someone living in their own home in the community. The average cost per person in extra care housing is £9,800 per annum which is less than a like for like package for home care services. The cost of a residential care placement in Gateshead averages £32,000.

The Committee was advised that a full review had been carried out of the existing delivery model for extra care housing over a six - month period which had included a full consultation programme with all the tenants, their families and the staff who work within the extra care housing schemes.

Overall feedback from the review had been positive but areas for improvement had been highlighted in relation to 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.

The Committee was informed that the new model would be based on an outcomes approach which would allow the contracted provider to move away from a time and task model and focus on delivery of care and support in a more personalised and flexible way to meet the needs of each tenant. Following a tender exercise the contract for the schemes at Angel Court and Callender Court had been awarded to

Human Support Group Ltd (HSG) and a transition period is underway with the transfer to take place on 19 November 2018.

The Committee was advised that the demand for extra care housing in Gateshead has increased over the last few years and there is now a need for further schemes to be built over the next five years to meet both current and future demand. A mixture of specialist provision is required along with larger developments across the borough. Dementia is a significant challenge for Gateshead so the development of specialist dementia care units along with investment in technology will allow people to live independently for longer without the need to move into long term residential care.

The Committee received information regarding potential development opportunities going forwards over the next five years to meet current and future need.

The Committee indicated that they had received information that there were plans to merge Shadon House with other care schemes and asked for clarification around this.

The Committee was informed that Shadon House was part of the Promoting Independence Centre and was dementia specific. There were also two other centres, Eastwood and Southernwood which provide intermediate care.

The Committee was advised that due to the fact that the buildings for the centres providing intermediate care were well past their prime and the estimated running and repair costs, consideration was being given to provide a new offer for intermediate care on a single site, in conjunction with Newcastle Gateshead CCG. The Committee was informed that as intermediate care is only provided for short periods (ie a maximum of six weeks) for families this would be similar to visiting a relative in hospital.

The Committee was advised that consideration had started to be given to Eastwood as an option for the single site as it was closest to the hospital and to Heworth Metro and there was potential scope for the site to have a bigger building. The Committee was informed that there was a need for approximately 60 intermediate care beds. The Committee was informed that discussions were still ongoing with the CCG regarding the options and there was still much work to be done but this was the medium - term vision.

- RESOLVED -
- i) That the Committee considers that the support being provided to people within sheltered accomodation and extra care housing in Gateshead is supporting people to maintain living Independently.
 - ii) That the Committee supports the requirement for additional extra care housing to be developed in the next five years to meet current and future need.

CHW117 ANNUAL REPORT ON SERVICES COMPLAINTS, COMPLIMENTS AND REPRESENTATIONS - 1 APRIL 2017 TO 31 MARCH 2018

The Committee considered the annual report on Social Services Complaints, compliments and representations for the period April 2017 to March 2018, which included a summary of all representations received, together with a review of the effectiveness of the procedures and examples of service improvements.

The Committee had regard to the following statistical analysis:-

- 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.

The Committee also had regard to the following points of interest highlighted:-

- 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.

The Committee also had regard to the service improvements identified as a result of the complaints process during 2017-18.

The Committee asked for clarification on the complaints submitted to the Council in relation to Public Health Services.

The Committee was advised that both complaints related to the school measuring programme and disagreement with the assessment outcome. Both complaints had been investigated and found to be unjustified as in both cases the assessment had been found to have been carried out in line with national guidance.

RESOLVED - That the Committee is satisfied with the performance of Care, Wellbeing and Learning in responding to complaints and ensuring that this results in continuous service improvement.

CHW118 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 attached to the report set out the current position in relation to the work programme and highlighted proposed changes.

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.....

Chair.....

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TITLE OF REPORT: 6 Month Update, Delivery and Performance April 18 to September 18
REPORT OF: Caroline O'Neil, Strategic Director, Care, Wellbeing and Learning

SUMMARY

This report provides the six month update of performance and delivery for the period 1 April 2018 to 30 September 2018 in relation to the Council's Thrive agenda for the indicators and activity linked to care, health and wellbeing delivered and overseen by Adult Social Care and Public Health services within the Care, Wellbeing and Learning Group.

Background

1. The report forms part of the Council's performance management framework and gives an overview of progress for the priorities appropriate to the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee (OSC).
2. This report sets out the 6-month performance update for April 2018 to September 2018 'assessment of delivery and performance' in line with the current Performance Management Framework. The report provides an update on the performance against the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee and the Council Plan 2015-2020 outcomes of Live Well Gateshead and Live Love Gateshead.
3. "Making Gateshead a place where everyone thrives" is the new council approach aiming to narrow the gap of inequality across Gateshead resulting in more people living longer and leading healthier and happier lives, which has replaced the council plan.
4. The group has considered the current indicators in the context of the Thrive agenda and for the next report cycle will review and update the current strategic indicators, and our priority actions to ensure they are effectively measuring performance and delivering in respect of the Thrive agenda. We propose these revised indicators and measures will be implemented for the 2019/20 performance reporting cycle.

Delivery and Performance

5. This report sets out the performance overview linked to the 19 strategic outcome indicators, which have been identified as providing a high level picture of the strategic priorities for the Council and its partners in health and wellbeing. These indicators fall under the Live Well Gateshead and Live Love Gateshead outcome.
6. All 19 indicators are listed in appendix 1 and where performance is available at the six month stage for relevant indicators this has been provided, along with a summary in section 3. Section 4 of this report updates on key activities and achievements over the last 6 months, while section 5 identifies key activities being undertaken in each service area in the next 6 months.

Recommendation

7. It is recommended that the Care, Health and Wellbeing Overview and Scrutiny Committee receive this report for information and consider:

- whether the activities undertaken during April 2018 to September 2018 are achieving the desired outcomes,
- and asked to identify any areas they feel they require more detail about or feel require further scrutiny.
- Agree the reviewing of indicators and revising the format of the report in line with the Thrive agenda

Contact: Jon Gaines

Ext: 3484

**Care, Health and Wellbeing Overview and Scrutiny Committee
6 Month Update, Delivery and Performance April 18 to September 18**

December 2018

Portfolio:	Care, Health and Wellbeing
Portfolio Member:	Adult Social Care - Cllr Michael McNestry Health and Wellbeing - Cllr Mary Foy
OSC Chair:	Cllr Stuart Green
Lead Officer:	Caroline O'Neill, Strategic Director CWL
Support Officer:	Jon Gaines, Service Manager Quality Assurance

1. Introduction

1.1 This Committee undertakes scrutiny in relation to:

- Functions of the Council as a social services authority except those services provided to children and young people;
- The provision of health services in the Borough, including the function of the reviewing and scrutinising matters relating to the health services to adults as set out in the Health and Social care act 2001 and associated regulations;
- The provision of health services to children and young people in the borough;
- The health functions discharged by the Health and Wellbeing Board and the Director of Public Health under the Health and Social Care Act 2012 and the National Health Service Act 2006 (as amended) and any related enactment.

1.2 This report sets out the 6-month performance update for April 2018 to September 2018 'assessment of delivery and performance' in line with the current Performance Management Framework. The report provides an update on the performance against the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee and the Council Plan 2015-2020 outcomes of Live Well Gateshead and Live Love Gateshead.

1.3 Section 4 of this report updates on key achievements in adult social care and public health over the last 6 months, while section 5 identifies key activities being undertaken in each service area in the next 6 months.

1.4 "Making Gateshead a place where everyone thrives" is the new council approach aiming to narrow the gap of inequality across Gateshead resulting in more people living longer and leading healthier and happier lives. This approach has replaced the council plan.

1.5 We have considered the current indicators in the context of the Thrive agenda. For the next report cycle we will review and update the current strategic indicators, and our priority actions to ensure they are effectively measuring performance and delivering in respect of the Thrive agenda. We propose these revised indicators, measures and report format to be implemented for the 2019/20 performance reporting cycle.

2.0 Recommendations:

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

- (i) whether the activities undertaken during April 2018 to September 2018 are achieving the desired outcomes,
- (ii) and asked to identify any areas they feel they require more detail about or feel require further scrutiny.
- (iii) Agree the reviewing of indicators and revising the format of the report in line with the Thrive agenda

3.0 Performance Summary

3.1 Of the 19 indicators monitored in this report, which are shown in their entirety in appendix 1, 16 have an updated position since the last 6-month report. The remaining 3 indicators will be updated in the next reporting period as the data becomes available.

- **Of the 16 updated indicators, performance trends against the previous 6 month report are positive with 9 indicators showing an improvement, including:**
 - a reduction in prevalence of excess weight 10-11 year olds,
 - a reduction in the gap in the employment rate between those with a learning disability and those within secondary mental health services and the overall employment rate,
 - a decrease in the rate of hospital admissions for self-harm,
 - an increase in healthy life expectancy for both males and females,
 - a reduction in the rate of preventable mortality and in the inequalities in life expectancy for males in Gateshead,
 - and an increase the proportion of older people still at home 91 days after hospital discharge into a reablement service.
- **6 of the 16 updated indicators have not improved, including:**
 - the percentage of people who are dissatisfied with life has increased,
 - an increase in the prevalence of 4-5-year olds who have excess weight
 - an increase in the gap in life expectancy at birth for males and females
 - increase in the inequalities in life expectancy for females
 - and the rate of delayed transfers of care from hospital has increased
- **1 of the updated indicators has remained the same:**
 - the number of BME carers supported through carer specific service or have had an assessment or review is the same as last year

4.0 Achievements and key activities over the last 6 months

Adult Social Care

Enhancing Lives

4.1 During April 2018 to 30th September 2018 we have:

- Agreed in principle the Vision for the Learning Disabilities Strategy and Learning Disabilities Accommodation Strategy. Recent data is being compiled to ensure a current picture and on completion of this the document will go through internal governance of both the LA and the CCG to be signed off.
- Made significant progress to the community transformation work undertaken with the Queen Elizabeth Hospital with daily conference calls being made between Council Domiciliary Care Managers and Locality Team Leaders to enable both teams to provide responsive and co-ordinated support to people in their own homes. Joint assessments and home visits are now operational alongside joint Making Every Contact Count training.
- Continued the work with the Achieving Change Together team to review packages of care and provide a range of Technology Enabled Support. This work will continue up to June 2019 with 13 clients so far having had new or additional technology provided.
- Completed a Digital Ways of Working review of Adult Social Care Direct over 2 months of shadowing and extensive data analysis- this identified failure within the processes and has produced a set of recommendations for future improvements, including improving the customer journey.
- Developed 2 locality teams within our social work assessment function. These 2 localities cover the 5 neighbourhood areas and assess people 18+ years of age who require support from social care
- Received recognition for the Harvest and Help user led enterprise for people with learning disabilities and autism, by winning the 'Making a difference award' at the National Learning Disability Awards in June 2018. The enterprise was acclaimed for being "an innovative service within the community that makes a difference to the lives of many. Passionate and unassuming, the service is led from the front with drive and enthusiasm".
- Created a mentoring programme between Newcastle United Head Coaches and Academy players and Special Olympics footballers, whereby athletes are mentored in the tactical, technical, physical and physiological aspects of football.
- We have continued to remain legally compliant with the Deprivation of Liberty Safeguards, therefore ensuring our most vulnerable citizens of Gateshead continue to be afforded legal protection within the Act.

- Presented an Older Person's Extra Care Housing options paper to Housing Solutions group to seek agreement on development of new extra care facilities in Gateshead. This resulted in progressing with the development of a new facility in Lobley Hill with Homegroup.

Quality of Life

4.2 During April 2018 to 30th September 2018 we have:

- Commenced the process for the new contract and cost model for under 65 residential care to go through the governance frameworks in the Council. Once this is complete, a formal 12-week consultation will commence. It is anticipated that the new model will be in place Spring 2019.
- Approved the Market Position Statement and will be published by the end of November.
- Undertaken a 'walk the wall approach' to look at the Care Home Market with Newcastle Gateshead CCG. Initial discussions have taken place with providers about looking at a new approach through the Care Home Provider Forum. Newcastle Gateshead CCG are still negotiating the CHC fees with the Care Home Federation.
- Completed the evaluations for the extra care tender and the successful appointment of a new provider took place. Work has been ongoing with colleagues in Provider services and Legal to complete the contracting process and ensure transfer of provision. The services transferred on 19 November 2018, and whilst still very early days, feedback thus far has been positive.
- Completed a Quality Assessment Framework visit and score for all adult statutory social care services. Work has been carried out with those providers who were given an action plan to improve the quality of the services. Key themes have been identified and there will be a Risk Summit planned for 2019 to look into the strategic and operational themes with key partners.
- Further developed the Trusted Assessor model at Eastwood which is delivering excellent outcomes with 50% fewer hospital admissions post implementation versus pre-trusted assessor operations. Similar success with Discharge Liaison Nurses admitting into PRIME has led to the expansion of Trusted Assessor operations to designated clinicians on four QE wards.
- Had positive fee negotiations with Care Home Providers resulting in care home fees being agreed in a timely manner and agreement reached about future Quality Excellence Frameworks to be completed and homes rebranded where necessary.
- Achieved an 'outstanding' rating by the Care Quality Commission at Blaydon Lodge for the excellence of its provision to people with complex learning disabilities and autism. The Registered Manager and staff team were described as being "extremely committed and dedicated to providing excellent care in line with the service's values of meaningful and personalised care".

- Started setting up the first Orthodox Jewish Independent Supported Living scheme. The development is in its early stages and exact timescales cannot be confirmed at this point, but it is hoped to be within the next 6 months.

Positive Lives

4.3 During April 2018 to 30th September 2018 we have:

- Been unable to move forward with the mobilisation of the new carers contract following a legal challenge being received. Current services continue to be funded to ensure Carers have access to the support they need whilst we await the outcome of the challenge. Once the legal challenge is resolved, providers will be notified accordingly and will be given 12 weeks' notice to terminate the contract and the mobilisation period will commence.
- Worked jointly between the ASC Provider service and Waste Services has led to the creation of paid employment for 6 people with learning disabilities and weekly provision of "OTAGO" strength and exercise programme to older people

Protecting Lives

4.4 During April 2018 to 30th September 2018 we have:

- Updated our Safeguarding Adults Multi-Agency Policies and Procedures which are now available on the council's website. Meetings have taken place between CCG and Safeguarding, and a process has been developed to manage safeguarding referrals for adults funded by Continuing Health Care.
- Went live with the Safeguarding in Gateshead website in August 2018 (www.gatesheadsafeguarding.gov.uk). Positive feedback has been received from a wide range of partner organisations.
- Produced Adult Sexual Exploitation Practice Guidance which was approved by the Safeguarding Adults Board (SAB) in April 2018 and the Gateshead Adult Missing, Sexually Exploited and Trafficked group (AMSET) now meet monthly and utilise this practice guidance.
- Set up the Care First Client Recording system to manage the process of Deprivation of Liberty applications more efficiently, with all information being integrated into the electronic client record. This will also make the production of statutory data returns more efficient.
- In relation to Best Interest Assessments we have continued to meet demand and utilise innovative ways of working to ensure that demands are met within available resources. To reduce the reliance on external assessors and improve consistency we have increased our team to ensure that almost all assessments are completed in house without having to procure from the independent sector.

Health and Wellbeing Key Achievements and Activities (Public Health)

Health and Wellbeing Strategy

4.5 During April 2018 to 30th September 2018 we have:

- Brought a report to the HWB on 20th April providing an update on the progress of the Health and Care integration. The Board endorsed the next steps and forward work programme for each workstream. A 'report-out' was also provided to Board members on 15th June on the outcomes from a week-long workshop in June to develop our approach to health and care integration in Gateshead.
- Across the Care, Wellbeing and Learning Group we have undertaken a mini-review of Health and Social care systems on 11th May by an external team who have experience of CQC whole system reviews. The feedback report was positive of the work that is taking place in Gateshead and identified some areas to focus on going forward. The report was considered by the HWB on 20th July.
- A scoping report to renew the Health & Wellbeing Strategy was considered and endorsed by the HWB on 7 September. The Board agreed an approach, including the establishment of a steering group and the holding of a conference to engage with a wide group of stakeholders to help shape the strategy.
- Developed a Gateshead Healthy Weight Needs Assessment which was completed and considered by the HWB on 20th July. This will feed into the development of a Healthy Weight Whole System Strategy for the borough.

Making Every Contact Count (MECC)

4.6 During April 2018 to 30th September 2018 we have:

- Explored accreditation for the MECC training programmes and this is an ongoing piece of work for future programmes. Currently local training is being piloted and this meets the current needs of the programme.
- Commenced the early stages of MECC delivery with the identified pilot sites in the three council directorates; library services, Domiciliary care workers in adult social care and The Gateshead Housing Company. This work builds further capacity for the MECC approach, to help embed MECC into everyday practice across the Council. This work will be evaluated as part of the overall programme.
- Focused on the delivery of a 'Train the Trainer' model, to further increase sustainability and to help ensure key information can continue to be delivered within organisations by identified leads. There has been 1x train the trainer 'Mental Health First Aid' course and 1x 'Have a Word' (alcohol brief interventions) training sessions. For the other work areas, MECC leads have worked alongside Voluntary Community Sector (VCS) identified staff to co-deliver the training in house. The aim for this work is to ensure organisational leads can continue this ongoing training with support from MECC leads.

- Explored the possibility of the development of E-learning modules and following feedback from organisations across the sectors, it was felt that face to face delivery was preferential at this time of the programme and would provide better outcomes. A regional e-learning resource is available for organisations to access.
- Built in an option for people from the 20 VCS organisations to access a Mental Health First Aid (MHFA) Train the Trainer course. This will result in around 20 members of the local community being trained to deliver further training on the programme into the future. First cohort of training has been delivered to 10 candidates and a further course is planned for January 2019 when another 10 people will access training.
- Held a MECC celebration event in September 2018. The event brought together a number of Gateshead organisations to promote good practice and to showcase how local VCS organisations are embedding MECC within their organisational practice. A number of case studies were highlighted of innovative practice.
- Delivered a comprehensive MECC training programme including with four core modules; Introduction to MECC, Five Ways to Wellbeing, Behaviour Change and Motivational Interviewing Skills. All the core modules are approximately two hours long and focus on skills that can be utilised to influence positive lifestyle changes within the VCS within one to one interactions as well as group work and adapted for different audiences for those working in specialist areas. Courses have been adapted for specific audiences and modules combined where it was felt a better learning outcome would be achieved. This will continue to happen on an ad hoc basis.

Substance Misuse (Including Alcohol)

4.7 During April 2018 to 30th September 2018 we have:

- Awarded the new Drug and Alcohol contract for the Gateshead Recovery Partnership to CGL (lead provider) in partnership with 6 GPs and Recovery Connections, to commence on 1st November 2018.
- Continued to be an active Responsible Authority, providing representations to licensing review and applications and an active partner when discussing future developments including the revision of the 'Statement of Licensing Policy'.
- Made successful representations to the Licensing Committee resulting in licence revocations for under age sales at several premises.
- Following the work identified by the Alcohol-Free childhood working group this is now being led by Balance North East and an Alcohol-Free Childhood Regional Steering Group. Local work was incorporated into the Substance Misuse Strategy Action Plans.
- Public Health are working with colleagues in the intelligence and performance teams to analyse data on alcohol-related hospital admissions. Findings will be shared with the Strategy Group and operational work resulting from the findings will be developed with partners.

- Held a Drug Related Death (DRD) workshop in response to the high number of drug related deaths in Gateshead this year to examine how this process can be timelier and less bureaucratic.
- Undertaken work with Community Safety colleagues and the Drug Treatment service needle exchange to agree and implement measures to address the increase in needle finds across the borough.
- Coordinated work with partner agencies via the Complex Needs (seeking to address the needs of those with multiple and complex needs) workstream to reduce duplication and coordinate efforts - facilitating pathways, addressing information governance concerns and coordinating care around the person.
- Worked in partnership with Community Safety colleagues and Newcastle partners to increase the reporting of intelligence into the police force to enable them to take swifter action to tackle drug dealing.

Reducing Smoking

4.8 During April 2018 to 30th September 2018 we have:

- Completed the CLear self-assessment of the Gateshead Smokefree Alliance. An external peer CLear assessment session is planned for December 2018.
- Completed Care, Health and Wellbeing's Overview and Scrutiny Committee's review of work to address tobacco harms in Gateshead. Actions arising from the review were approved by Cabinet in July and are now being implemented. The Committee will hear an update on progress to implement the recommendations in December 2018.
- Completed an external review of stop smoking support in Gateshead. Undertaken by the National Centre for Smoking Cessation and Training, the recommendations will inform the development of the Stop Smoking Service in 2019/20.
- Completed a Health Equity Audit of the stop smoking service. The audit found low levels of uptake of the service amongst BAME groups and pregnant women. Plans are being put in place to address this.
- Re-established a Single Point of Contact for the Gateshead Stop Smoking Service. Staffed by the Public Health team, people can find advice on the best way to stop smoking on the Council's website, and also by phone and email. People can now refer themselves directly to the service via an online form. For more information, see www.gateshead.gov.uk/SmokefreeGateshead.

Sexual Health

4.9 During April 2018 to 30th September 2018 we have:

- Completed the Integrated sexual health service (ISHS) tender and procurement process on time with all the relevant documents (e.g. specification, KPIs) fully

updated, including stakeholder, patient, public consultation, health needs assessment and service review

- Introduced as per NICE guidelines a 2nd drug option for Emergency Hormonal Contraception; however, this is only available from certain pharmacies. Contracts require to be arranged with a further two companies which will increase availability
- Published the new GP sexual health and contraception specification and contract.
- Developed a specification for the temporary funding for sex worker / sexual exploitation service. This also conducted a service review to inform future budget proposals.
- Completed the Emergency Hormonal Contraception Audit.

Mental Health and Wellbeing

4.10 During April 2018 to 30th September 2018 we have:

- Convened a Strategic group which has now met on several occasions. It has developed a brief proposal which sets out a public mental health approach which has a focus on both universal and targeted action. There is agreement within the Strategic group to focus on promoting positive mental health messages at a population level to challenge negative attitudes and stigma. Existing campaigns and awareness events will be used to this end, for example; Time to Change, Five Ways to Wellbeing and World Mental Health Day. There has also been provisional agreement reached on four priority campaigns for the partnership to support in the 2019 calendar year. In relation to targeted work across the life course, there is agreement that the initial focus should be on working age men with the aim of preventing mental ill health and suicide. This proposal was discussed at the Mental Health and Wellbeing Partnership on 07 November 2018.
- Been engaged with Northumbria and Newcastle Universities and the Institute for Local Governance (ILG) up to August 2018 when the report on the Better Care funded Social Isolation programme was completed by the Universities. This paper must go through Public Health SMT, other relevant internal Council groups and then will be circulated around various networks. The recommendations of the report will be showcased at an event in Newcastle, "Tackling Loneliness and Isolation in Northern England – devising visible strategies to address hidden problems", on the 07 December 2018 and will help influence the direction of local work on social isolation as part of the Public Mental Health agenda from October 2018 onwards.
- Participated in Sector Led Improvement work on Suicide Prevention, working with neighbouring Local Authorities in the development of a Suicide Prevention Action Plan for the area.
- Conducted Focus Group research with a range of Primary based staff including Head Teachers, Special Educational Needs (SEN) Coordinators, Teachers, School Nursing staff and Emotional Wellbeing support. The findings of this were shared with participants and then with the Director of Education to look for advice

and support for agreeing a way forward for emotional wellbeing work in Primary Schools.

- Been involved with the Integrated Care Partnership for the Northern geography of the Northern Region in bidding for funding to develop Suicide Prevention work across the area. Funding in the region of £450K is available to support joint working.

NHS Health Checks Programme

4.11 During April 2018 to 30th September 2018 we have:

- Included the new standardised invitation letter and results letters in the 2018/19 NHS Health Checks Specification, and Training to raise awareness for the use of the letters. The letters have also now been added to the GP Clinical system. This took longer than anticipated to implement, so the use of the letters is now being monitored by the Health & Wellbeing Intervention Lead on support visits to providers. Along with this the Diabetes Risk Score has also been added to the NHS Health Check.
- Developed an approach to monitor quality assurance testing for point of care testing in NHS Health Checks and completed the training and support visits for NHS Health Check Providers.
- Contributed to and been included in two pieces of research around the sharing of good practice and the performance of the Gateshead NHS Health check programme.

Healthy Weight

4.12 During April 2018 to 30th September 2018 we have:

- Undertaken background work to develop the outdoor app, however Public Health England decided not to pursue this piece of work.
- Completed the Healthy weight needs assessment which was presented to the Health and Wellbeing board where the actions and next steps were outlined.
- Outlined the key actions for the 'Whole Systems approach, however this still needs to be taken forward as a wider partnership group in order to align with the whole systems obesity approach.
- Developed a workplace physical activity group which meets fortnightly. A work plan has been developed by the multi-disciplinary staff group and a number of programmes are to be piloted.
- Held a 'Town and Country Planning Agency' (TCPA) event focusing on 'How Green Infrastructure can tackle obesity across the life course and how planning can help influence this. The event attracted much interest and the next steps following the event need to be outlined for the TCPA.

- Accepted abstract and poster presentations for 2 International obesity and physical activity conferences. The work highlighted a different approach to address inequalities in health through a community-led, place-based approach.

5. Key Action and Activities over the Next 6 Months

5.1 The following have been prioritised as key actions over the next 6 months.

Adult Social Care

Enhancing lives

5.2 During October 18 to March 19 we will:

- Complete a wholesale review of ASC procedures, policies and processes. This will produce a future state and provide ASC with a specification to go to market to procure a new case management (IT) system that will ensure the efficacy of ASC is improved and the customer journey and experience will be optimised.
- Complete the transition of extra care at Angel and Callendar Court to new provider on 19 November 2018.
- Older person's accommodation and support strategy to be finalised to set out the strategic vision and priorities for Gateshead.
- It is envisaged that the rescore of the Carers tender by an expert panel will result in contracts being awarded to new providers and transition of services will take place by March 2019. However, this is wholly dependent on completion of the re-scoring by the independent panel.
- We will be looking at the outcomes from the Promoting Independence Centre technology enabled care project and continue to work with the Achieving Changed Together team.
- Market Position Statement to go online linking in with the JSNA.
- All communication for Direct Payments will be refreshed and relaunched for staff and the public.
- Continue the ongoing development of the digital DoLS Portal which is anticipated to go live within the next 6 months.

Quality of Life

5.3 During October 18 to March 19 we will:

- Produce a digital strategy that will provide a roadmap for the next four years describing within each year the digital improvements that will eventually lead to a golden state whereby all health and social care practitioners in Gateshead can

access information on customers at the point of need, thus allowing decisions to be accurately made based upon the records of the customer.

- Look to extend the trusted assessor model to include therapists within the QE trust. The trust has identified 2 Occupational therapists and 2 Physiotherapists. The therapists will be shadowing our Enablement service to understand what their role is. The plan is to expand the trusted assessor model across the trust, however we need to ensure everyone understands what we mean by "trusted assessor" as different trusts and LA have interpreted differently.
- All Older Persons care homes will receive a Quality Excellence Framework visit between October 2018 and end March 2019 to assess the quality of the service and place each home into a fee band linked to the quality delivered.
- A Risk Summit event is planned for February 2019, to consider risks across the social care market and how those risks can be mitigated.
- A procurement exercise to take place to establish a framework or DPS for extra care and ensure providers are available for call-offs for any new developments.
- There will be continued development of the Multi Agency Adults Referral Team (MAART) to ensure service users are accessing universal services where appropriate.
- The ASC Provider service will continue to embed its Disability Enablement Framework, serving to ameliorate the growth of people with disabilities by securing Citizenship, Independence and Self-Management outcomes.
- Look at the use of Technology Enabled Care assessment prior to residential care placements.
- Work with North East Ambulance Service on a rapid falls response service.
- 3 Service Users have been identified with the plan that they will move in to the Orthodox Jewish ISL scheme within the next 6 months.

Positive Lives

5.4 During October 18 to March 19 we will:

- Complete a review of the ASC web pages which will produce new content and allow customers to find more appropriate and contemporary information for them to make self-judgements on whether they need to contact ASC direct.
- Begin discussions exploring the development of more Extra care housing. Although this is not an action that can be achieved over the next 6 months we have started these discussions. We know we have a number of older people primarily with a dementia who are admitted into residential care as there is no other support service that can meet their needs. By developing further Extra care housing we can reduce the number of people requiring long term residential care whilst promoting or maintaining their independence.

- The ASC Provider aims to convert the currently disused Almond Pavilion in Saltwell Park, into a user led enterprise for people with disabilities.
- Implement training sessions within Children's Service Teams on Technology Enabled Care.

Protecting Lives

5.5 During October 18 to March 19 we will:

- Complete the process of implementing an HSCN (Health and Social Care Network) connection to allow our AMHP's (Approved Mental Health Professional) to have access to NTW's IT systems to provide them with contemporary information about clients and support the practitioners to risk manage how they work with clients.
- Publish a statutory Safeguarding Adults Review for 'Adult B' which aims to identify whether there are lessons to be learned from the way in which agencies worked together for a case in which a person died as a result of potential neglect.
- We are looking at attaching social care workers to a cohort of independent residential and nursing homes in Gateshead. We are in early discussions around this however we do see it as a positive move in working closely with the homes. Our aim is to hopefully reduce the number of safeguarding enquiries and to ensure those that needs have deteriorated will be referred for Continuing Health Care assessment in a timely manner.
- The ASC Provider service has been successful in securing 31 employees and Shared Lives carers onto Northumbria University's Positive Behaviour Support workforce development programme. The programme will provide Level 7 and Level 4 qualifications to participants and be instrumental in enabling employees and Shared Lives carers to effectively respond to service users who display behaviours that challenge.
- Utilise a more streamlined recording system so that the application of DoLS will become quicker and easier for care home managers and hospital staff. We anticipate that the website on the portal will also raise awareness of MCA and DoLS

Health and Wellbeing (Public Health)

Health and Wellbeing Strategy

5.6 During October 18 to March 19 we will:

- Establish a steering group and hold a stakeholder engagement conference to help shape the development of a new health and wellbeing strategy.
- Provide an update on Health and Care Integration to the Health and Wellbeing Board.

- Ensure a focus on children and young peoples' issues within the agenda of the HWB.
- Ensure that regular updates are provided on an emerging Integrated Care System and Integrated Care Partnerships for the north east and Cumbria.
- Consider the Director of Public Health's Annual Report for 2018.

Making Every Contact Count (MECC)

5.7 During October 18 to March 19 we will:

- Plan and finalise an independent external evaluation of the MECC programme in partnership with FUSE, the Centre for Translational Research in Public Health. FUSE brings together the five North East Universities of Durham, Newcastle, Northumbria, Sunderland and Teesside in a unique collaboration to deliver robust research to improve health and wellbeing and tackle inequalities.
- Follow on from the first phase of the grant fund applications by identifying additional groups and communities who have been identified as a priority but have not yet accessed MECC training and information. This will include work with four specific communities working in Gateshead; Veterans, LGBTQ+, Grandparents Plus and the Jewish Community.
- Develop MECC resources and information to spread the message about the role of MECC and opportunities for health improvement and utilise accessible methods for ensuring accessibility for groups where appropriate.

Substance Misuse (Including Alcohol)

5.8 During October 18 to March 19 we will:

- Work with the Gateshead Recovery Partnership to mobilise the new substance misuse contract. This includes holding workshops (in October – invitations were sent to Elected Members, key partner agencies, and service users) to raise awareness of the new service.
- Public Health will be piloting a new Rapid Responses Drug Related Deaths Panel review process to more quickly determine the causes and circumstances of these deaths and to determine the lessons learned in a timelier manner. This work will also link with the developing Central Drugs Alliance (Reducing Supply) work.
- There will be ongoing monitoring of the number and location of needle finds reported which will be reviewed if supplementary actions are required to address this issue.

Reducing Smoking

5.9 During October 18 to March 19 we will:

- Complete CLear peer assessment of the Gateshead Smokefree Alliance. The assessment will inform the further development of the Alliance's activity.
- Use information from the stop smoking service review and Health Equity Audit to inform the development of a new stop smoking support offer for Gateshead.
- Provide support for Gateshead NHS Foundation Trust's implementation of the Smokefree NHS agenda, including work to improve the delivery of Very Brief Advice across the Trust and the referral pathway to stop smoking services.
- Establish a time limited working group to look at smoking in pregnancy as part of work around the "Best Start in Life" and system led improvement.

Sexual Health

5.10 During October 18 to March 19 we will:

- Appoint Provider for new ISHS contract start date April 1st, 2019.
- Aim to complete contracts process for all pharmacies to supply 2nd Emergency Hormonal Contraception drug option.
- Deliver upon all recommendations of EHC Audit.

Mental Health and Wellbeing

5.11 During October 18 to March 19 we will:

- Further develop the Public Mental Health approach in Gateshead by engaging key partners in boosting participation in initiatives such as Time to Change and Five Ways to Wellbeing, as well as promoting positive messages through publicising a number of key national events scheduled throughout the year.
- Explore with the Gateshead Mental Health and Wellbeing Partnership opportunities and the potential for targeted partnership work across the life course with an initial focus on working age males and suicide prevention. Further scoping of options for targeted work on children and young people's mental health and social isolation.
- Carry out an audit of the files from the Coroner's Office that are listed as Suicide or injury undetermined deaths on 18 October 2018. This is an annual audit and helps to identify high risk groups, risk factors and identify potential preventative measure that can be built into the Suicide Prevention Action Plan.
- Explore local buy in for Public Health England's Prevention Care Concordat. The Prevention Concordat for Better Mental Health Programme aims to facilitate local and national action around preventing mental health problems and promoting good mental health. A set of resources is designed to help local areas to put in place effective prevention planning arrangements. These are aimed at health and

wellbeing boards, local authorities, clinical commissioning groups and their partners

NHS Health Checks Programme

5.12 During October 18 to March 19 we will:

- Carry out an audit of the Health Checks Programme currently being carried out by Gateshead Council, this will include looking to see if the recently implemented elements of the Health check are being delivered.
- Explore approaches to more targeted NHS health checks.

Healthy Weight

5.13 During October 18 to March 19 we will:

- Present the Gateshead Director of Public Health report for 2017/2018 to be produced focusing on 'healthy weight' at Cabinet in January 2019.
- Follow on from Gateshead's selection as a pilot area to review the draft whole systems obesity (WSO) guide and resources from Public Health England and Leeds Beckett University.
- Consult and draft the 'Gateshead Healthy Weight Declaration' to ensure commitment and sign up from partners to a vision which encapsulates the promotion of healthy weight and to highlight the need for all policy areas to address healthy weight.
- Hold a whole systems healthy weight workshop event for Gateshead stakeholders to discuss and identify collective action going forward.
- Submit a trailblazer bid for 300k of funding to tackle childhood obesity over a 3-year period. The approach will focus on a whole system place-based approach.

Section 2: Performance Indicator Update (Performance is measured against the position at the previous 6-month report (April 17 – September 17))

Table 1: Strategic Outcome Indicators Summary of Performance, Public Health – Alice Wiseman

Indicator	Objective	Target Type	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
LL4 – Decrease the Percentage of People who are Dissatisfied with Life Page 35	Strategic	2020 Tracker	4.8%	-	5.4% (2017/18)	Declined	<ul style="list-style-type: none"> Gateshead is higher than both the England (4.4%) and the North East (5.0%) rates. Gateshead has the 6th highest % of people dissatisfied with life of the 16 comparable Nearest Neighbour Local Authorities. This is the 2nd period in a row to show an increase in the rate Gateshead was 28th highest of the 93 published English UTLA's Despite the increase the indicator is just an estimate based on a sample of the population from each area. It is quite a big step to infer that the percentage of people reporting a certain level of well-being in an area is true for all people living in that area. There are a number of factors (not just the place) that influence personal well-being, for example; health, relationships and employment situation.
LW2 – Prevention of ill health: % of mothers smoking at time of delivery	Strategic	2020 Tracker	9.9%	-	14.5% (2016/17)	NA	<ul style="list-style-type: none"> No change since last report (Update Unknown)
LW4a - Reduce Excess weight 4-5 year olds - excess weight =obese/overweight	Strategic	2020 Tracker	18.1%	-	22.5% (2017/18)	Declined	<ul style="list-style-type: none"> This is the first increase in excess weight for 4-5 year olds in the last 3 years of data Despite increase Gateshead is still significantly better than the North East (25.0%) and is worse but not significantly worse than the England average of 22.4%. Gateshead had the 4th lowest prevalence of excess weight amongst the 16 CIPFA (nearest neighbour) LA's. All 3 of the North East LA's in Gateshead's CIPFA group had a higher prevalence of excess weight. Nationally Gateshead had the 77th highest prevalence of excess weight of the 150 published

Indicator	Objective	Target Type	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
							English upper tier local authorities.
LW4b - Reduce excess weight 10-11 yr. olds (excess weight =Obese/overweight)	Strategic	2020 Tracker	25%	-	36.8% (2017/18)	Improved	<ul style="list-style-type: none"> Excess weight for 10-11 year olds has decreased for the first time in 2 years of data Despite the decrease Gateshead is still significantly worse than the England average of 34.3% and is better but not significantly better than the North East (37.5%). Gateshead had the 8th highest prevalence of excess weight amongst the 16 CIPFA (nearest neighbour) LA's. Nationally Gateshead had the 55th highest prevalence of excess weight of the 150 published English upper tier local authorities.
LW13 – Stabilise the Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (Narrow)	Strategic	2020 Tracker	789 per 100,000	-	990 per 100,000 (2016/17)	NA	<ul style="list-style-type: none"> No change since last report. Date of next update is currently unknown
LW15 – Gap in the employment rate between those with a learning disability and the overall employment rate	Strategic	2020 Tracker	58.6% points	-	62.3% points (2016/17)	Improved	<ul style="list-style-type: none"> The gap in the employment rate between those with a learning disability and the overall employment rate has decreased on the previous 6-month report. Gateshead is currently significantly lower than the England average and is lower but not significantly lower than the North East average This is the second period in a row to show a reduction in the % point gap. Possible next update due in February 2019
LW16: Hospital admissions for self-harm rate per100,000 (aged 10-24 years)	Equality	2020 Tracker	Reduce	Reduce	422.7 per 100,000 (2016/17)	Improved	<ul style="list-style-type: none"> The rate per 100,000 for self-harm admissions has decreased on the previous 6-month report Gateshead is lower but not significantly lower than the North East rate and is higher but not significantly higher than the England rate. This is Gateshead's lowest rate per 100,000 for self-harm admissions since the data was first available (2011/12). Update due March 2019 for this indicator

Indicator	Objective	Target Type	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
LW17 – Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Strategic	2020 Tracker	59.4% points	-	65.8 %points (2016/17)	Improved	<ul style="list-style-type: none"> The gap in the employment rate for those in contact with secondary mental health services and the overall employment rate has decreased on the previous 6-month report. This is the first decrease in the last 4 periods of data. Gateshead is now lower but not significantly lower than the England average, but is still significantly higher than the North East average. Gateshead has the 3rd highest % point gap of the 12 North East LA's Possible next update due in February 2019.
LW18 – Excess under 75 mortality rate in adults with serious mental illness (<i>indirectly standardised ratio</i>)	Strategic	2020 Tracker	351.8	-	397.3	NA	<ul style="list-style-type: none"> No change since last report (update unknown)
Pap 37 LW19: Reduce Mortality from Causes Considered Preventable	Strategic	2020 Tracker	182.7 per 100,000	-	236.8 per 100,000 (2015-17)	Improved	<ul style="list-style-type: none"> Preventable Mortality has decreased compared to the previous 6-month report Gateshead is significantly worse than both the England (181.5) and the North East rate (223.4) We have the 17th highest rate of preventable mortality in England
LW20 - Healthy Life Expectancy at Birth (Male)	Strategic	2020 Tracker	63.7 years	-	59.1 years (2014-16)	Improved	<ul style="list-style-type: none"> Healthy life expectancy has increased compared to the previous 6-month report and is at its highest reported level for males in Gateshead. Gateshead had the highest increase in years for healthy life expectancy of the 12 North East LA's compared to the previous period (2013-15) Gateshead is still significantly worse than the England average, but is considered not significantly different to the North East level. Next update is provisionally due December 2018
LW21 - Healthy Life Expectancy at Birth (Female)	Strategic	2020 Tracker	64.0 years	-	60.6 years (2014-16)	Improved	<ul style="list-style-type: none"> Healthy life expectancy has increased compared to the previous 6-month report and is at its highest reported level for females in Gateshead. This is the highest increase in years for female healthy life expectancy that we have seen since the first published data (2009-11)

Indicator	Objective	Target Type	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
							<ul style="list-style-type: none"> Gateshead is still significantly worse than the England average, but is considered not significantly different to the North East level Next update is provisionally due December 2018
LW22 – Gap in Life Expectancy at Birth between each local authority and England as a whole (Male)	Strategic	2020 Tracker	-1.2 years	-	-2.0 years (2014-16)	Declined	<ul style="list-style-type: none"> The gap in life expectancy between Gateshead and the England rate for males has increased compared to the previous 6-month report. Gateshead is currently significantly worse than the England benchmark, and is higher but not significantly higher than the North East average. Gateshead is back at its joint highest gap in life expectancy. Next update is provisionally due December 2018
LW23 – Gap in Life Expectancy at Birth between each local authority and England as a whole (Female)	Strategic	2020 Tracker	-1.2 years	-	-1.9 years (2014-16)	Declined	<ul style="list-style-type: none"> The gap in life expectancy between Gateshead and the England rate for females has increased compared to the previous 6-month report. Gateshead is currently significantly worse than the England benchmark, and is higher but not significantly higher than the North East average. Gateshead is back at its joint highest gap in life expectancy. Next update is provisionally due December 2018
LW24(a) – Health Inequalities – Reduce the inequalities in Life Expectancy across Gateshead (Male)	Strategic	2020 Tracker	8.2 years	-	9.6 years (2014-16)	Improved	<ul style="list-style-type: none"> The gap in inequalities in life expectancy for males has reduced on the previous 6-month report. This is the first decrease in the gap in inequalities since the data was first published. Gateshead is in the second highest deprivation quintile in England for this indicator. Next update is provisionally February 2019
LW24(b) – Health Inequalities – Reduce the inequalities in Life Expectancy across Gateshead (Female)	Strategic	2020 Tracker	7.3 years	-	8.8 years (2014-16)	Declined	<ul style="list-style-type: none"> The gap in inequalities in life expectancy for females has increased on the previous 6-month report. This is the highest level of inequalities in life expectancy for females since this data became available. This is continuing a year on year trend of increasing inequalities in life expectancy between the least deprived and most deprived areas of

Indicator	Objective	Target Type	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
							<p>Gateshead.</p> <ul style="list-style-type: none"> Gateshead is in the highest deprived quintile in England for this indicator. Next update is provisionally February 2019

Table 2: Strategic Outcome Indicators Summary of Performance, Adult Social Care – Steph Downey

(Performance is measured against the position at the previous 6-month report (April 17 – September 17))

Indicator	Objective	Target Type	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
<p>Page 39</p> <p>Delayed Transfers of care from hospital, average days per day, per 100,000 population</p>	-	-	-	4.0 per 100,000	8.31 per 100,000 population aged 18+ (Apr to Aug 18)	Declined	<ul style="list-style-type: none"> In terms of DTOC, the targets for Gateshead are particularly challenging. The methodology used was to base the targets on the previous year Q3 performance (which was our best performing Quarter). The methodology does not consider improvements made by authorities previously and stretches the targets making 2018/19 even more of a challenge to achieve. Gateshead is currently worse than the new delayed transfers of care target. We are currently better than the provisional England rate for this period of 10.80 but worse than the provisional North East rate of 5.72. Gateshead has the 7th highest rate of 16 CIPFA (nearest neighbour) LA's.
<p>LW11 – Helping Older People to live independently – the proportion of older people 65+ still at home 91 days after hospital discharge to a reablement service</p>	Strategic	2020 Tracker	87.5%	87.5%	89.9% (Jan 18 - Jun 18 discharges)	Improved	<ul style="list-style-type: none"> The ASCOF definition monitors the indicator for only Oct, Nov and Dec discharges Please note the following is based on 6 month's data (January to June 2018 discharges). Performance across the year to date stands at 89.8% (360 out of 401) for all of those that were discharged from hospital in the reporting period and followed up 91 days later. Performance has been declining as the year has progressed, however remains higher than at the same period last year (85.1%) and is higher than the 2018-19 target (87.5%).

Indicator	Objective	Target Type	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
LW14(b) – Support for Carers in BME Communities	Strategic	2020 Tracker	2.0%	2.0%	0.7%	No change	<ul style="list-style-type: none"> • 6 BME Carers out of a total 859 carers have had an assessment, review or been in receipt of a carer related service during the period of April to September 2018 • There has been no change compared to the same time last year (Apr to Sep 2017) where the proportion of BME carers is the same (7 out of 1044).

**TITLE OF REPORT: Assistive and Digital Technology - Helping
people to stay at home safely**

**REPORT OF: Caroline O'Neill, Strategic Director Care,
Well-being and Learning**

SUMMARY

This report gives details of the evidence gathering session that will take place on 11 December 2018. The views of the Committee are being sought on the evidence presented and the future direction and developments.

Background

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

Purpose of this Session

This evidence gathering session will hear presentations from:-

- Lorinda Russell, Care Call Manager, Assistive Technology
- Roger Abbot, Digital Services Manager , Digital Technologies

The presenters will provide an overview of the current work being undertaken.

Assistive and Digital Technology within Social Care

OVERVIEW

The last decade has seen a significant change and increase in the use of digital solutions. The longer-term vision for commissioning social care and support sees huge opportunities for utilising this technology and embracing the change from analogue to digital platforms. This will help us transform the way our services are provided to complement the existing support provided.

Assistive and Digital Technologies can help us deliver advice, information, enabling, reassurance, independence as well as access and links to communities.

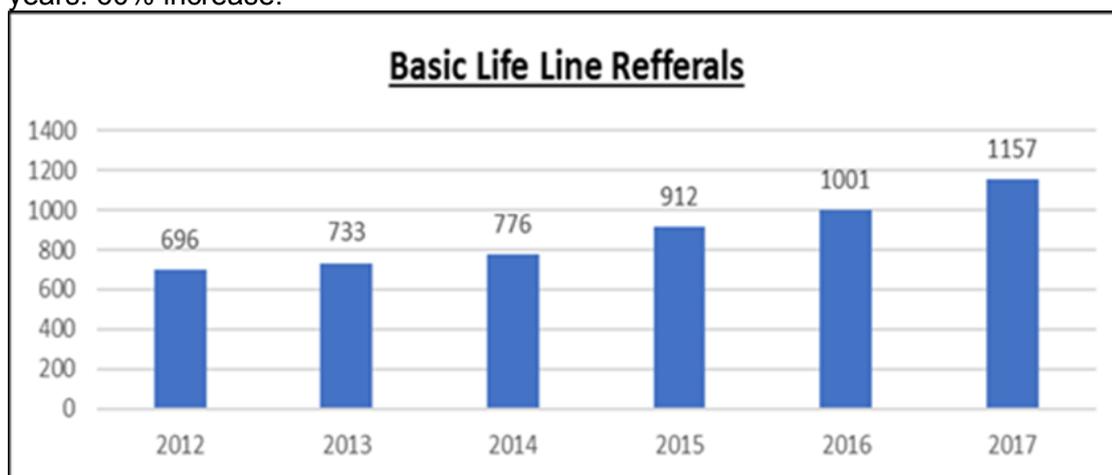
ASSISTIVE TECHNOLOGY

There are currently 8,300 residents of Gateshead who are connected via a range of Assistive Technology to Gateshead Council's Care Call Service.

GROWTH

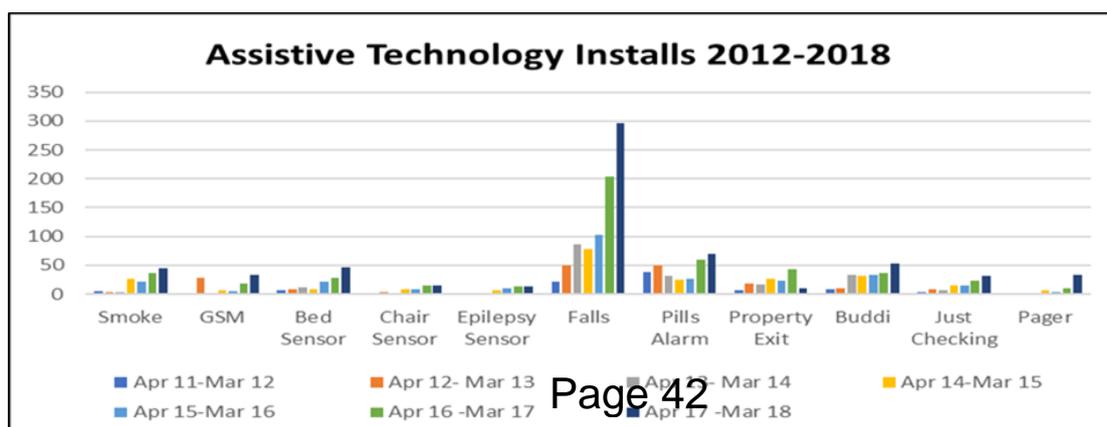
Basic System Referrals

The graph below shows the increasing referrals for basic Assistive Technology over the last 6 years. 60% increase.

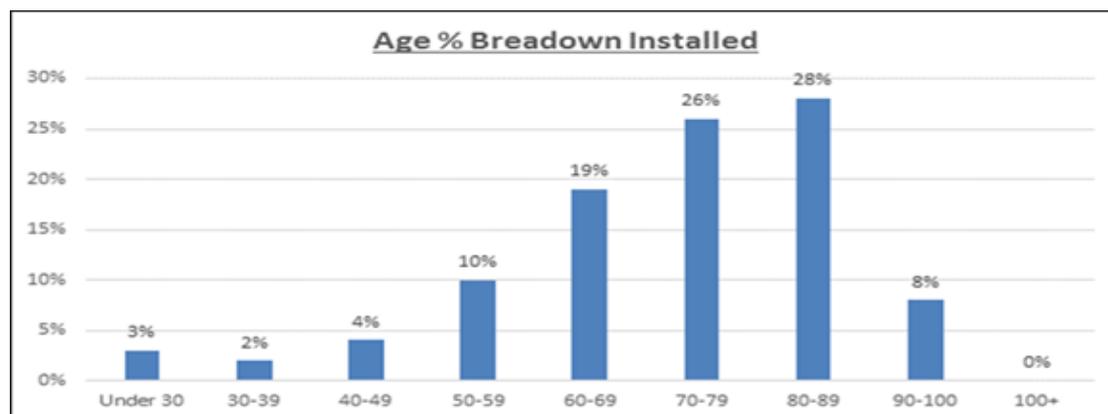


Advanced System Installations

Details the type of equipment that is being installed, this shows steady increases since 2012 to 2017 in installations, falls, medication, purposeful wandering and assessment tools like just checking.



Age Profile



EVOLVING TECHNOLOGY

We will be completing trials on a wide range of evolving technology, in particular around virtual assistants, some examples below of what other Local Authorities are currently piloting.

Hampshire

The potential to use Amazon Alexa software and associated devices to support people with severe disabilities.

Wigan

A project called Voice Controlled Empowerment, aimed to explore how Alexa could support people to live independently and bridge the 'digital literacy' gap that can prevent older people – especially those with cognitive impairments – benefiting from technology.

FUTURE DEVELOPMENTS

- Assistive technology within residential care
- ACT (Achieving Change Together) review of packages of care to improve the level of assistive technology to support clients.
- Virtual Assistants Pilot
- Commissioning Scoping Paper
- Council Strategy
- Capital Investment within Council Housing Stock
- Funding Opportunities

DIGITAL TECHNOLOGY – ADULT SOCIAL CARE FRONT DOOR

Overview

The Digital Gateshead programme assisted in a review of the Adult Social Care (ASC) front door and presented their findings in July 2018.

The research found

- High call volumes – an average of 3,171 per month (March – May 2018)
 - Initial 37% of calls abandoned before they reached an agent
 - Further 23% abandoned once call hits the telephony queue
 - Overall call abandonment rate of 60%

- Call talk time averages 15 mins
- More time was spent calling back service users rather receiving calls in the first instance
- High numbers of email – 1,275 per month on average
 - Email rarely contains all the information required so staff spend time in repeat contact
 - Email response time could be over 1 week, sometimes as long as 5 weeks

The Digital Gateshead programme made a commitment to provide resource to help improve the Adult Social Care Front Door project through improved IT, telephony, process mapping tools and digital services in order to:

- Help the Adult Social Care Direct team manage the demand on the service
- Reduce telephone contact, queue and wait times
- Promote the input of clean useful data to avoid waste
- Improve efficiency in the referral to the wider ASC team
- Increase awareness of ASC services with the public
- Improve the Customer Experience
- Channel shift to online form processes and therefore reduce contact by both telephone and email
- Reduce contact for further information whilst providing better quality information on www.gateshead.gov.uk and over the phone
- Provide customer data and intelligence
- Promote self-service and signposting

For the Digital workstream a key strand is the delivery of high quality online forms using the GOSS Digital Platform, with the following features;

- Structured layout with mandatory fields to ensure better quality information is submitted thus reducing the need for repeat contact
- Mobile friendly so forms are easy to complete on smartphones, tablets, laptops and PCs
- Understandable and accessible
- Signpost to relevant services as the form is completed
- Notifications to staff and clients when forms are processed
- A simple to use back office interface on the Intranet for staff to manage and triage incoming requests

On 12th November 2018 the ASC email address was removed from the website and replaced with the following online forms:

- Initial Care Assessment
- Care and support review
- General enquiry form

The forms will be reviewed and amended as required to ensure there is continuous improvement. The data and customer insight we receive from the launch of this new digital service will help inform future decision making. Particularly with the procurement of the new Social Care system.

Next Steps

In addition, Digital Gateshead will;

- Support an improvement plan for better web content assisted by the Business Manager for Safeguarding Adults
- Investigate the delivery of a directory of services so staff can more easily signpost over the phone and residents can self-serve
- Provide access to the Engage process mapping tool to support the development of new end to end processes and encourage shared learning

- Provide data and information on use and usefulness of the website using Google Analytics and Dashboards
- Complete a Safeguarding web form to add to the ASC contact page
- Deliver a customer account so service users can save and return to forms and track progress
- Monitor when and why people don't complete forms to see where further improvements could be made

FUTURE DEMAND

Over the next 10-15 years in Gateshead we will see an ageing population and we will need to maximise the benefits and opportunities provided by Assistive Technology, bringing these to the heart of our social care offer, working with Services, carers and communities to support healthy, fulfilled and independent lives.

STRATEGY

A new strategy is being developed which will encompass all Assistive and Digital Technologies looking at key themes around: -

- Prevention and Independence
- Information and Choice
- Future Proofing
- Partnership
- Value

Issues to Consider

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

- The future direction of Assistive and Digital Technologies
- Strategic Approach
- Access and support to Gateshead residents to enable the use of Digital Technologies

Recommendations

The views of the OSC are sought on the information provided.

Contact: Steph Downey: 3919

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TITLE OF REPORT: Safeguarding Adults Board Annual Report (2017/18) and Strategic Plan

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

SUMMARY

The purpose of this report is to present the Safeguarding Adults Board (SAB) statutory Annual Report 2017/18 and the updated 2018 refresh of the Strategic Plan 2016/2019.

Background

1. The Care Act 2014 enshrined in law the principles of Safeguarding Adults and the Safeguarding Adults Board subsequently became a statutory body in April 2015. The Care Act states that a Safeguarding Adults Board must:
 - publish a strategic plan for each financial year.
 - publish an annual report which details how the Board and its members achieved the objectives as identified within the strategic plan
2. The Gateshead Safeguarding Adults Board is independently chaired by Sir Paul Ennals. It has been a year of change throughout many of the partner organisations that make up the SAB and a number of changes to Board representatives. Despite this, along with ongoing public-sector austerity measures, the Annual Report illustrates that considerable progress has been made.

Annual Report 2017/18

3. The SAB 2017/18 Annual Report highlights progress throughout the 2017/18 financial year. The report also articulates how partner governance arrangements ensure members are accountable for Safeguarding Adults. The SAB has streamlined the way in which it operates, to seek to get the most out of the contributions of senior partners from all agencies. This includes the establishment of an Executive Group whose role is to monitor the effectiveness of the Board and its sub groups and to report directly to the Board on any emerging themes, risks areas of good practice and learning.
4. Key areas of work in 2017/18 include the development of a performance dashboard, the development of practice guidance for adult sexual exploitation, the implementation of a community and engagement strategy, improved links with the voluntary and community sector, maintaining compliance with Deprivation of Liberty Safeguards and a revised approach for responding to statutory Safeguarding Adult Reviews. During 2017/18 the Safeguarding Adults Board continued to explore opportunities for working collaboratively at a regional level.

Strategic Plan 2016/19 (2018 refresh)

5. The revised Strategic Plan 2016/19 (2018 refresh) sets out how the Safeguarding Adults Board will achieve its five Strategic Priorities which are:
 - Quality Assurance
 - Prevention
 - Community Engagement and Communication
 - Improved Operational Practice
 - Implementing Mental Capacity Act / Deprivation of Liberty Safeguards
6. The Strategic Plan includes key challenges to be addressed over the three-year period. 2018/19 is the final year of the three-year Strategic Plan and is supported by a Business Plan for 2018/19, which helps to reprioritise the work of the Board to ensure that the Strategic Priorities are addressed.

Strategic Plan 2019/24 Consultation

7. The Safeguarding Adults Board has commenced a programme of consultation and engagement over the coming months in preparation for the new Safeguarding Adults Board Strategic Plan which will commence in April 2019. The Safeguarding Adults Board have suggested that this strategy will be a five-year strategy, with annual refreshes in accordance with the Care Act statutory guidance.
8. The Safeguarding Adults Board want to hear the views and ideas of the public and partner organisations. A survey is available on the [Safeguarding in Gateshead website](#) and can be accessed [here](#). This has been circulated to key stakeholders, commissioned providers and voluntary and community sector organisations. In addition, consultation sessions have been arranged with residents including representatives from the Gateshead Council Shared Lives scheme, residents of the Shadon House Promoting Independent Centre and a focus group for The Gateshead Housing Company tenants.

Recommendation

9. The committee is asked to consider and comment on the Safeguarding Adult Board Annual Report 2017/18 and Strategic Plan 2016/19 (2018 refresh).

Gateshead Safeguarding Adults from Abuse

Safeguarding Adults Board

Annual Report
- 2017/18 -

August 2018

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Introduction

It has been a pleasure and an honour to chair the Gateshead Safeguarding Adults Board (SAB) for the past year. The Board is strong – it adopts the principle of providing high support and high challenge to all partners. We can have robust discussions within the Board, within an environment where each agency supports each other and is committed to working together in order to keep the people of Gateshead safe.

Working together is always important. Keeping vulnerable adults safe requires creative working across traditional boundaries, encouraging staff and community members to think out of their normal lines, sharing information and ideas willingly. Austerity makes this even more important, when all agencies are having to cut back on what they can afford, and conjure up new and better ways of delivering services. Partners in Gateshead have shown their commitment to strengthening multi-agency working, and seeking to shift resource towards prevention and early intervention.

We have successfully delivered what we set out to do within our Strategic Plan. Our Executive Group closely monitors delivery, and intervenes if we encounter blockages to effective joint working. We can be proud of the way in which we have collectively responded at times of crisis – for example, when a residential care home closed at very short notice. We have evidence that our approach to trafficking is having a positive effect, and that we can respond rapidly if incidents occur.

In the coming year I hope that we will further improve our communications with members of the community. We have further to go to support community members in knowing how to respond to need in their neighbourhood. Cases of self-neglect are still too common, where elderly vulnerable people can gradually stop caring for themselves; we need to strengthen the belief of everyone within Gateshead that we all have a responsibility to look out for each other. And nobody should walk by if they suspect that a vulnerable person is being financially abused – the continued existence of scammers and loan sharks in Gateshead is a scar on the face of the community.

We can never say confidently that everyone is safe within Gateshead. The circumstances in which people live can change suddenly, and any one of us can face life events that move us from comfort into disorder. All agencies are facing the prospect of further cuts in the year ahead, which reduces their ability to provide all the services that they believe are needed. But our partnerships are strong, services in Gateshead are becoming ever more responsive to the challenges that people face, and we are determined to work together in the face of the challenges.

The board is in good shape, and ambitious for the future. Much of this can be attributed to the major contributions of partner agencies who chair subgroups, lead on the programmes of work, and ensure that most people in Gateshead remain safe. In particular, though, our thanks are due to the admirable work of Carole Paz-Uceira as Board Manager, and Gemma Crawley as Administrator.



Sir Paul Ennals
Independent Chair, Gateshead Safeguarding Adults Board



Policy Context

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

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

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

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

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

Safeguarding in Gateshead

Gateshead SAB

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

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

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

In law, the statutory members of a SAB are defined as the local authority, the local police force and the clinical commissioning group. However, in Gateshead, we recognise the importance of the contribution made by all of our partner agencies and this is reflected by the wider Board membership (correct as of July 2018):

- Gateshead Council
- Northumbria Police
- Newcastle Gateshead Clinical Commissioning Group (CCG)
- Lay Member
- Gateshead NHS Foundation Trust
- South Tyneside Foundation Trust;
- Northumberland Tyne and Wear NHS Foundation Trust
- Gateshead College
- The Gateshead Housing Company
- Tyne and Wear Fire and Rescue Service
- Northumbria Community Rehabilitation Company
- National Probation Service
- Oasis Aquila Housing and Mental Health Concern, on behalf of the voluntary sector

During 2017/18 the SAB reviewed governance arrangements. This resulted in a reduction in the number of Board meetings from six to four, along with the establishment of an Executive Group that meets quarterly. The Executive Group brings together the Independent Chair, the three statutory authorities and the Sub-Group Chairs. The role of the Executive is to monitor the effectiveness of the Board and its sub groups and to report directly to the Board on any emerging themes, risks, areas of good practice and learning. The Executive Group scrutinises the annual Business Plan to ensure that progress is on schedule.

The SAB and Executive Group are supported by five Sub-Groups:

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

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

- **Safeguarding Adult Review Group** (Chaired by an officer from Newcastle Gateshead Clinical Commissioning Group)

The Safeguarding Adults Review Group (SARG) was established in early 2017 as it was recognised that the volume of Safeguarding Adult Review referrals necessitated a dedicated Sub-Group with skilled and experienced officers from partner organisations. The SARG considers Safeguarding Adult Review referrals, commissions reviews and subsequently monitors their progress. The SARG may also oversee discretionary reviews into cases that do not meet the criteria for a Safeguarding Adult Review, where the group feel there are multi-agency lessons to be learned. It collates and reviews recommendations from Safeguarding Adult Reviews and other reviews, ensuring that achievable action plans are developed and that actions are delivered.

- **Quality and Assurance Group** (Chaired by an officer from Gateshead NHS Foundation Trust)

The Quality and Assurance Group (QAG) has developed and implemented a Quality and Assurance Framework that provides a structure for scrutinising activity that is undertaken by Board member agencies and

relevant services or organisations. The group monitors and scrutinises the quality of activities to ensure that the interventions offered are person-centred, proportionate and appropriate. It is also responsible for the development of a performance dashboard and for considering lessons learned that are identified nationally, regionally and locally from any cases requiring a Safeguarding Adults Review (SAR), Serious Case Review or any other review process relevant to the Safeguarding Adults agenda.

- **Training Group** (Chaired by an officer from the Local Authority)

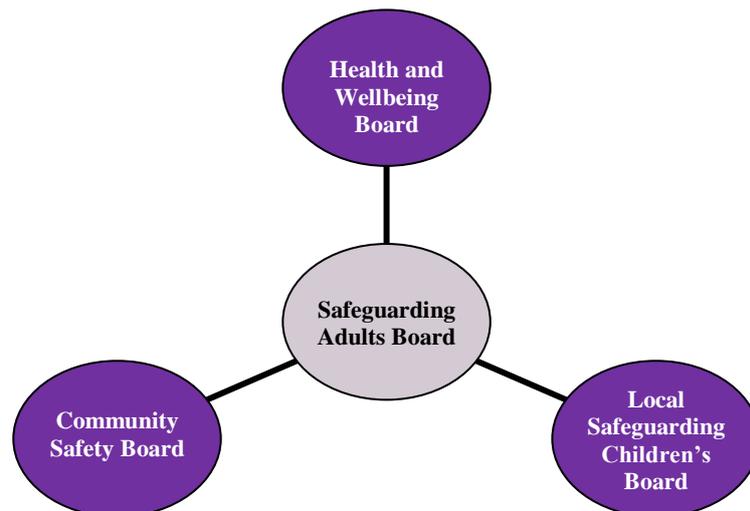
The Training Group coordinates and develops Safeguarding Adults training and Mental Capacity Act / Deprivation of Liberty Safeguards training that is accessible for practitioners and managers in a multi-agency setting. For the purposes of quality assurance, data is monitored regarding attendance, cancellation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

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

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

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

The SAB has developed strong links with other local multi-agency partnerships



For example, the Community Safety Board lead on the CONTEST and Prevent agenda but partners within the Safeguarding Adults Board are involved in the Prevent Strategy and Implementation Group.

Partner Governance Arrangements and Scrutiny

Board members are responsible for ensuring that governance arrangements for Safeguarding Adults are incorporated within the structure of their own organisations, and that there are mechanisms for disseminating and sharing information from the SAB. This information is included within partner Quality Assurance Frameworks that are presented to the Quality and Assurance Group. Details of inspection results for partner organisations are also shared at the Quality and Assurance Group and the SAB. Examples of governance and scrutiny arrangements:

- **Gateshead Council** – The Care, Health and Wellbeing Overview and Scrutiny Committee receive updates from the SAB. Key areas of work are also submitted to Care, Wellbeing and Learning Group Management Team and Cabinet for approval. The Gateshead Council Internal Audit service are responsible for ensuring that the Board, and Gateshead Council, are meeting their statutory duties.
- **Newcastle Gateshead Clinical Commissioning Group (CCG)** – An Executive Director holds the lead for the safeguarding portfolio. A Children and Adults Safeguarding Committee meets six times per year and a quarterly strategic safeguarding forum is held with providers. The CCG safeguarding committee reports to the CCG Quality Safety and Risk Committee which in turn reports to the CCG Governing Body.
- **Northumbria Police** – The force has undertaken a restructure to create a new Safeguarding Department illustrating significant investment in this

area of work. All learning from national and local serious case reviews are scrutinised during Critical Incident Boards which are attended by the Chief Officer Team and Senior Officers.

- **Gateshead Health NHS Foundation Trust** - The Trust Safeguarding Committee continues to meet on a bi-monthly basis and is chaired by the Director of Nursing, Midwifery and Quality. The named professional and Safeguarding Adult leads report to the Safeguarding Committee, the Quality Governance Committee and the Trust Board.
- **Northumbria Community Rehabilitation Company (CRC)** – There are clear lines of governance and accountability for Northumbria CRC via the Ministry of Justice and National Offender Management Service and the CRC are subject to a number of audits and inspections. The quality assurance team conduct monitoring exercises on a monthly basis which includes evaluating safeguarding work.
- **National Probation Service** – There is a designated senior manager within each National Probation Service Division, who acts as a strategic lead for safeguarding adults work, and a local Head of Cluster who attends the Safeguarding Adults Board or delegates to a suitable deputy.
- **The Gateshead Housing Company** – The Executive Director of Operations has overall strategic responsibility for Safeguarding Adults. The Customers and Communities Committee receive quarterly updates on all safeguarding activity and a detailed annual overview report.
- **Oasis Aquila Housing** – Ultimate safeguarding responsibility sits with the Board of Trustees. Overseeing safeguarding is one of their integral responsibilities and as such they have received updates from the executive. Under the Board there is a Safeguarding Sub-committee which is chaired by the trustee designated ‘safeguarding champion’. Each of Oasis’s services has an internal annual review for quality assurance purposes and this includes practice development to ensure safeguarding practice is consistent and in line with local and national policy.
- **Gateshead College** - The College operates a Safeguarding Steering Group which is attended by senior managers from across College to discuss and action safeguarding issues. In addition, a College Governor acts in the role of ‘Safeguarding Governor’ and attends a termly safeguarding group to act as a critical friend. An annual Safeguarding report is provided to the Executive team and the Board of Governors.
- **Northumberland, Tyne and Wear NHS Foundation Trust (NTW)** – NTW has a Safeguarding and Public Protection committee that meet six times a year. The trust board receive bi-monthly reports including updates from the SAB. During the Care Quality Commission (CQC) inspection of 2016 the

Trust were rated as Outstanding. An internal audit provided assurance that the Trust has robust arrangements in place to safeguard people's health, wellbeing and human rights in relation to its Domestic Abuse.

- **Tyne and Wear Fire and Rescue Service** – All staff have a responsibility for safeguarding and the designated safeguarding team are responsible for addressing concerns utilising the Safeguarding Adults Policy.
- **South Tyneside Foundation Trust** – Safeguarding is integral to patient care. There is strong leadership ensuring that safeguarding processes are understood, assured and improved.

Strategic Plan 2016/19 and Annual Business Plan 2017/18

The Gateshead Strategic Plan 2016/19 was approved by the SAB in March 2016 and was updated in March 2017. This was the first Strategic Plan for the now statutory SAB. The three-year plan incorporates five strategic priorities:

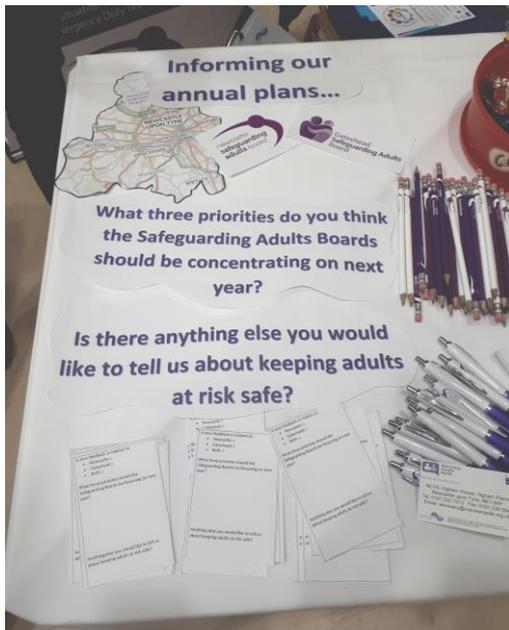
- **Quality Assurance**
- **Prevention**
- **Community Engagement and Communication**
- **Improved Operational Practice**
- **Implementing Mental Capacity Act / Deprivation of Liberty Safeguards**



The three-year Strategic Plan is supported by an Annual Business Plan 2017/18 to enable the Board to prioritise and focus activity over the three-year period. To enable the SAB to fulfil its statutory obligations and the key principles of partnership and accountability, an additional priority of 'Strategic Governance' has been included within the annual business plan.

Annual Report 2017/18 Consultation

The Annual Report has been developed in consultation with a variety of stakeholders, and underpinned by performance information and feedback. The SAB held a development day in February 2018 to reflect upon progress during 2017/18 for the Annual Report and to ensure that the Annual Business Plan for 2018/19 would enable the Board to focus activity and assist in meeting the challenges identified within the Strategic Plan.



Stakeholder consultation included:

- Community and Voluntary Sector – February 2018 event organised by Newcastle CVS
- Practitioner feedback – via Sub-Groups, training courses and workshops
- Commissioned Providers – November 2017 provider event

Key Achievements 2017/18

The Annual Report must demonstrate what both the Safeguarding Adults Board (SAB) and its members have done to carry out and deliver the objectives of its strategic plan. The key achievements for 2017/18 are documented below and are aligned to the SAB Strategic Priorities.

➤ Quality Assurance

- **Implementation of Quality Assurance Framework**

The Quality and Assurance Group developed a Quality Assurance Framework (QAF) for completion annually by all organisations on the SAB. Each partner organisation is expected to complete the comprehensive document and present at the Quality and Assurance Group to enable scrutiny and challenge. The Safeguarding QAF is a useful tool that enables partner organisations to reflect upon their progress within the Safeguarding Adults agenda and drive forward continuous improvement.

- **Development of Performance Dashboard**

The Quality and Assurance Group have developed a performance dashboard.

Gateshead SAB Performance Scorecard 2017-2018															
LATEST UPDATE: 31st January 2018				Previous Years Figures											
				Better than statistical neighbours			Worse than statistical neighbours								
Ref	Measure	Sub measure	Date Scored	Flag set	14/15	15/16	16/17	18 month Avg (26)	Trend Line	North East Area %	Nations level	Direct op of Test	Risk Rate	QA Group Recommendation	Narrative, comment, Action
Theme 1 - Safeguarding Concerns															
11	Values of concern		Current		2034	1259	903								
12	Concerns per 100,000 population		Current		1259	779	559			14%	83%				
13	Category of abuse	Physical abuse (%)	Current		3.6%	4.1%	3.8%								
		Sexual abuse (%)	Current		10.6%	13.4%	9.2%								
		Psychological abuse (%)	Current		14.3%	16.0%	14.4%								
		Financial or material abuse (%)	Current		0.3%	1.3%	0.7%								
		Discriminatory abuse (%)	Current		0.6%	0.4%	1.1%								
		Organisational abuse (%)	Current		40.3%	39.2%	46.5%								
		Neglect and acts of omission (%)	Current		1.8%	1.3%	0.8%								
		Domestic abuse (%)	Current		0.0%	0.1%	0.2%								
		Misuse of power (%)	Current		4.5%	3.4%	2.3%								
		Self neglect (%)	Current		0.0%	0.3%	0.8%								
Sexual exploitation (%)	Current		52.3%	41.5%	33.8%										
14	Location of abuse	Own Home (%)	Current		4.5%	3.0%	2.3%								
		In the community (excluding community services) (%)	Current		0.3%	2.4%	2.3%								
		Care Home - Nursing (%)	Current		13.4%	15.1%	24.0%								
		Care Home - Residential (%)	Current		22.2%	27.5%	31.0%								
		Hospital - Acute (%)	Current		1.1%	1.2%	1.3%								
		Hospital - Mental Health (%)	Current		0.4%	0.8%	0.6%								
15	Age group	Hospital - Community (%)	Current		0.4%	1.3%	1.2%								
		Other (%)	Current		4.4%	6.1%	2.5%								
		16 to 64 (%)	Current		33.8%	34.2%	27.1%								
		65 to 74 (%)	Current		13.0%	14.4%	12.6%								
		75 to 84 (%)	Current		24.8%	22.3%	28.2%								
85 to 94 (%)	Current		25.0%	24.8%	26.6%										
95 plus (%)	Current		3.4%	4.4%	5.4%										

The dashboard contains standard Safeguarding Adult data with regards to Safeguarding Concerns and Section 42 Enquiries. It also incorporates information on Making Safeguarding Personal, Safeguarding Adult Referrals, Provider Concerns, Training and Deprivation of Liberty Safeguards. Where possible, comparisons are made with regional and national datasets. The Quality and Assurance Group analyse the dashboard information to determine future workstreams. For example, we know that Gateshead has a higher proportion of cases that are attributed to neglect, and we are investigating why this is the case.

- **Learning from Regional and National Safeguarding Adult Reviews (SARs)**
The Quality and Assurance Group review recent regional and national SARs and relevant Domestic Homicide Reviews to consider if there is learning for Gateshead. For example, the group have scrutinised the Newcastle Joint Serious Case Review into Sexual Exploitation and a Domestic Homicide Review from Northumberland. Any lessons learned that are applicable to Gateshead are then actioned.
- **Regional Approach**
The SAB Executive Group were keen to explore opportunities for working collaboratively at a regional level. The Business Manager actively engages with the Regional Association of Directors of Adult Social Services (ADASS) Safeguarding leads meeting and the national Business Managers network to share and learn from best practice.

An example of developing a regional approach is the development of a regional procurement process for SAR Chairs. Whilst undertaking the first post Care Act statutory SAR in Gateshead we experienced delays in the process due to difficulties with procuring a suitable Report Writer and Chair. Subsequent conversations regionally and nationally identified that there is a dearth of good quality Report Writers and Chairs with significant variations in quality, cost and availability. Gateshead subsequently instigated discussions with the North-East Procurement Organisation (NEPO) about the possibility of establishing a regional SAR portal. Procurement and Safeguarding leads from several localities met in Gateshead in September 2017 and agreed to go ahead with the project with the inclusion of Report Writers and Chairs for Domestic Homicide Reviews and Child Serious Case Reviews. Assurances were provided that the portal would provide sufficient flexibility to enable SABs to commission Report Writers and Chairs with appropriate expertise in the type of review required. The Portal went live in 2018.

➤ **Prevention**

- **Training**
The SAB Training Sub Group worked alongside the LSCB and Community Safety Board to produce a comprehensive training directory for 2017/18. Training courses advertised within the directory are free of charge to practitioners within Gateshead. To encourage greater attendance at training courses, the Board introduced a charging policy for non-attendance.

The Training Sub Group organised a Learning Needs Analysis (LNA) to help future training across the SAB, LSCB and Community Safety Board. The LNA was helped to ensure that work on the development of bespoke training courses was evidence based.

A recruitment drive was held to encourage partner agencies to nominate officers to join the multi-agency Level 1 Raising Concerns trainer pool. A train the trainer session was subsequently held for all of our multi-agency trainers. Both the Level 1 and Level 2 training courses were updated to incorporate more recent case examples and learning.

	Number of courses	Number of delegates
Level One – Raising Concerns	14	594
Level Two – Policy and Procedure	4	91

Bespoke on-site training is offered by the Gateshead Council Safeguarding Adult operational team, for a fee, to providers who struggle to get staff to attend the multi-agency safeguarding training.

Partner agencies continue to develop bespoke in-house Safeguarding Adult courses. For example, the Gateshead NHS Foundation Trust incorporated community health services and ensured that bespoke training was developed and delivered to all staff.

- **Adult Sexual Exploitation**

The SAB tasked the Gateshead Joint Strategic Exploitation Group with improving our response to adult sexual exploitation in Gateshead. Partners within the Board continued throughout 2017/18 to contribute to Operation Sanctuary which is a Northumbria Police led initiative, which aims to tackle and investigate perpetrators who commit or attempt to commit sexual exploitation and to safeguard and support vulnerable adults and children who are victims of sexual exploitation and / or trafficking. During 2017/18 the Strategic Exploitation Group drafted guidance on Adult Sexual Exploitation for front line practitioners including referral pathways, screening tools and case management. The SAB was successful in obtaining funding from the Northumbria Police and Crime Commissioner Supporting Victims Fund to support training in sexual exploitation.

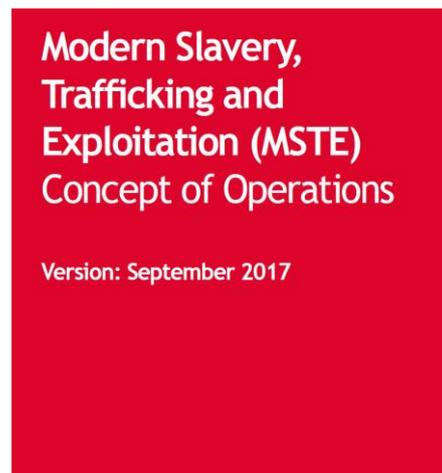
- **Provider Concern Process**

A new risk based serious provider concern process was introduced in January 2017 to provide a structured and standardised approach for gathering qualitative and quantitative data from service providers. This demonstrates an effective example of collaborative working between Gateshead Council and Newcastle Gateshead CCG. The information captured by the provider concern process is used to inform decisions on contact management actions related to contract compliance including any 'Serious Provider Concerns'. Information on provider concerns is shared via the SAB performance dashboard and culminates in an annual 'State of Care' report presented to the SAB. The introduction of the provider concern process has enabled non-safeguarding related contract based issues to be dealt with in a proportionate and effective manner, rather than

being escalated unnecessarily through the safeguarding process. The Provider Concern process is an important tool in a multi-agency drive to help facilitate market stability.

- **Modern Slavery Concept of Operations**

The Joint Strategic Exploitation Group has strategic oversight of the Modern Slavery agenda. The SAB approved the Gateshead Modern Slavery Concept of Operations in July 2017. The document supports a Multi-Agency response to Modern Slavery and focuses very much on what roles and responsibilities partner organisations may undertake within that response. Hope for Justice were commissioned by the Safeguarding Adults Board to deliver three training courses on Modern Slavery for front line practitioners.





- **Fire Safety and Emergency Preparedness**

Following on from the devastating Grenfell Tower disaster in London, the Gateshead SAB sought assurance from Tyne and Wear Fire and Rescue Service, The Gateshead Housing Company and the Gateshead Council Resilience Team regarding fire safety measures and our preparedness for such an emergency in Gateshead. The Board were satisfied that within Gateshead robust arrangements were in place.

- **Housing**

The SAB continues to recognise the importance of housing within the Safeguarding Adult agenda. The SAB held a workshop that explored the implications of the upcoming Homelessness Reduction Act and incorporated ensuing actions within the ongoing Safeguarding Adults Housing Improvement and Development Action Plan. The SAB recognises the excellent contribution colleagues in The Gateshead Housing Company make towards the Safeguarding Adults agenda, as demonstrated within their Safeguarding Adult Quality Assurance Framework. They are a member of Northumbria University's Hoarding Research Group, Chair the SAB Practice Delivery Group, have established a new officer role of Partnerships and Inclusion which will support safeguarding activity and were asked to share their best practice safeguarding adult work at the Northern Housing Consortium regional conference.

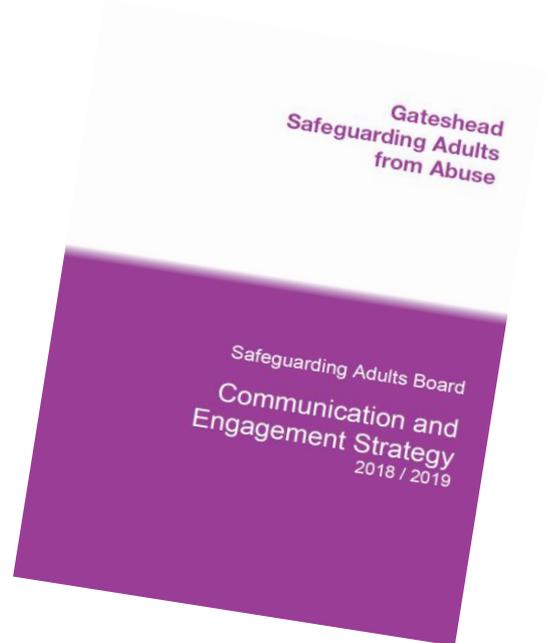
➤ **Community Engagement and Communication**

• **Published Communication and Engagement strategy**

The Practice Delivery Group focussed attention upon the development of a Safeguarding Adults Communication and Engagement Strategy.

The aims of the strategy are twofold:

- 1) We want to improve and strengthen how we communicate and engage with service users, staff, stakeholders and the wider public to raise awareness and promote key messages about safeguarding adults in Gateshead
- 2) We want to build community resilience so that our residents are better equipped to keep themselves safe from harm



The Strategy outlines the main target audiences for our Communication and Engagement activity and what our key messages are to maximise impact.

• **Engagement with Community and Voluntary Sector**

Throughout 2017/18 work was undertaken to improve our links with the Community and Voluntary Sector via Newcastle Council for Voluntary Services (NCVS) who currently co-ordinate activity for community and voluntary sector organisations in Gateshead. Regular updates from the Safeguarding Adult Board are included within the NCVS newsletter 'On the Hoof' – for example clarification was given that CVS members can access our training free of charge. A recruitment drive was undertaken to encourage CVS members to join our Practice Delivery Sub Group. The Gateshead Safeguarding Adults Business Manager, along with the equivalent officer in Newcastle, gave a presentation to CVS colleagues at a Wellbeing and Health Open Forum about Safeguarding Adults and consulted with organisations about their priorities for Safeguarding Adults.

- **SAB newsletters**

The SAB continues to produce quarterly newsletters that are circulated widely to partner organisations, including our commissioned providers.



➤ **Improved Operational Practice**

- **Safeguarding Adult Reviews (SARs)**

The SAR Group revised their SAR practice guidance for front line staff within Gateshead during 2017/18 to facilitate a more flexible and robust approach to SARs. The SAR Group effectively co-ordinated and responded to 13 SAR referrals during 2017/18, the detail of which is included further in this report. Recommendations from the SAR referrals, and subsequent enquiries, have been subsequently actioned. For example, concerns were raised by Northumbria Police that partners were not immediately contacting the police if there were concerns about wilful neglect, which had impeded some investigations. As a result, awareness was raised with partners within the Board, Sub-Groups and via the Board newsletter.

- **Making Safeguarding Personal**

A Making Safeguarding Personal health check was completed to feed into a regional Association of Directors of Adult Social Services (ADASS) review of Making Safeguarding Personal and the implementation of Care Act 2014 Safeguarding Adult statutory guidance. The health check was a useful exercise and recommendations from the health check will help to shape the 2018/19 revision of the Multi-Agency Policy and Procedures.

- **Revised electronic recording**
Comprehensive revisions were made to the Carefirst forms, which capture all Safeguarding Adult activity in Gateshead. This has enabled Gateshead to capture all of the information required by NHS Digital for the statutory Safeguarding Adult Collection annual return, including discretionary information. This means that from 2018/19 our performance dashboard will contain a more comprehensive dataset. Partner agencies continue to improve their data recording, for example the Queen Elizabeth Hospital has ensured that their Datix system mirrors the revised Carefirst forms. Oasis Aquila Housing have implemented a new data recording system.
- **Improved information sharing from Primary Care**
The Newcastle Gateshead Clinical Commissioning Group continue to improve engagement of GP's within the Safeguarding Adult process on both proactive and reactive levels. This includes awareness raising about the need to raise Safeguarding Adult Concerns across the ten categories of abuse and engagement with GP's in S42 Enquiries.

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

- **Maintain compliance with Deprivation of Liberty Safeguards**
Gateshead Council, as DoLS Supervisory Body, continues to remain legally compliant with the judgement despite the national challenges and evidence to suggest there are significant backlogs locally and nationally.

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

Our Performance 2017/18

Safeguarding Adults Headline Performance

A summary of the headline performance information is provided below.

The 2018/19 financial year will be the first year in which we have a complete year of data contributing towards the performance dashboard. This will provide a more comprehensive performance picture, including detailed information about provider concerns.

- **Volume of Concerns and Enquiries**

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

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

In 2017/18 there were 1097 Safeguarding Adult Concerns which led to 445 Section 42 Safeguarding Enquiries. In percentage terms, 40.6% of Concerns led to a Section 42 Enquiry. In comparison, in 2016/17 there were 1259 concerns which led to 462 enquiries thereby having a 36.7% conversion rate.

These figures illustrate a continued decline in the volume of both Concerns and Enquiries. This has resulted in comprehensive analysis and discussion at the Quality and Assurance Group, Executive Group and Board. Partners are satisfied that the decline can be attributed to:

- Improved partner awareness about safeguarding adults, resulting in less inappropriate Safeguarding Adult Concerns being raised
- Introduction of provider concern process – non-safeguarding contract compliance issues are managed via provider concern process
- Strengthened adult social care ‘front door’ arrangements, resulting in greater alignment with the Multi-Agency Safeguarding Hub (MASH) and adult social care, ensuring that cases are only progressed into safeguarding if they meet the criteria.

- **Categories of Abuse**

The following performance information relates to the primary category of abuse recorded for concerns. The most common category of abuse was

Neglect and Acts of Omission which represented 49.86% of all Safeguarding Concerns raised. This was followed by Physical Abuse (20.88%) and Financial and Material (14.95%). This followed a similar pattern to the previous year.

The new categories of abuse introduced by the Care Act represented relatively small volumes in 2017/18:

- Domestic Violence – 9 cases, 0.82%
- Modern Slavery – 0 case, 0.00%
- Self Neglect – 30 cases, 2.73%

- **Age**

71.74% of all Safeguarding Concerns were raised for Adults aged 65 and older, equating to 787 cases.

Deprivation of Liberty Safeguards (DoLS)

For the period April 2017 to March 2018 Gateshead Council received 2113 Deprivation of Liberty Safeguard applications. This was a slight decrease in activity from the previous financial year (2118) and hopefully represents a levelling out of the demands placed on local authorities in meeting statutory obligations.

The highest rate for DoLS applications remains with those over the age of 65. Within Gateshead this represents 1821 applications for those aged over 65 and 292 for those under 65.

There were 272 applications which have not been authorised, due to various standard reasons. Where a specific reason was stated the most significant was for 'Mental Capacity requirement', which took place in 64 cases.

Our demographics remain in accordance with previous data with predicted higher percentages of those 85+ being more likely to be subject to DoLS authorisations, (40%) and those more likely to be females (61%).

Safeguarding Adults Reviews (SARs)

The SAR Group is responsible, on behalf of the Gateshead SAB, for statutory SARs introduced by the Care Act 2014. The SAB has produced a SAR Practice Guidance note to provide a framework for SARs in Gateshead.

During 2017/18 the SARG received 13 Safeguarding Adult Referrals. Of those:

- 1 progressed to Joint SAR / Domestic Homicide Review. The Independent Chair was appointed in April 2018 and the full report and recommendations are scheduled to be published towards the end of 2018.
- 1 progressed to a discretionary multi-agency appreciative enquiry. This enquiry was put on hold due to the needs and wishes of the Adult at Risk but has re-commenced and will be published towards the end of the 2018/19 financial year
- 1 contributed towards a drug related death review. This referral instigated a constructive discussion with the Chair of the Drug Related Death Group in Gateshead. As a result, the Safeguarding Adults Business Manager is now a member of the Drug Related Death Group. Members of the Drug Related Death Group are also requested to consider the criteria for a SAR for all drug related deaths.
- 5 resulted in single agency reviews.

All reviews and enquiries are reported back to the SAR Group for scrutiny and challenge. Learning from reviews is fed into the Quality and Assurance Group and Training Group when there are specific actions or learning that needs to be taken forward.

The Executive Group discussed and agreed expectations from partner agencies with regards to internal scrutiny and challenge for single agency reviews. Should there be any outstanding actions or learning these are reported to the relevant Board Sub-Group for progress.

During the 2017/18 financial year the Gateshead SAB published a SAR for Adult A. The final Overview Report was presented and approved at the SAB in July 2017 and the recommendations have been monitored by the Quality and Assurance Group. Adult A was an 81 year old lady who lived alone and died on 17th February 2015 in Queen Elizabeth Hospital (QEH). The cause of death was identified as cardiac failure, sepsis and extensive pressure sores due to immobility. Adult A's health was declining over the period before her death, she refused Hospital admission on a number of occasions. At times, Adult A also refused care and treatment at home. There were a number of

agencies involved with Adult A and the SAB made the decision to refer Adult A for a SAR, despite the fact that she died prior to the Care Act statutory guidance introducing self-neglect as a category of abuse. Most of the recommendations were completed in advance of the production of the final report. Most importantly, self neglect cases are now incorporated within Safeguarding procedures and practice guidance was produced for front line practitioners. The complexity of self-neglect, and subsequent learning from single agency enquiries, has meant that this self-neglect guidance will be updated within 2018/19.

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Gateshead Safeguarding Adults Board

Strategic Plan 2016-2019

2018 update

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Introduction

This is the first Strategic Plan for the now statutory Gateshead Safeguarding Adults Board post implementation of the Care Act (2014) on April 1st 2015. This three year Strategic Plan is supported by annual Business Plans to enable the Board to prioritise and focus activity over the three year period. Of course, the national and local policy landscape is constantly changing and it is important to review the Strategic Plan on an annual basis to ensure that the Strategic priorities remain right for Gateshead. **This plan has been reviewed and updated in April 2018.**

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

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

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

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

Policy Context

The Care Act 2014 has enshrined in law the principles of Safeguarding Adults, which will not only ensure that the most vulnerable members of society are afforded appropriate support and protection, but will also help them to live as independently as possible, for as long as possible. Chapter 14 of the Care and Support Statutory Guidance issued under the Care Act replaces the No Secrets document as the statutory basis for all safeguarding activity. This was updated in March 2016 by the Department of Health. The Care Act sets out the Safeguarding Adult responsibilities for Local Authorities and their partners. It places a duty upon Local Authorities to establish Safeguarding Adults Boards.

A corner stone of the Care Act is the general responsibility placed on all local authorities to promote wellbeing. Significantly, the Care Act emphasises the importance of beginning with the assumption that individuals are best placed to judge their own wellbeing. Under the definition of wellbeing, it is made clear that protection from abuse and neglect is fundamental.

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

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

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

Gateshead Safeguarding Adults Board

Our vision

Our vision for adult safeguarding in Gateshead is:

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

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

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

Governance arrangements

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

In law, the statutory members of a Safeguarding Adults Board are defined as the local authority, the local police force and the relevant clinical commissioning group. However, in Gateshead, we recognise the importance of the contribution made by all of our partner agencies and this is reflected by the wider Board membership (correct as of April 2018):

- Gateshead Council
- Northumbria Police
- Newcastle Gateshead Clinical Commissioning Group (on behalf of NHS England, North East Ambulance Service and incorporating GP lead for Adult Safeguarding)
- Lay Members
- Gateshead NHS Foundation Trust
- South Tyneside Foundation Trust
- Northumberland Tyne and Wear NHS Foundation Trust
- Gateshead College
- The Gateshead Housing Company
- Tyne and Wear Fire and Rescue Service
- Northumbria Community Rehabilitation Company
- National Probation Service
- Oasis Aquila Housing
- Mental Health Concern
- National Probation Service

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

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

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

- **Safeguarding Adult Review Group** (Chaired by an officer from Newcastle Gateshead Clinical Commissioning Group)

The Safeguarding Adults Review Group (SARG) will consider Safeguarding Adult Review referrals, commission reviews and subsequently monitor their progress. The SARG may also oversee discretionary reviews into cases that do not meet the criteria for a Safeguarding Adult Review, where the group feel there are multi-agency lessons to be learned. It will collate and review recommendations from Safeguarding Adult Reviews and other reviews, ensuring that achievable action plans are developed and that actions are delivered.

- **Quality and Assurance Group** (Chaired by an officer from Gateshead NHS Foundation Trust)

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

- **Training Group** (Chaired by an officer from the Local Authority)

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

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

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

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

Developing the Strategic Plan

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

Stakeholder consultation included:

- Safeguarding Adults Board partner organisations
- Practice Delivery Group
- Health Partners Network
- Healthwatch
- General public
- Commissioned Providers
- Practitioner feedback

The 2018 refresh involved learning from national best practice and Safeguarding Adult Review recommendations in conjunction with additional consultation with the following:

- Commissioned Providers (November 2017)
- Board Development Session (February 2018)
- Community and Voluntary Sector (February 2018)

Strategic Priorities and Key Challenges

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

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

Consultation for the 2018 refresh of the Strategy confirmed that the priorities should remain. The Safeguarding Adults Board are committing to embedding the Making Safeguarding Personal agenda throughout the five Strategic Priorities.

1. Quality Assurance

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

Key Challenges 2018/19 include:

- Develop and implement a self assessment process to monitor the effectiveness of the Board and partner organisations
- Implement a Safeguarding Adults Peer Review and act upon subsequent recommendations
- Revise the Safeguarding Adults Review Policy and Practice Guidance
- Demonstrate learning from best practice / inspections / audits and reviews
- Measure the quality of user engagement

2. Prevention

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

Key Challenges 2018/19 include:

- Revise the Self-Neglect Practice Guidance note and deliver updated practitioner training
- Work with Community Safety to enhance operational response to the Prevent agenda
- Revise the Financial Abuse Practice Guidance note, taking into account the issues arising from implementation of Universal Credit
- Develop and Implement Modern Day Slavery Strategy
- Continue to enhance and champion the links between safeguarding and housing
- Develop and Implement Level Two and Level Three Safeguarding Adult Training courses
- Continue to engage with providers to understand issues within the care and support sector and support through provider concern process
- Develop an understanding of the safeguarding implications for the integration of health and social care
- Explore opportunities for working in partnership to develop Early Help models
- Work with Community Safety to raise awareness of mate crime

3. Community Engagement and Communication

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

Key Challenges 2018/19 include:

- Deliver Communication and Engagement Strategy delivery plan including;
 - Develop a bespoke Safeguarding in Gateshead website
 - Develop and implement a Safeguarding Adults Champion Scheme
 - Develop a programme of Community Engagement activities
 - Host a Safeguarding conference
- Develop a programme of consultation for the next three year Strategic Plan

4. Improved Operational Practice

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

Key Challenges 2018/19 include:

- Revise the Safeguarding Adults Board Multi-Agency Policy and Procedures
- Further embed the principles of Making Safeguarding Personal
- Improve the implementation of the Mental Capacity Act within the safeguarding adult process
- Complex cases – understand interface between community safety, MASH, contract management and Safeguarding

5. Implementing Mental Capacity Act / Deprivation of Liberty Safeguards

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

Key Challenges 2018/19 include:

- Focused awareness raising with professionals with respect to 16/17 year olds and the MCA
- Community engagement with respect to MCA and DoLS
- Develop a targeted approach to MCA and financial abuse
- Practitioner training on court processes



Produced by Gateshead Adults Safeguarding Board, April 2016

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11 December 2018

TITLE OF REPORT: **Work to address the harms caused by tobacco –
Update on recommendations**

REPORT OF: **Alice Wiseman, Director of Public Health**

Summary

Tobacco use in Gateshead impacts negatively upon physical and mental wellbeing, upon the local health and social care economy, and perpetuates poverty and inequalities within and between generations.

Persistent, pervasive, comprehensive, co-ordinated and integrated action on tobacco control is essential to make smoking history in Gateshead.

Update April 2018

Recommendation 1: Tobacco remains the greatest contributor to health inequalities and action to denormalise smoking and reduce prevalence lifts families out of poverty. The human, social and financial cost of tobacco to Gateshead means that it is vital to retain the Council's strong commitment to comprehensive tobacco control, and in fact, increase our efforts.

Update: The Gateshead Smokefree Alliance has continued to develop its membership and clarity of purpose. This will be strengthened further by the CLear assessment being carried out on 10 December 2018.

Recommendation 2: Refresh and reaffirm the Council's commitment to the 2025 vision of 5% adult smoking prevalence.

Update: The Council, as a member of the Gateshead Health and Wellbeing Board, reiterated its support to the vision of 5% smoking prevalence by 2025 at the meeting of Cabinet on 17 July 2018.

Recommendation 3: Invest to save principles would suggest the continuation of appropriate resourcing for this priority area.

Update: The Public Health Team provides funding for several tobacco control workstreams, including the stop smoking service, Fresh (the Regional Office for Tobacco Control), and regulatory/enforcement activity. In 2018/19, this amounted to £516 088. Resource is also directed to other programmes that have a focus on smokefree/tobacco control, including the Better Health at Work Programme and the Making Every Contact Count programme. The Public Health Team also maintains a Programme Lead post with a principal focus on tobacco control and support for the Gateshead Smokefree Alliance.

In response to a reduced demand for stop smoking services, an underspend of £50k pa has been identified in 2018/19 which will be reflected in the service budget allocation for 2019/20. Funding from Public Health reserves that has been used to sustain regulatory/enforcement action by Trading Standards will no longer be available from April 2019.

Recommendation 4: The Smoke-free Gateshead Alliance should be supported to develop a strategic Tobacco Plan for Gateshead and to drive this forward. This will clearly set out actions across the public and voluntary and community sectors to address the harm caused by tobacco.

Action: The Gateshead Smokefree Alliance has a Ten Year Plan based on the eight key strands of tobacco control (see Appendix 1). This will be reviewed in light of the peer assessment.

Recommendation 5: Continued support and commitment for the regional Fresh Tobacco Control Office tobacco office is important to continue development of hard hitting mass media campaigns which have a strong evidence base in triggering quit attempts, encouraging quitters to stay quit, and reducing uptake among children.

Action: Gateshead Council, along with the other six Tyne and Wear local authorities, will continue to fund Fresh throughout 2019/20. The five Teeside authorities have or will discontinue their funding from April 2019. Gateshead, along with the six other councils, have agreed to increase contributions to meet the shortfall in 2019/20.

Recommendation 6: Action to be taken to address inequalities through community asset-based approaches to develop co-produced solutions which aim to reduce prevalence of smoking in our more deprived areas and with those groups considered to be vulnerable.

Action: A project to encourage communication and mutual learning between the Public Health team, stop smoking services, community members and others is being delivered in partnership with Edberts House. Based in the east of Gateshead, the project will develop relationships and insights that will be used to improve outcomes related to reducing harms due to tobacco use.

Recommendation 7: Aim to embed action on smoking in all other relevant Council and public sector plans through a Health in All Policies Approach to ensure recognition of the importance of public health across the public sector.

Action: As part of the Thrive agenda, Public Health will be working to develop a systematic programme to embed a Health In All Policies approach from 2019.

Recommendation 8: Aim to embed NICE guidance (PH23) 'Smoking Prevention in Schools' across Gateshead schools.

Action: Discussions are ongoing between Public Health and Learning and Schools to establish how this can be supported. Information is now being shared with schools via a "Health resources" section at <http://www.servicesforschoolsnortheast.org.uk>

Recommendation 9: Ensure training is available to provide people living and working in Gateshead with skills and confidence to provide brief advice and intervention on smoking through the development of the Making Every Contact Count initiative.

Action: Though the Making Every Contact Count (MECC) approach in Gateshead Very Brief Advice on Smoking training has been delivered to staff and volunteers from the Voluntary and Community Sector organisations currently signed up to MECC. The training has also been delivered to over 100 housing staff from TGHC and staff from Gateshead Libraries and staff from the screening team at the QE Hospital. This delivery of VBA training is ongoing as the roll out of Making Every Contact Count continues. The training focusses on the skills, knowledge and confidence to deliver brief interventions on stopping smoking and accessing the Stop Smoking Service, e-cigarettes and second-hand smoke.

Recommendation 10: Maintain compliance with current smoke-free legislation and continue support for the new law which bans smoking in cars that are carrying children.

Action: There remains a minimal need for enforcement in relation to shared work vehicles and taxi/private hire vehicles. Premises based compliance remains extremely high, and there have been no complaints from the public for several years in relation to people smoking inside workplaces. There are occasional issues with people smoking outside in structures which are not easily identifiable as 'substantially enclosed'. This is not high priority for enforcement work, and advice is normally sufficient to clarify matters.

Recommendation 11: Renewed efforts to be made to increase public support for Smoke Free environments such as smoke-free communities and specified outdoor zones.

Action: Public Health England recently published a review of the evidence for the effectiveness of the impact of smokefree outdoor spaces on health outcomes, attitudes and behaviours. Aside from university and college campuses, PHE was unable to confirm evidence of impact, and recommends that evidence-based activities continue

to take priority unless resources permit. It is therefore proposed that this recommendation be discontinued.

Recommendation 12: Support the NHS to develop nicotine dependence pathways and to become completely smoke-free in line with NICE guidance (PH48).

Action: Following a presentation to the Board of the Queen Elizabeth NHS Foundation Hospital Trust, the Trust has nominated a Quality Improvement Lead to drive forward improvements in identifying and treating nicotine dependence. The Trust is being supported in doing this by staff from the Public Health team. Support includes work to ensure that hospital staff can easily refer patients to local stop smoking services, and that training in Very Brief Advice is rolled out across Trust staff. Tobacco will also be part of the broader discussion planned at the Gateshead Health and Care Partnership in February in February 2019.

Recommendation 13: Further develop stop smoking services to provide flexible options in a range of settings accessed by those at greatest risk.

Action: A review of the Stop Smoking Service was completed in September 2018 that identified eighteen recommendations for improvement (see Appendix 2). Those that can be accommodated within the resource available will be implemented during the next round of commissioning to be in place from April 2019.

Recommendation 14: Complete a Health Equity Audit (HEA) to inform development and delivery of Stop Smoking Services in areas of greatest need.

Action: The Health Equity Audit was completed in October 2018 (Appendix 3). The findings will inform the recommissioning of the stop smoking service to be in place by April 2018.

Recommendation 15: Undertake further work as part of Smokefree NHS work to further reduce the number of women who smoke during and after pregnancy.

Action: The Local Maternity System (commissioners and providers working together to ensure that women, babies and families can access the services they need and choose) has appointed a Regional Prevention Co-ordinator who has established smoking in pregnancy as a priority for action. The Queen Elizabeth Hospital NHS Foundation Trust has completed an audit of current activity on smoking in pregnancy. The post holder referred to in Point 12 above is further supporting the Queen Elizabeth Hospital to improve action on smoking in pregnancy. These and all other partners involved in maternity/Best Start In Life are being brought together to form a task and finish group focusing on smoking in pregnancy, first meeting 27th November.

Recommendation 16: Reduce harm through continued support for evidence-based harm reduction.

Action: The Gateshead Stop Smoking Service does support those who wish to stop smoking but who do not wish to give up nicotine. Smokers may therefore be weaned off tobacco and maintain their nicotine addiction through vaping or the purchase of nicotine replacement therapy. The Council continues to fund the availability of nicotine replacement therapy on prescription in Gateshead. The Council's website has been significantly revised to provide better help and support for those wishing to cut down or stop smoking (www.gateshead.gov.uk/SmokefreeGateshead).

Recommendation 17: Communication and media capacity for tobacco control is vital and the capacity to be proactive in terms of public relations activity and media should be developed so as to engage residents of Gateshead in the tobacco control agenda.

Action: A communications plan has been agreed to uplift national smokefree campaigns supported by Public Health England and regional campaigns produced by Fresh North East, the regional office for tobacco control. The plan includes for full use of all print and social media, including the One You Gateshead pages at <https://www.facebook.com/OneYouGateshead/> and <https://twitter.com/OneYouGateshead>

Recommendation 18: Advocate for a national tobacco sale and distribution licensing scheme, the tobacco industry bearing the full cost of its implementation and enforcement, with the aim of eliminating the illicit and illegal trade in tobacco, and to end selling of tobacco products to minors.

Action: We continue to support this, but the locus of this advocacy is now with ASH, who continue to pursue the scheme we need with Government. Gateshead worked with ASH to lead on the introduction of licensing during a consultation in 2016, but the Government didn't see fit to take this forward at that time.

Recommendation 19: Deliver an intelligence led and targeted enforcement programme to reduce availability and supply of tobacco products to children.

Action: A consistent level of activity throughout this year including test purchasing and taking action against sellers of illicit tobacco has been secured through funding Trading Standards activity from Public Health reserves. Public Health reserve funding is no longer available from April 2019, which is likely to result in a reduction in these activities.

Recommendation 20: Ensure compliance with legislation to reduce tobacco promotion (e.g. Plain packaging) and advocate for further restrictions.

Action: The Trading Standards team participated in a national project, delivered by the Chartered Trading Standards Institute (CTSI) whereby officers visited tobacco retailers to ensure compliance. Results were published on the CTSI website.

Recommendation 21: Advocate for a new annual levy on tobacco companies to ensure they pay more for the harm they cause. Funding from a levy should be used to

make smoking history for more families including support and encouragement to help people quit.

Action: Gateshead Council endorsed the joint ASH/UKCTAS (UK Centre for Tobacco and Alcohol Studies) representation to Treasury on tobacco control issues in advance of the budget. The submission included a recommendation that a fixed amount of funding should be raised from the tobacco manufacturers to support activity to reduce smoking prevalence, with the proportion paid by each tobacco manufacturer allocated on sales volume.

Recommendation

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

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

Contact: Alice Wiseman Ext: 2777

Appendix 1 – Tobacco Control Action Plan

A 10 Year plan for Tobacco Control 2016 - 2025 Making Smoking History in Gateshead - Executive summary

Introduction: Smoking is the biggest cause of death and disease in Gateshead and there is a clear need to continue the work on reducing smoking prevalence in all age groups with targeted work with those who are most disadvantaged. Our Vision is to reach a Smoking Prevalence of 5% or below in Gateshead by 2025. We have made good progress over the last 10 years, reducing prevalence from 33% in 2006 (2006 Health Profile) to 18.3% in the general population and 25.6% in Routine and Manual groups (2016 PHE Fingertips). However we still have a long way to go to reach our target of 5% by 2025. Delivering evidence based tobacco control requires long term strategic commitment in eight key areas, six as identified by the World Bank www.worldbank.org/ and two others as proposed by Fresh www.freshne.com/, the North East England Regional tobacco control office. These eight areas ensure the mechanisms are in place to drive the agenda forward. This 10 year plan outlines how partners working together can help Gateshead achieve this vision. A snapshot of actions under each area is shown below.

1. Developing infrastructure, skills and capacity at local level and influencing national action.

Alliance overseeing 10 year tobacco plan

Support of Fresh, Regional tobacco control office

2. Reducing exposure to second hand smoke.

Maintain compliance with current smokefree legislation and Increase public support for Smoke Free areas and Homes e.g. Smoke Free Homes focus and Increase in smoke free outdoor zones in public areas across Gateshead.

5. Reducing the availability of tobacco products and reducing supply of tobacco.

Deliver an intelligence led and targeted enforcement programme to reduce availability and supply of tobacco products to children.

Support advocacy efforts for licensing for whole tobacco retail and supply chain.

6. Reducing the promotion of tobacco.

Ensure compliance with legislation to reduce tobacco promotion (e.g. Plain packaging) and advocate for further restrictions.

3. Supporting smokers to stop.

Encourage an environment where more and more smokers decide to quit, regardless of how. Target support to Stop Smoking for disadvantaged groups/communities. Also look to reduce harm through support for evidence based harm reduction.

Stop smoking support to become a key offer across the NHS in Gateshead.

4. Media communications and social marketing.

Support year round media and public relations on tobacco issues and increase stakeholder communications on tobacco issues.

7. Tobacco Regulation.

Ensure partner involvement in lobbying activity when required in response to tobacco and nicotine regulation issues.

8. Research, Monitoring and evaluation

Research into equity of delivery and uptake of Stop Smoking Services

Recommendations

Improving success

1. The CLear self-assessment will be an opportunity to encourage stakeholders to see the service as part of broader tobacco control; this should be emphasised and clarified at Alliance meetings. Throughout, the question to explore should be whether activity is good value for money; against a background of uncertain funding, what are the essential things that must be done? How can a better, responsive service be developed?
2. Keep communication with the CCG active in order to improve the service, making it a shared goal with more leadership from them, within a framework of improved services. Examples include regularly sharing tobacco updates such as the new RCGP training on smoking cessation <http://elearning.rcgp.org.uk/smoking> , the NCSCT Very Brief Advice training, ensuring that there is Public Health representation on any CCG-led topic group where smoking is a risk factor (pregnancy, respiratory, cardiovascular and cancer), checking that all GP practices know how to refer/signpost, informing them of stop smoking service quarterly and annual results and the changes to SATOD and Tobacco Control Profile data.
3. A Health Equity Audit should be considered, undertaken by Public Health analysts, to identify gaps in provision through use/needs ratios; this should be shared with the smokefree alliance and with commissioners in the CCG.
4. Ambition: the current success rate of under 50% can be substantially improved. Many practitioners may have got used to a high failure rate and accept it as a given, but a renewed vigour that comes with offering ECs as part of the service could see this success rate climb.
5. Home visits (apart from pregnant women): a balance has to be struck between not facilitating any home visits (which disadvantages those who genuinely cannot come to appointments) and spending valuable time home-visiting people who actually could leave home with support from a carer. Phone support can be useful here, but in fact experience shows that there are few people so ill that they cannot ever leave the house.
6. Black and minority ethnic smokers: an exercise to identify all BME smokers at primary care level and send them targeted information about the risks of smoking *along with* the availability of support at their local pharmacy or GP practice would be a good start. Community talks (including about making the home smoke-free, which will also help pregnant women), training scholars at masjids, information to take home for children at madrassas could also be explored.
7. Time spent on the 12-week follow-up: consider refocusing on getting better results at 4 weeks. We know the decay rate from 4 weeks to 12 weeks, so it may be worthwhile dropping the 12-week requirement which can be time-consuming with little benefit, allowing practitioners to focus more time on getting successful 4 week quits.

Improving contact

8. Single point of contact: there is discussion currently about involving the Gateshead Council Digital team and the ICT team to support a customer services module to improve electronic referrals. This could be a costly investment with unknown benefits, whereas well-trained and enthusiastic first-line practitioners at the end of the phone to talk to referrers, smokers, practitioners with queries, midwives etc has proven benefits. This personal contact will be important once service branding is established, especially if Gateshead is going to start offering starter EC kits. Since the site visit, progress has been made in this area.
9. Pre-operative smoking cessation (Stop B4 the Op): a popular theme amongst clinicians, this will work best if there is a simple referral pathway in place and obstacle-free access to services. Once clinicians know the service phone number and gain confidence that their patients will be triaged appropriately, they will be more keen to refer. Again, progress has already been made in this area, since the report was drafted.
10. Partnerships: involve and share new branding widely, not just within community pharmacy, general practice and secondary care. It is suggested that the following should be informed and involved (the list is not exhaustive): Local Dental Committee, Local Pharmaceutical Committee, mental health teams, carers' groups, disability support groups, Fire and Rescue Service (getting vulnerable smokers identified at home fire safety checks to switch from cigarettes to EC), credit unions, AGE UK and other charities.
11. Very Brief Advice on smoking (VBA) training: audit who has been trained and what referrals are coming from which organisations and individuals.

Improving skills

12. Specialists: this would ideally begin with two specialist practitioners to run clinics focussing on pregnant women, those with poor mental health and patients referred from the acute trust, particularly those with cardiac and respiratory conditions. They could also act as a clinical resource (practitioner mentors) for stop smoking practitioners working in community pharmacies and general practice. Shadowing experienced practitioners, and being observed by them, can be a valuable way of improving the skills of new providers who have completed their training but need to see sessions conducted to be more effective.

Improving services for pregnant women

13. Smoking in pregnancy: there are a number of issues to be considered, including the role of the CCG in requiring action on smoking in their maternity contract, whether there is a multi-agency partnership group with an action plan in place and consideration of what Newcastle does for pregnant smokers, given that the two local authorities share two NHS maternity providers. Smoking in pregnancy should be part of broader maternity

plans, requiring a referral pathway and capacity developed to do home visits where necessary to support women to have a smoke-free pregnancy.

Communications and marketing

14. Communications: a consistent call-to-action should be developed and used in marketing materials, adapted for use in frontline services, used creatively on social media platforms, and deployed by all local services used by people who smoke.
15. Identity: brand awareness is key to success. A recognisable logo, memorable brand name, a single easy to remember phone number and key message will help smokers, their friends and family (plus health and social care professionals who have daily contact with smokers) remember who to contact for help.

Medications

16. Use of NRT: consider how to trim this spend without detriment to maintaining successful quitting, possibly by clarifying and reinforcing abstinence-dependent medication supply.
17. Use of varenicline: to benefit from superior quit rates among varenicline users, check that pharmacy-based practitioners are using this and not merely relying on NRT by undertaking a records audit. Training or information may be needed if some GPs are unwilling to write varenicline prescriptions for people being seen by pharmacy practitioners. Consider also dispelling doubts about varenicline use by people with poor mental health by sharing the EAGLES study, either electronically or at a learning session. <http://respiratory-care-sleep-medicine.advanceweb.com/Features/Articles/EAGLES-Study-Results-Released.aspx>

E-cigarettes

18. E-cigarettes: Gateshead has embraced EC for stopping smoking, but there is a lot to do in terms of training practitioners to be confident. The NCSCT has a wide range of materials; at the very least all practitioners should take the online module (http://elearning.ncsct.co.uk/e_cigarettes-launch) and read the relevant briefing (http://www.ncsct.co.uk/publication_electronic_cigarette_briefing.php). Importantly, practitioners should be instructed specifically how to record EC use on their systems, be informed on how to answer questions and encouraged to ask if not sure. This is a fast-moving field and annual updates are unlikely to be enough to keep practitioners adequately informed, so a regular feed of information, through group emails and on the news page of the recording system will help fill the knowledge gap. The prize is a much greater number of four-week quits.

Appendix 3 – Stop Smoking Service Health Equity Audit 2018

Recommendations

Further work is needed to engage more men on the Stop Smoking Service programme initially. However, once engaged, quit rates are equitable.

Targeted work with younger people is needed to both engage them with the programme initially and to give them support to successfully quit.

All BME groups need further encouragement to engage with the programme initially. Once engaged, the Black, Asian and Mixed groups in particular require more support to successfully quit.

As the largest component of the workforce, those in routine and manual jobs need further encouragement to engage with stop smoking services. Take-up is significantly lower than for those who have never worked or are long term unemployed. However, once engaged with the service and a quit date is set, those in routine and manual jobs have an equitable quit rate compared to other socio-economic groups. Further work is needed to increase the quit rate of those who have set a quit date and have never worked or are long term unemployed.

The proportion of pregnant women setting a quit date and then successfully quitting is around 14 percentage points lower than the general population. Further targeted work is required.

Targeted campaigns could be run in the following wards to address low service takeup: Wardley and Leam Lane; Chowdene; Windy Nook and Whitehills; Lamesley; Saltwell.

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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

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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 • Health and Well-Being Board – Progress

	Update <ul style="list-style-type: none">• 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.