

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

**Tuesday, 10 September 2019**

**PRESENT:** Councillor S Green (Chair)

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

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

**CHW147 MINUTES OF LAST MEETING**

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

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

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

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

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

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

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

The Committee were reminded to also consider:

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

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

Members of the Public Health Team describing the current process and findings of local Audits of Gateshead data on Suicide and undetermined injury with an outline of a real-time surveillance system being introduced in the coming months.

Regional leaders and our partners from Newcastle Gateshead Clinical Commissioning Group and on the work at Integrated Care System (ICS) level and sub regional sub groups

Representatives from the Criminal Justice system and Voluntary Community Sector (VCS) identifying high risk groups and what can be done to minimise risk.

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

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

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

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

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

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

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

The following points of interest were also outlined to Committee:

- 38%, (40), of complaints were around the quality of services received and remains the greatest cause for complaint;
- Quality of service involves alleged failure of service delivery, for example;
  - Non-return of telephone calls;
  - Lack of poor communication from services or individual workers;
  - Late or missed social work visits;
  - Lack of timely response after a request for service.
- During 2018/19, delays accounted for 34% (36) of complaints received.
- From this, 58% (21) were regarding delays in social work/assessing officer allocation to an individual's case.
- After investigation, 60% (12) of complaints about allocation delays were found to be justified.
  
- Almost 34%, (34), of all complaints were not upheld after investigation;
- 32% (32) of complaints were found to be partially justified;
- 33% (33) of complaints were found to be fully justified;
- All improvements identified as a result of complaints that were either partially or fully justified were included within the report.
  
- During 2018/19, Adult Social Care received 560 compliments, which accounted for 73% of all representations received.

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

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

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

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

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

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

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

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

## **CHW150 ANNUAL WORK PROGRAMME**

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

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

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

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

**Chair.....**