

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 10 September 2019 at 5.30 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 - 10) The Committee are asked to approve as a correct record, the minutes of the last meeting, held on 25 June 2019.
3	OSC Review - Suicide: Every Life Matters - Evidence Gathering (Pages 11 - 14) Report of the Director of Public Health
4	Adult Social Care & Public Health - Annual Report on Services, Complaints, Compliments and Representations - April 2018 to March 2019 (Pages 15 - 32) Report of the Strategic Director, Care, Wellbeing and Learning
5	Annual Work Programme (Pages 33 - 36) Joint Report of the Chief Executive and the Strategic Director, Corporate Services and Governance

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

Tuesday, 25 June 2019

PRESENT: Councillor S Green (Chair)

Councillor(s): M Charlton, W Dick, B Goldsworthy,
M Goldsworthy, M Hood, R Mullen, J Wallace, A Wheeler,
M Hall, Diston, H Haran and K McClurey

APOLOGIES: Councillor(s): K Ferdinand, I Patterson, P McNally, J Lee
and J Gibson

CHW139 MINUTES OF LAST MEETING

The Committee agreed the minutes of the last meeting, held on 23 April 2019 as a correct record.

CHW140 CONSTITUTION

The Constitution of the Committee and the appointment of the Chair and Vice Chair for the 2019/20 municipal year, as approved by the Council at its meeting on 17 May 2019 was noted.

CHW141 ROLE AND REMIT

The Role and Remit of the Care, Health and Wellbeing OSC was reported and noted.

RESOLVED - That the information be noted

CHW142 BRIEFING - RADIOLOGY EQUIPMENT TRINITY SQUARE, GATESHEAD

The Committee received a briefing note and verbal update on the replacement of the Radiology Equipment at Trinity Square, Gateshead.

RESOLVED - That the information be noted

CHW143 ADULT SOCIAL CARE AND PUBLIC HEALTH - MAKING GATESHEAD A PLACE WHERE EVERYONE THRIVES - END OF YEAR ASSESSMENT OF PERFORMANCE AND DELIVERY 2018/19

The Committee received a report which provided the year end assessment of

performance and delivery for the period 1 October 2018 to 31 March 2019 in relation to the Council's Thrive agenda.

The report forms part of the Council's performance management framework and give an overview of progress for the priorities appropriate to the remit of Care, Health and Wellbeing Overview and Scrutiny Committee (OSC).

The Council's new strategic approach Making Gateshead a Place Where Everyone Thrives, was approved by Cabinet in March 2018 to ensure the Council continues to get the best outcomes for local people and remains a viable and sustainable organisation in the future.

Committee were advised at the meeting in December 2018, that a review of the strategic indicators has been undertaken to ensure their appropriateness in measuring performance relating to the Thrive agenda.

The current strategic indicators were reviewed in January 2019 to ensure they continue to be appropriate in measuring performance in respect of the Thrive agenda. 1 new indicator was identified and is identified in appendix 1 (appended to the main report). The new indicator will be incorporated into the first report of the 2019/20 cycle. The service proposed further review and refinement of the strategic indicators during the year, in light of the development of the CWL Strategic Priorities set out in Appendix 2 (appended to the main report)

- RESOLVED -
- i) That the information be noted
 - ii) The Committee endorsed that the activities undertaken during the period October 2018 to March 2019 were supporting delivery of the Thrive agenda.
 - iii) The Committee agreed that the report be referred to Cabinet on 16 July 2019.

CHW144 OSC REVIEW: SUICIDE, EVERY LIFE MATTERS, SCOPING REPORT

The Committee received the scoping report outlining the process to be undertaken for the review of Suicide in Gateshead, entitled 'Suicide, Every Life Matters', agreed in the annual work programme for 2019/20.

The report describes the process for taking the proposed review forward and the evidence that will be considered. It seeks the support of the OSC committee over the coming year to consider the context of suicide from a local, regional and national perspective and to agree a local way forward for Gateshead. To support their scrutiny of the topic the committee will hear from those working to address suicide in Gateshead and further afield, sharing their experience and knowledge on the issue.

It is proposed that the review will take place over a ten-month period from 25 June 2019 to 21 April 2020. It will involve the presentation of expert evidence, research and Experts by Experience.

The process and timescale was presented to the Committee as an appendix to the main report.

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

CHW145 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.

CHW146 DECIDING TOGETHER - PROGRESS UPDATE

The Committee received a presentation by representatives from Northumberland Tyne and Wear (NTW) NHS Foundation Trust outlining progress on the implementation of 'Deciding Together – Delivering Together'

It was highlighted that implementation had focused on the following priorities

- Access to mental health services, and making this more streamlined and easier to navigate including the development of a safe haven hub
- Redesign of mental health inpatient beds in accordance with decisions made through the Deciding Together consultation
- Availability of short-term non-hospital crisis beds for Gateshead residents (this service is already available to Newcastle residents)
- Developing services for older people and ensure physical health, mental health and social care needs are met. Include a more integrated approach when responding to crisis situations
- Strengthen and improve the community-based services

The Committee was advised that, as a result work around Urgent and Emergency response, considering gaps identified in current services, is being developed through CCG led group. Mental Health and Learning Disability Service Directories are also being developed and work is also taking place with Our Gateshead and Information Now in Newcastle who host news, events and regular activities by groups and organisations across the area, to include information on NTW's Mental Health and Learning Disability NHS services. Mental Health Concerns (MHC) are also working

with their core partners on the provision of non - hospital crisis beds in Swalwell, Gateshead and these should be available soon.

The Committee was informed that work around urgent and emergency response for older people in crisis is being developed through a CCG led group to reflect the different commissioning arrangements in each locality. Continued work is also taking place across pathways to prevent / reduce admissions /promote effective discharge.

Gateshead Health NHS Foundation Trust has also recently completed a major refurbishment of its inpatient facilities for people with cognitive conditions.

Work has also been taking place to reduce waiting times for Adult Mental Health community assessment and treatment; develop a mental and physical wellbeing pathway for people who are on long-term medication and a step- up hub which prevents people from getting worse and needing support from the crisis team.

A buddy system for care co-ordinators is also being developed providing continuity for people if their care coordinator is on holiday or not available. Recovery clinics are also being established to support people to prevent relapse, manage their medication, manage their long - term mental health conditions and help to prepare for being discharged from the team. Improved links with primary care and the local authority are also being created and further development work is planned. The Trust is also looking to work more closely with GPs around accessibility to mental health services as part of the longer- term planning in community.

In terms of the redesign of mental health beds the Trust has been successful in gaining £54m in public funding to improve buildings and the estate within secure care services (Northgate site) and the development of a state-of-the-art adult acute care facilities on the St. Nicholas' Hospital site. The Trust expect new centre of excellence to be open in 2023. However, as an interim move the Tranwell unit in Gateshead will move across resulting in two female and one male ward in Hadrian and a further male ward at St Nicholas Hospital. All wards will move to improved accommodation on St Nicholas site within the next 3-4 years.

The Committee was informed that NTW older people's services in Akenside and Castleside within the CAV will remain where they are during this time, while future accommodation is being considered. There will be no change at the present time to the accommodation. However, the Committee was advised that it was likely that the Trust will look to relocate these services at some point in the future.

Details of the proposed timelines for acute ward moves were provided to the Committee. The Committee was advised that it was anticipated that the withdrawal from the Tranwell Unit would take place in October 2019. There had been a slight delay in securing the end of the service due to clinical reasons.

The Committee was informed that the refurbished facilities at the Hadrian Clinic did not provide ensuite facilities due to the nature of the building but the finalised facilities on the St Nicholas Hospital site will have ensuite provision.

The Committee noted that some members had visited the recently refurbished

facilities at the Hadrian Clinic and raised concerns that they did not include ensuite provision. The Committee expressed their disappointment that the refurbished facilities at the Hadrian Clinic did not include the provision of ensuite facilities as this had been previously highlighted as one of the key reasons why the Tranwell Unit was no longer fit for purpose and the Committee had been led to believe that it was a safety issue that such facilities were not in place.

The Committee was advised that representatives of the Trust who were present during the visit had understood that the Committee had been pleased overall with the work that had been carried out as the Committee had commended them on the work carried out. It was acknowledged that concerns in relation to the lack of ensuite facilities had been raised by members of the Committee. However, representatives of the Trust had been clear at the time that unfortunately, due to the nature of the building, it was not possible to provide ensuite facilities at the Hadrian Clinic. The Committee was advised that the Trust is doing its best to improve mental health provision and has spent £1.5m to improve the facilities at the Hadrian Clinic. The facilities now in place are much better than previous facilities and the facilities at the Tranwell Unit are a step towards the provision that the Trust is working towards putting in place at St Nicholas Hospital.

Assurances were provided to the Committee that a lack of ensuite facilities at the Hadrian Clinic was not a safety issue. The Committee was advised that in terms of the level of facilities provided the Trust is viewed as class leading across the NHS.

The Committee was advised that there are a significant number of wards nationally which are dormitory style and the Trust does not have any of these. Once all refurbishments are complete the Trust aims to be one of the first organisations to be fully ensuite. The Committee was advised that the Trust has put in a huge amount of effort to provide facilities at the best possible standard for Gateshead residents. The Committee was advised that the Trust provides some of the best in-patient services and its services have been rated as outstanding by CQC. The Committee was assured that the Trust is committed to providing the highest quality in patient care. The Committee was also assured that the Trust provides excellent safe services.

The Committee highlighted that as local councillors they sometimes have residents who are in mental distress attend their surgeries and indicated that going forwards it would be helpful to have contact information for support services across the borough.

It was also highlighted that during the earlier workshops relating to the vision for mental health services discussion had focused on the provision of several mental health hubs and it was queried whether it was now the case that there would be only one. The Committee was advised that the workshops were held to generate discussion on what people viewed as the ideal position. This piece of work was not being progressed by the Trust but was being led by Mental Health Concerns and now that the Long Term Plan has been published and there is information on investment they should be able to provide further information on this matter.

The Committee expressed concern that it had taken approximately three years to get to this point.

Trust representatives acknowledged that this had been a lengthy process but this had been due to the availability of capital funding. The Committee was advised that the Trust was the only organisation in the NE to receive national funding, due to the fact it had such a good case and is cause for celebration as it means that facilities can be improved to the highest standards.

Approximately fifteen years ago the Trust had one of the worst estates in the country but they have had a long term strategy and have invested to make sure the Trust has the best provision / services and they are now on the last part of that journey. It was acknowledged that there are still a lot of improvements to be made but it was considered that the Trust provides some of the best mental health services in the country.

A representative of Healthwatch Gateshead noted that Healthwatch Gateshead had been involved in the initial workshops in relation to the Deciding Together – Implementing Together process but indicated that there had been no engagement with them since then.

Representatives of the Trust apologised and stated that this would be addressed following the meeting.

A member of the public raised concerns in relation to bed capacity for acute mental health provision in Gateshead and the use of out of area provision for Gateshead residents and the movement of forensic services. As a result, the member of the public felt that there was a need to retain the Tranwell Unit.

Representatives of the Trust advised the Committee that last year across Newcastle and Gateshead there were only 136 occasional bed days where patients were placed in appropriate provision outside of the NTW area. This amounted to 0.5 percent. The Committee was advised that the Trust is one of the best performing Trusts in this particular area.

In terms of bed capacity, the Trust is managing occupancy levels and currently is slightly above the national average. However, the NewcastleGateshead CCG area still has more bed capacity than other parts of the patch. The Trust is committed to achieving no out of area placements in the next three years.

The Committee was informed that secure services are a separate matter to the services covered by the Deciding Together proposals.

The Committee sought assurances that when individuals were sent to out of area placements they were still receiving a good standard of care. Representatives of the Trust assured the Committee that they are committed to providing the best services possible for Gateshead residents and out of area placements were managed very closely in terms of how and where and were kept to a minimum.

Representatives of the Trust invited the OSC to be involved in the design phase for the new in - patient unit and to visit the new Bamborough unit at St Nicholas Hospital in due course.

The Committee thanked the Trust for the offer and accepted the Trust's offer and reassurances on the issues raised but indicated that it had been important to highlight those issues with the Trust and seek relevant reassurances for the benefit of Gateshead residents.

Representatives of the Trust reiterated that they are fully committed to providing the best services for Gateshead residents and acknowledged that there are always areas where an organisation can improve.

- RESOLVED -
- i) That the information be noted
 - ii) That further progress updates be provided to the Committee in due course
 - iii) That the Committee accept the Trust's offer of being involved in the design phase for new in-patient unit and visiting the new unit in due course

Chair.....

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CARE HEALTH AND WELLBEING
OVERVIEW AND SCRUTINY
COMMITTEE
10 September 2019

TITLE OF REPORT: Suicide; Every Life Matters – Evidence Gathering (session 1)

REPORT OF: Iain Miller, Programme Lead

Summary

This report gives details of the evidence gathering session that will take place on 10 September 2019. The Committee will hear from HM Senior Coroner for Gateshead and South Tyneside, Mr Terence Carney. Also attending will be a person with lived experience who will discuss the circumstances of their attempted suicide.

The views of the Committee are being sought on the evidence presented and the ongoing work on Suicide Prevention in Gateshead.

Background

1. Care Health and Wellbeing Overview and Scrutiny Committee have agreed that the focus of its review in 2019-20 will be Suicide.
2. Trends data show that suicide rates in Gateshead increased since 2010 – 2012 for all three categories; All Persons, Male and Female. If we look at the number of deaths for Gateshead during this period it has increased from 33 people in 2010-12 to 51 people in 2015-17. In the latest reporting period (2015 – 2017), Gateshead rates for All persons have levelled out, have decreased slightly for Females and increased slightly for Males.¹ This is against the national trend which has seen rates falling in All persons since 2012/14, falling in Males since 2013-15 and falling since 2014-16 in females.
3. Since 1984 it has been consistently held in England that the standard of proof in suicide cases should be the same as in criminal prosecutions, that is, beyond reasonable doubt. However, in the case of suicide there is no crime involved and an inquest is not a criminal trial. The comparative difficulty in obtaining a conclusion of suicide may well mean that official statistics significantly underestimate the occurrence of suicide. However, a recent judgment in the Court of Appeal in the case of *Maughan -v- HM*

¹ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0/gid/1938132828/pat/6/par/E1200001/ati/102/are/E08000037>

Senior Coroner for Oxfordshire (Maughan) [2019] EWCA Civ 809² has confirmed that the standard of proof required for a jury to return a conclusion of suicide is the civil standard, i.e. the balance of probabilities. This is likely to lead to an increase in the numbers of Suicide across the country, including Gateshead.

4. Lived experience participation refers to the many ways people with a personal experience of mental illness, service use and recovery are participating in the design and delivery of mental health services. Embedding the perspective of people with a lived experience in service delivery has been shown to improve outcomes for people using services in ways that can be measured from both clinical and recovery perspectives.³

Purpose of this session

5. The scoping report agreed by OSC on 25 June 2019 identified the 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”.
6. 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.
7. 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 will hear a presentation of fifteen minutes each 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

Issues to Consider

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

² <https://5essexcourt.co.uk/resources/news-view/r-maughan-v.-hm-senior-coroner-for-oxfordshire-judgment-today>

³ Promoting Lived Experience Perspective: Discussion paper prepared for the Queensland Mental Health Commission Dr Louise Byrne, Lecturer in Lived Experience Mental Health, CQ University Australia.

- 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 – 17 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.² 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.⁴
- 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.

9. Subsequent evidence gathering sessions will include presentations from;

- 9.1. 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.
- 9.2. 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.
- 9.3. Representatives from the Criminal Justice system and Voluntary Community Sector (VCS) identifying high risk groups and what can be done to minimise risk.

Recommendations

10. Overview and Scrutiny Committee is recommended to agree the scope, process and timescale as set out in this report.

Contact: **Alice Wiseman**
 Director of Public Health
 Ext: 2777

⁴ Office for National Statistics (2017). Suicides in the UK: 2016 registrations. Available at: [https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarri...](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/suicides-in-the-uk-2016-registrations) [Accessed on 21/08/18].

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Date: 10 September 2019

TITLE OF REPORT: Adult Social Care and Public Health - Annual Report on Services Complaints, Compliments and Representations - April 2018 to March 2019.

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

Summary

Cabinet considered the attached report on 25 June 2019.

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

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

Background

1. The Local Authority Social Services and National Health Service Complaints, (England) Regulations 2009 and The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 set down the procedures that Adult Social Care Services, National Health Services, (NHS) and Public Health Services must follow when complaints or representations are made. As part of the responsibilities set out in the acts, local authorities must produce an annual report on all complaints and representations received. This report fulfils Gateshead Council's obligations and provides information on all representations received about the Council's Adult Social Care Services and Public Health Services between 1 April 2018 – 31 March 2019.
2. Information contained in the report provides a summary of the statistical information of all representations received, together with a review of the effectiveness of the procedures. Some examples of service improvement are also included.

Annual Report Complaints and Representations

3. The report is consistent with the Sustainable Community Strategy – Vision 2030 and the Council's Corporate Plan. The report supports the Corporate Priority for serving our customers by continuously improving services and targeting areas of under achievement.
4. The report focuses primarily on statutory complaints for Adults Social Care Services and Public Health, with information on complaint related queries, (low level issues), and compliments that are received about staff or services. The report covers the period from 1 April 2018 – 31 March 2019.

Operation of the Procedure

5. The Adults Care Complaints Process procedure has two stages:

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

Statistical Analysis

6. In 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 user 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).

Points of Interest

7. The following points may be of interest:

- 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 or 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 a result of complaints that were either partially or fully justified are included within this 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.

Learning from complaints and representations:

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

Examples of improvements identified during 2018/19:

- 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 assessments, 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 of any sudden changes in the service users health or wellbeing (where appropriate). This will result in improved customer care and better communication.

Future Objectives

9. Objectives for 2019/20 are to:
 - a. Continue to meet regularly with Managers from Adult Services and Public Health to consider what further action needs to be taken to;
 - i. Resolve complaints at the earliest opportunity and within local timescales.
 - ii. Improve the number of complaints being investigated and resolved to the complainant's satisfaction;
 - iii. Ensure that the number of complaints progressing to the Local Government Ombudsman remain low.

- iv. Ensure that Adult Social Care and Public Health continue to use the outcomes from complaints to drive service improvement.
- b. Ensure that staff members who receive compliments continue to pass the details on to Social Care Customer Services so that they or their team receive the recognition they deserve.

Recommendation

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

TITLE: **Adult Social Care and Public Health - Annual Report on Services Complaints, Compliments and Representations - April 2018 to March 2019**

REPORT OF: Alison Routledge, Complaints Manager

SERVICE: Health & Social Care Commissioning and Quality Assurance. Care, Wellbeing and Learning

SUMMARY

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

As part of the responsibilities set out in the Act, local authorities must produce an annual report on all complaints and representations received. This report fulfils Gateshead Council's obligations and provides information on all representations received about the Council's Adult Social Care Services from 1 April 2018 – 31 March 2019.

1.0 The Statutory Complaints Process

- 1.1 There are two steps to the Statutory Complaints Process;
- Step 1 - Informal (Local) resolution by the Council;
 - Step 2 - Independent consideration by the Local Government & Social Care Ombudsman, (LGO).
- 1.2 Once received, all complaints are assessed and given a grading. Categories of complaint are:
- Green, which are low-level or minimal risk for either the service user or the Council;
 - Amber, which are assessed as a moderate or medium risk;
 - Red, a serious complaint which is graded as high risk.
- 1.3 There are no prescribed timescales for resolution as the quality of the investigation and outcome is significantly more important than attempting to adhere to a stipulated period for response. However, it is very important that all investigations are proportionate to the issues complained about and that the complainant is always kept up to date on the progress of investigation.

2.0 Publicity and Information

- 2.1 Publicity on how to complain can be provided in several formats, encouraging and facilitating easy access to the complaints process. All new service users receive a complaints leaflet in their information pack. A leaflet is also provided when a service user receives the outcome to an assessment / reassessment of need. Adult Social Care feedback cards are also provided to service users and their carers after an assessment or review of social care needs.

3.0 Independent Element

3.1 The Council operates an internal investigation procedure. Complaints administration must be fully independent of any form of Adult Social Care service delivery to ensure fairness and impartiality and to prevent any conflicts of interest.

4.0 Advocacy and Special Needs

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

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

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

5.0 Training and Employee Development

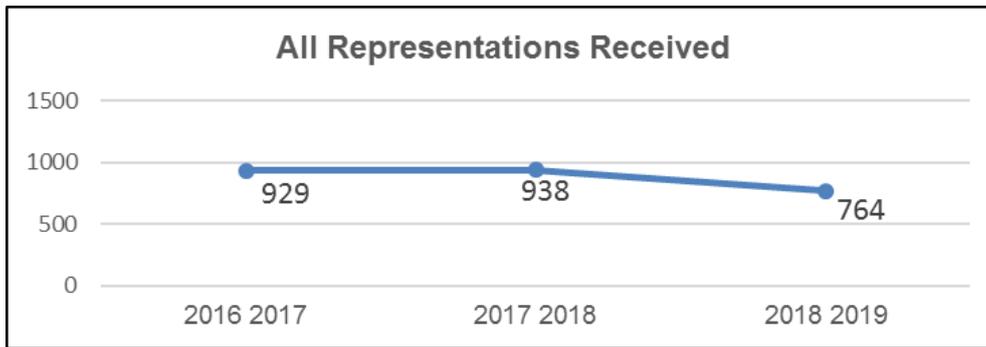
5.1 Training for Investigating Officers is provided on a regular basis. All Adult Social Care Team Managers / Service Managers are expected to have undergone investigating skills training.

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

5.3 A LGO Investigating Skills Training Course specific to Adult Social Care took place on 2 November 2018. Fifteen Managers across Care, Wellbeing & Learning attended the training course, which was facilitated by two senior LGO Investigators. The feedback from the course was extremely positive and it is hoped to arrange another course for all new managers in November 2019.

All Representations Received over the Past Three Years

All Formal Contacts	2016 2017		2017 2018		2018 2019	
Statutory Adult Services Complaints	5.72%	53	30.66%	65	51.47%	105
Appeals Processes	Na	2	0.94%	2	0.00%	0
Comments re Adult Social Care	Na	Na	0.47%	1	3.92%	8
Complaint Related Queries	2.48%	23	8.02%	17	17.16%	35
Commissioned Service - Own investigation	0.22%	2	1.89%	4	1.96%	4
Commissioned Services Issues	11.87%	110	50.94%	108	16.18%	33
Corporate Complaints	0.11%	1	0.47%	1	0.00%	0
Data Breach	0.00%	0	0.00%	0	0.00%	0
Health & Social Care Joint Investigations	0.43%	4	2.83%	6	1.47%	3
Insurance Claim	0.00%	0	0.94%	2	0.49%	1
Inter-Agency Concerns	0.43%	4	0.00%	0	1.47%	3
Local Government Ombudsman	0.00%	9	1.42%	3	1.47%	3
MP / Councillor Responses	0.97%	1	0.00%	0	1.96%	4
Safeguarding Alerts	0.11%	0	0.00%	0	2.45%	5
Whistle Blow	0.00%	0	1.42%	3	0.00%	0
All Dissatisfaction		209		212		204
Compliments	77.67%	720	77.32%	726		560
Total		929		938		764



6.0 Statutory Adults Services Complaints

Complaint Categories	2016 2017	2017 2018	2018 2019
Green	7	10	11
Amber	45	55	94
Red	1	0	0
All	53	65	105

6.1 Key Points of Interest

- During 2018/19, 105 complaints were received regarding Adult Social Care Services.
- This is a 62% increase on complaints received during 2017/18, **(65)**.
- The number of complaint related queries (Crqs) has 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.
- The majority of low-level issues were dealt with directly by the services concerned and resolved to the customer's satisfaction.
- The number of complaints assessed as Green (minimal risk to the Council or service user) accounted for 10% (11) of the total number of complaints received.
- Amber complaints, which are medium risk to the Council or the service user, accounted for almost 90% (94) of all complaints received. Amber complaints often include a number of issues which are deemed as moderate risk to either the service user or the Council.
- There were no Red complaints received during 2018/19. Red complaints are assessed as high risk to either the Council or the service user and are often extremely complex and generally contain a large number of sensitive issues.
- Eleven complaints received were in respect of attitude or behaviour of staff, of which ten 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.

6.2 Themes of Complaints Received

6.2.1 There were two main themes of complaints received during 2018/19

1. Delays

During 2018/19, 34% (36) of complaints were received about delays in receiving a service. After consideration of the complaints received, it was found the issues raised were regarding two main areas.

1.1 Social Work Allocation Delays

During 2018/19 Adult Social Care received twenty one complaints about delays in allocating either a social worker or an assessing officer to individual cases.

After investigation, 95% (19) of complaints about allocation delays were either fully or partially upheld. As an outcome, 63% (12) complaints responded to resulted in care fees being either waived either in full or in part.

To consider how allocation times can be improved, Adult Social Care are currently undergoing a review of the social work allocation process.

1.2 Delays Identifying a Care Package

Four complaints were received which cited issues around delays in sourcing a care package for individual service users.

One complaint received included issues around delays to hospital discharge due to the unavailability of a suitable care package. The complaint was investigated by the Commissioning Service Manager and found to be partially justified.

One complaint about delays also included communication issues. It was found that the service user had not been informed of the additional PRIME costs whilst waiting for a care package to be sourced. As an outcome, the complaint was fully upheld, and the care fees were partially waived.

One complainant had disputed the fees for an extended stay within a Promoting Independence Centre. It was alleged that the delay in discharge was due to the lack of availability of a care package to allow the service user to return home. However, after investigation, it was found that, although there were issues around communication, the family of the service user had been offered care packages but had disagreed with the details of the support that could be provided.

One complaint about delays in sourcing a care package remains outstanding.

2 Quality of Service

Quality of service remains one of the main themes of complaint received over the past three years. During 2018/19, quality of service accounted for 38% (40) of all complaints received. From the complaints received there were three main areas of concern.

2.1 Disputes to Care Charges

20% (8) of complaints were disputes to care charges, of which one complaint was about the charging for a commissioned home care service. After investigation, this complaint was found to be partially upheld. As an outcome, the charges for care were readjusted.

All other complaints received were regarding Council provided services.

After investigation, five complaints were found to be either fully or partially upheld and three complaints were found to be unjustified.

2.2 Quality of Home Care Services

25% (10) of complaints were about the quality of home care services. Eight complaints were regarding the care and support provided to individual service users and two complaints were about the quality of the overall support from an extra care living facility.

In respect of the care and support provided to individuals, seven complaints were about commissioned home care and one complaint was about the quality of the support provided by council home care workers.

After investigation two complaints about commissioned home care were not upheld, three complaints were partially upheld, and two complaints were found to be fully justified. In all cases, Contract Management Officers were aware of the issues raised and subsequently ensured that additional visits took place to monitor the implementation of any service improvements that had been identified.

The complaint about Council care staff within an extra care living facility was found to be partially upheld. The complaint did identify several areas for improvement which have been taken forward by the Council's Provider Services.

2.3 Quality of Communication

22% (9) complaints were in respect of the quality of communication by either individual workers or services.

However, two of the complaints received were from the same person. One of these complaints was in respect of consultation documentation that had been sent out to the service user by Adult Social Care. The second complaint was about the annual carer survey. The complainant had been dissatisfied that information had been sent to the service user rather than to the next of kin. Both complaints were investigated and found to be partially upheld.

6.3 Specific Areas of Complaint

Service Area	2016 2017		2017 2018		2018 2019	
Assessment & Personalisation	40.63%	36	80.00%	52	75.24%	79
Care Call	7.81%	2	9.23%	6	7.62%	8
Commissioning & Quality Assurance	23.44%	4	4.62%	3	8.57%	9
Provider Services	15.63%	11	6.15%	4	5.71%	6
Other Services	0.00%	0	0.00%	0	2.86%	3
Total		53		65		105

- During 2018/19, 75% (79) of complaints were about the Assessment & Personalisation service.
- This is a 52% increase on the number received during 2017/18 (52).
- However, as Assessment & Personalisation is the first service to become involved, dissatisfaction and disputes can often be anticipated, in particular during times of increased demand for services.
- 44% (35) of complaints received by Assessment & Personalisation were about delays.
- From these, 60% (21) were regarding delays in allocating either a social worker or an assessing officer to individual cases.

- 30% (24) of complaints about Assessment & Personalisation were regarding the quality of services provided. Of which 33% (8) of quality complaints were about the quality of communication by either individual workers or by the service concerned.
- After investigation, 36% (27) of complaints about Assessment & Personalisation were upheld, 33% (25) were partially upheld and 28% (21) were found to be completely unjustified.
- Almost 9% (9) of complaints received were regarding the Commissioning & Contract Management Services, of which 78% (7) were about the quality of care services provided to individuals. One complaint was about the delay in identifying a package of care and one complaint was about a dispute to care charges.
- Almost 8% (8) of complaints were regarding the Care Call Service. All complaints received were disputes to the implementation of the Council's new Care Call charging policy. All complaints were investigated and found to be unjustified.
- Six complaints were received by the Council's Provider Services. 67% (4) of the complaints received were regarding quality of services provided to service users, of which 6% (2) were about disputes to the charging for care. After investigation, both complaints about care charges were found to be justified. There were no other themes of concern identified from the Provider complaints received.
- After investigation, 80% (4) of Provider complaints were either fully or partially upheld.

6.4 Issues linked to the complaint

Issues of Complaint	2016 2017		2017 2018		2018 2019	
Appeal Changes after Care Needs Review	20.75%	11	0.00%	0	0.00%	0
Attitude of Staff	18.87%	10	12.31%	8	10.48%	11
Council Policy	5.66%	3	10.77%	7	7.62%	8
Delay	3.77%	2	9.23%	6	34.29%	36
Lack of Service	9.43%	5	23.08%	15	6.67%	7
Quality of Service	41.51%	22	41.54%	27	38.10%	40
Refusal of Service	0.00%	0	3.08%	2	2.86%	3
Total		53		65		105

- 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 14% (5) of complaints about delay were in respect of the wait for an individual to be financially assessed for care charges and almost 11% (4) were about delays in identifying appropriate care packages.
- 38%, (40), of complaints were around the quality of services received.
- Quality of service can include straightforward issues, such as:
 - Missed or delayed social work visits / appointments;
 - Non return of telephone calls;
 - Poor communication;
 - Poor or no response after a request for service.

However, quality of service can also include service failure issues for example, failure to safeguard the welfare or finances of a vulnerable adult.

- 20% (8) of complaints around quality were in respect of disputes to care charges. After investigation, 37% (3) were upheld, 25% (2) were partially upheld and 37% (3) were not upheld.

- 12% (5) complaints were regarding the quality of worker support provided. However, after investigation, 60% (3) of these complaints were not upheld.
- 22% (9) of complaints around quality were the quality of poor communication by either individuals or the service. However, after investigation, only two complaints were found to be justified.
- 10% (11) complaints received were regarding the conduct of individual workers. All complainants cited staff attitude as their main issue.
- From the eleven complaints received, ten were about staff within the Assessment & Personalisation service.
- After investigation, 40% (4) of all complaints about staff attitude or conduct were not upheld and 40% (4) were fully upheld. 20% (2) of staff complaints were later withdrawn.
- Three staff complaints received were about the same member of staff and highlighted similar issues. Therefore, the service took immediate action to ensure that the concerns were fully investigated. All three complaints were found to be justified and proportionate action was taken with the member of staff concerned.

6.5 Outcomes

Outcomes of complaints	2016 2017		2017 2018		2018 2019	
Outstanding		5		4		4
Not upheld	52.08%	25	44.26%	27	33.66%	34
Partially upheld	18.75%	9	14.75%	9	31.68%	32
Upheld	29.17%	14	29.51%	18	32.67%	33
Other Resolution / Withdrawn	0.00%	0	11.48%	7	1.98%	2
Total		48		61		101

- 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 a result of complaints that were either partially or fully justified are included within this report.

6.6 Timescales

- Although there are no statutory timescales for response, the Council expects all Adult Social Care complaints to be completed within 30 working days of receipt.
- Adult Social Care complaints often include several areas of concern, some may also include issues about other agencies, such as health or housing. Therefore, it can be difficult to provide a full and thorough response within this timescale. However, if the complainant is provided with regular updates on the progress of the investigation, any extended timescales are generally agreed by the complainant.
- 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).

6.7 How complaints were received

Method of Complaint	2016 2017		2017 2018		2018 2019	
Service Feedback Form	1.89%	1	3.08%	2	0.00%	0
Complaints Form	0.00%	0	0.00%	0	5.71%	6
Email	24.53%	13	33.85%	22	30.48%	32
In Person	1.89%	1	6.15%	4	2.86%	3
Letter	32.08%	17	36.92%	24	31.43%	33
Telephone	39.62%	21	20.00%	13	29.52%	31
		53		65		105

- Letters and emails continue to be the main method of referral accounting for 62%, (65), of all complaints received.
- Personal visits are now rare, with complainants preferring to either submit written complaints or complain by telephone.
- Complaints received by telephone are generally in response to immediate issues, such as missed care visits or disputes regarding invoices for care.
- Relatives, including relative carers, continue to make the most representations, and accounted for 80%, (84) of complaints made.
- During 2019/20 the service will be exploring opportunities for members of public to submit and track their complaints and compliments through our website, to make the process more efficient.

7.0 Equalities Monitoring

- 7.1 Gateshead Council recognises that equality monitoring of service delivery is crucial for effective planning and scrutiny of the services that it provides. This monitoring can identify which groups are using services and gauge their level of satisfaction. The information can then be used to highlight possible inequalities, investigate their underlying causes and address any unfairness or disadvantage.
- 7.2 Information about the complaints process can be made available in key languages and formats. Information for customers with sight, hearing or learning difficulties can also be provided.
- 7.3 During 2018/19;
- Three formal complaints, two complaint related query and eight compliments were raised by members of the BAME community.
 - None of the complaints received related to discrimination issues, all were regarding general provision of adult social care services.
 - All compliments were regarding the quality of the services provided by either individual workers or teams within Adult Social Care.
 - Complaint information can always be provided in various formats to facilitate easy access to the complaint's procedure.
 - Access to interpreters can be provided if necessary.
 - 61% (64) of complainants were female and 37% (39) were male.
 - 80% (84) of all complaints were referred by relatives of those receiving a service.

8.0 Commissioned Care Services – All issues received

Commissioned Services	2016 2017	2017 2018	2018 2019
Formal Complaints	4	3	9
Commissioned Service - Own Response	2	4	4
Complaint Related Queries	2	3	4
Commissioned Services Issues	110	108	33
Local Government Ombudsman Referrals	0	0	1
Moved to Safeguarding	0	0	3
Whistle Blows	0	2	0
Compliments	6	1	12
Total	124	121	66

- During 2018/19 representations regarding commissioned services decreased by 45%, (66 from 121).

- However, positive feedback about the service did increase, with twelve compliments being received, nine of which were about the Council's Travel Care Team.
- Nine formal complaints about commissioned care services were received, which were all investigated by staff within the Commissioning & Contract Management Service.
- Seven of the complaints received complaints were about the care and support provided by home care services and two complaints were regarding the overall support offered by an Extra Care Living Facility.
- The main issues raised about quality of home care included; short or missed calls, hygiene concerns, such as bathing or continence management and inconsistency of carers. Three complaints also included issues about the administration of prescribed medication.
- Investigations into the standard of home care were undertaken by Contract Management Officers where it was found that three complaints were partially justified, three complaints were fully justified, and one complaint was unjustified.
- Contract Management Officers have ensured that any improvements to service have been taken forward with the care service concerned.

8.1 Commissioned Service issues are concerns received by other professionals on behalf of service users, which are shared with the care providers. The care providers are then responsible for looking into the issues and providing effective and proportionate resolution for the service user concerned.

- During 2018/19, thirty three commissioned service issues were received. This is a decrease of 69% on the number received during 2017/18, (108).
- 22% (12) of concerns were about late, missed or short home care visits and remains the main theme of issues received.
- 18% (10) were regarding the support or conduct provided by individual care workers;
- 11% (6) were around medication issues, either missed medication or other medication errors.

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

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

9.0. Health & Social Care Joint Investigations

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

9.2 During 2018/19, the Queen Elizabeth Hospital received three complaints which included concerns about services provided by Gateshead Council's Adult Social Care. This is a decrease of 50% (6), since 2017/18.

- 9.3 All three investigations were led by colleagues at the Queen Elizabeth Hospital in conjunction with Managers within Adult Social Care.
- 9.4 Two joint complaints received included queries around the Safeguarding Adult's process. The Safeguarding Adults Manager investigated the issues raised and responded direct to the Queen Elizabeth Hospital. Both concerns were found to be unjustified.
- 9.5 One joint complaint included issues about inappropriate conduct from a member of the Hospital Social Work Team. However, after consideration of these issues, it was found that the complainant had raised these direct with the Council the previous year and as such, no further action was required.

10.0 Local Government Ombudsman Investigations

- 10.1 During 2018/19, three complaints were considered by the Local Government & Social Care Ombudsman, which is equal to the number received 2017/18, (3).
- 10.2 Two of the referrals received had been previously considered through the statutory complaint's procedure. One complaint had been responded to via the Council's Corporate Complaint Procedure.
- One referral was from a representative from a commissioned care home who had raised concerns about alleged inappropriate conduct of Council staff during a monitoring visit.

Information was provided to the LGO to allow the consideration of the complaint. The LGO later judged that the issues raised were outside the jurisdiction of the Local Government Ombudsman.

- One referral was about allegations of theft by staff working for a commissioned home care service. The complainant had alleged that Council staff were aware of the issues and did not take any action.

The LGO considered the evidence provided and was satisfied that Council staff had acted appropriately, and as a Police investigation had also been carried out, the LGO judged that the allegations were outside their jurisdiction.

- One referral was in respect of how a service user's estate had been administered by the Financial Protection Team and the Safeguarding Adults Team. The LGO considered the information provided to them by the Council and made a judgement of no injustice caused.

11.0 Public Health Complaints

- 11.1 During 2018/19, there were no formal representations received about the Council's Public Health Services.
- 11.2 All services commissioned by Public Health are legally required to have their own complaints and representations procedure. Therefore, individual services are responsible for the management of their own complaints along with any other representations that they may receive.

12.0 Learning from Complaints: Examples of Service Improvements

- 12.1 Learning from complaints is critical to prevent recurrence of the cause(s) of the original complaint. It is important that we make sure that people's experiences help the Council to improve services where possible. Changes can include policy, procedure or employee development.
- 12.2 Complaints about individual practice or failure to follow procedures are dealt with by reinforcement of processes and reiterating customer care standards through service / team meetings or individual supervision sessions.
- 12.3 In all cases, any justified issues regarding attitude or conduct of staff are dealt with in line with the Council's internal employment procedures.

Improvements after a complaint include:

Assessment & Personalisation

- When workers request financial assessments, 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.
- So that key safes can be installed in time for a service user's discharge from hospital, the Assessing Officer / Social Worker should, where possible, identify the landlord or owner of the service user's property beforehand. This will enable the worker to place a formal request in to the landlord to ask their permission to carry out the work. This will then minimise the risks of any unnecessary delays in installing a key safe.
- To ensure that cases are reallocated in the event of staff sickness, the matter is now raised within Adult Social Care Senior Management Meetings. This will remind Team Managers of their responsibilities to reallocate cases when the key worker is unavailable. It is also recommended that this matter will be monitored to minimise the risk of cases "drifting" when workers are on sick leave.
- 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.

Locality Teams / Promoting Independence Centres

- A new process is being trialled within the Locality Teams, in conjunction with Provider Services, whereby anyone admitted to Promoting Independence Centre for an assessment period will be allocated a key worker, who will be specifically assigned to carry out the assessment process.

Locality Teams

- 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.

This will then ensure the service user is provided with an option to personalise their own care and can choose an alternative care provider should they wish to do so.

Promoting Independence Centres

- Staff within the Promoting Independence Centres have been reminded of the 72-hour policy for holding of beds should a service user, who may be occupying an assessment bed, be admitted into hospital.

This will prevent any confusion regarding hospital admissions and will also assist staff in providing accurate information to service users or family members if they are asked how long an assessment bed will be held open.

- Promoting Independence Staff have been reminded that they must always sign and date the inventory for clothing and personal effects, both on admission and on discharge from the centre.

This requirement will then ensure that all personal clothing and effects are documented and will personally identify a member of staff who had been responsible for completing the inventory.

- In future, all residency agreements will be signed at the same time by the service user (or their representative) and the Manager of the Promoting Independence Centre. This will ensure that any issues regarding fees or placement type are able to be discussed at the time. The service user must also be provided with a signed copy of the agreement when the admission process has been completed.
- Staff within the Promoting Independence Centres have also been reminded that they must always use up to date documentation.

Care Call

- 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.
- 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.

Provider Services

- 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 of any sudden changes in the service users health or wellbeing (where appropriate). This will result in improved customer care and better communication.

13.0 Compliments

- 13.1 Information about compliments is always fed into all Adult Social Care Services, including the Commissioning Team, to highlight good practice and to identify opportunities for improvements to services.
- 13.2 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.
- 29%, (164) of all compliments were about the Single Point of Access Team;
- 5% (23) of compliments were about the Locality Teams;
- 14%, (77) were about the Promoting Independence Centres;
- 15% (86) of compliments were about the Council's home care service;
- 6% (36) of compliments were about Council provided day services;

13.3 Examples of compliments received

Adult Social Care Direct

"I only phoned for advice and was given a good service. The lady was really helpful and it ended up in an assessment. I never knew these services existed, and all this was from P..'s help."

Allsortz Enterprises

"My daughter has told her mother that she loves coming to Allsortz and is full of what she has been doing throughout the day, and always says how much she has enjoyed it."

Care Call

'Highest praise - if Dad presses alarm we are quickly alerted. All staff are very professional, helpful and caring. A huge thank you.'

Day Services

'Thank you for the support and help given while my mother attended Blaydon Centre, she always felt welcome and cared for. I am very grateful for the ongoing support and care given to me since my mother's recent death.'

PRIME

'Thank you for the fantastic service we have received from the PRIME team. We miss the girls - they were all wonderful - kind and caring.'

Learning Disability Team

"Thanks for all your hard work in getting my son to Felling Base, I definitely feel that this was the safest discharge for H"

Hospital Social Work Team

'Just wanted to thank B.... for her help with negotiating between a care provider and a family. B.... helped diffuse a situation that could have ended in a complaint. Thank you!'

Locality Teams

'I feel like we are in a safe pair of hands now that C.... is working with us"

Occupational Therapy Team

"The tenant would like to thank everyone who was involved in getting her level access shower fitted. She is over the moon and would like to especially thank the three lads who fitted it all for her as it is marvellous".

Promoting Independence Centres

'To all staff involved in the care, support and encouragement given to my Mam during her stay - many thanks, your kindness is appreciated more than you could know.'

Short Breaks

'The Lodge is a breath of fresh air. When C..... is in we have a life where we can do what we want and just think about us/myself. I love it.'

Single Point of Access

"Thank you to everyone who helped with my brother, he says he was overwhelmed with everyone's help and support and could not believe the help and kindness that he had been afforded".

14.0 Conclusions

- 14.1 Between 1 April 2018 and 31 March 2019, one of the main issues of concern in respect of delays was about the time taken to allocate a worker to individual cases. As a result, Assessment & Personalisation initiated a review into the allocation process to identify what areas of the process required improvement. This review is currently ongoing.
- 14.2 The number of changes to services and processes set out within this report can evidence that Adult Social Care continue to use complaints and compliments to inform them of service users personal experiences of Adult Services. It can also be evidenced that these experiences are then used to drive a number of improvements across all of the Adult Social Care Teams. This commitment benefits the Council by ensuring that the Adult Care services delivered are of a standard that people expect and deserve.
- 14.4 Between 1 April 2018 and 31 March 2019, Adult Social Care received 560 compliments. This means that 73% of all representations received was in respect of positive feedback about the services or support that had been provided to service users across Gateshead.

Contact Officer: Alison Routledge, X2408

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 2019/20.

1. The Committee's provisional 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.
2. Appendix 1 sets out the work programme as it currently stands and highlights proposed changes to the programme in bold and italics for ease of identification.

Recommendations

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

Contact: Angela Frisby

Extension: 2138

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Draft Care, Health & Well-being OSC 2019/20	
25 June 19 1.30pm	<ul style="list-style-type: none"> • Constitution (to note) • Role and Remit (to note) • Making Gateshead a place where everyone thrives – Year End Assessment and Performance Delivery 2018-19 • OSC Review of Suicide– Scoping Report • Implementation of Deciding Together – Progress Update • Diagnostic X Ray Services - Briefing
10 Sept 19 5.30pm	<ul style="list-style-type: none"> • OSC Review of Suicide – Evidence Gathering • Social Services Annual Report on Complaints and Representations – Adults • Work Programme
29 Oct 19 1.30pm	<ul style="list-style-type: none"> • OSC Review –Evidence Gathering • Annual Report of Local Adult Safeguarding Monitoring - OSC Review - Helping People to Stay at Home Safely • Board and Business Plans • Gateshead Healthwatch Interim Report • Work programme
10 Dec 19 1.30pm	<ul style="list-style-type: none"> • OSC Review – Evidence Gathering • Making Gateshead a place where everyone thrives – Six Monthly Assessment of Performance and Delivery 2019 -20 • Health and Wellbeing Strategy Refresh • Health & Well-Being Board Progress Update • Sepsis Prevention - Case Study • Work Programme
28 Jan 20 1.30pm	<ul style="list-style-type: none"> • OSC Review – Evidence Gathering • Drug Related Deaths • Work Programme
3 Mar 20 1.30pm	<ul style="list-style-type: none"> • OSC Review – Interim Report • Gateshead Healthwatch • Support for Carers (Adults) • Work Programme
21 April 20 1.30pm	<ul style="list-style-type: none"> • OSC Review of Suicide–Final Report • Monitoring - OSC Review - Helping People to Stay at Home Safely • Health and Well-Being Board – Progress Update • OSC Work Programme Review

Issues to slot in

- Universal Credit – Impact on Emotional Health and Wellbeing (possible joint meeting with other OSCs)
- Deciding Together Delivering Together – Progress Updates / 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

- ICS Updates - as appropriate.
- ***Green Paper on Adult Social Care -Council Response***