



# *CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA*

**Tuesday, 25 October 2022 at 1.30 pm in the Bridges Room - Civic Centre**

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From the Chief Executive, Sheena Ramsey

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Item	Business
1	<b>Apologies for absence</b>
2	<b>Minutes of last meeting</b> (Pages 3 - 6)  The Committee are asked to approve the minutes of the last meeting, held on 14 June 2022 (attached).
3	<b>Workforce and Digital Inclusion Place Based Approaches including health and care recruitment</b>  Presentation from Steph Downey, Service Director, Integrated Adults and Social Care.
4	<b>ASC CQC Assurance Update</b> (Pages 7 - 10)  Report of Dale Owens, Strategic Director, Integrated Adults and Social Care.
5	<b>Social Services Annual Report on Complaints and Representations - Adults</b> (Pages 11 - 28)  Report of Steph Downey, Service Director, Integrated Adults and Social Care
6	<b>ICS/Gateshead place focus</b>  Presentation by John Costello, Gateshead System Integration Manager.
7	<b>Health and Wellbeing Board Update</b> (Pages 29 - 34)  Report of Dale Owens, Strategic Director, Integrated Adults and Social Care
8	<b>Work Programme</b> (Pages 35 - 38)  Report of the Chief Executive and Strategic Director Corporate Services and Governance.

Contact: Helen wade email [helenwade@gateshead.gov.uk](mailto:helenwade@gateshead.gov.uk), Tel: 0191 433 3993, Date:  
Monday, 17 October 2022

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

**Tuesday, 14 June 2022**

**PRESENT:** Councillor W Dick (Chair)

Councillor(s): M Goldsworthy, R Mullen, J Wallace,  
P McNally, J Gibson, P Diston, H Haran, J Green, S Potts,  
D Weatherley and A Wintcher

**APOLOGIES:** Councillor(s): B Goldsworthy, I Patterson and M Hall

**CHW4 MINUTES OF LAST MEETING**

The minutes of the last meeting held on 17 May 2022 were agreed as a correct record.

**CHW5 VOTE OF THANKS**

Councillor J Wallace wished to place on record the thanks of the whole Committee to the outgoing chair, Councillor Stuart Green for his chairmanship of the Committee during his time as chair of the OSC.

The Committee wished to place their thanks on record and also to wish him well for the future.

**CHW6 CONSTITUTION**

RESOLVED - That the Constitution of the Committee for municipal year 2022-2023 be noted.

**CHW7 ROLE AND REMIT**

RESOLVED - That the Role and Remit of the Committee be noted

**CHW8 PERFORMANCE MANAGEMENT AND IMPROVEMENT FRAMEWORK - YEAR END PERFORMANCE REPORT 2021/22**

The Committee received a report and presentation which provided the Committee with the Council's new Performance Management and Improvement Framework, reporting performance on the delivery of Council priorities for the period April 2021 to

March 2022. It also provided an overview of performance relevant to the role and remit of this committee.

The Committee were advised that the analysis of performance for 1 April 2021 to 31 March 2022 against each of the 6 policy objectives of the Health and Wellbeing Strategy and the Balanced Scorecard was set out in Appendix 1. Areas of particular relevance to this Committee were highlighted in the report, however the full Performance Management and Improvement Framework was provided to enable members to see the full picture of performance across all priority areas at Appendix 1.

The report outlined the challenges, achievements, actions and resources for each policy objective. It also contains performance data including strategic and operational measures and is informed by qualitative and quantitative assessment to inform policy and resource decisions.

The Committee received an update since the 6 month stage for this Committee, outlining challenges, areas of excellence and improvement, actions and issues for further development

The Committee requested that they received further updates on the Drug and Alcohol Strategy and that this be brought back to a future meeting for consideration.

- RESOLVED -
- i) That the information be noted
  - ii) The Committee noted and agreed the Year End performance report as presented at Appendix 1 and requested further scrutiny of the Drug and Alcohol Strategy
  - iii) The Committee recommended the performance report to Cabinet for consideration in July 2022.

## **CHW9 CQC ASSURANCE FRAMEWORK**

The Committee received a presentation which outlined the CQC Assurance Framework. The Committee were advised that there are 4 themes within the framework, each of which contains several quality statements and 'I' statements.

The themes are:-

1. Working with people – assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information and advice
2. Providing support – markets (including commissioning), workforce equality, integration and partnership working
3. Ensuring safety – safeguarding, safe systems and continuity of care
4. Leadership and workforce – capable and compassionate leaders, learning, improvement, innovation

The Committee were advised that the timeframe was as follows:-

- January 2022 – first iteration of ICS/LA approaches and methodologies ready for co-production/engagement with stakeholder groups

- Feb-March 2022 – co-production engagement workshops to be held with LA/ICS stakeholder groups
- March 2022 – detailed walk throughs of ICS/LA approaches and methodologies with 2 LAs and 2 ICSs. Apr-July 22: more detailed piloting of methodologies
- From April 22 – ongoing engagement with ICSs, LAs, providers, the public and other stakeholders on iteration of our approach during piloting
- July 2022 – signed off approaches and methodologies by CQC Executive & initial draft of high level business needs/requirements produced for CQC digital systems
- August 2022 – DHSC sign off approach and methodology
- September 2022 – Final high level business needs/requirements presented to CQC digital October 2022 – March 2023 – CQC digital solution design, build, implementation
- April 2023 – begin ICS/LA baselining

- RESOLVED -
- i) That the information be noted
  - ii) That further updates be provided to Committee as and when appropriate

## **CHW10 RESULTS OF COVID 19 SURVEY**

The Committee received a presentation on the results of the COVID-19 household impact survey. This matter had been rolled over from the 2021-22 work programme and is provided to all OSC's.

The Committee were advised of the background to the survey, the approach and lessons learned as well as the research impacts and outcomes.

The Committee were advised that the impact was summarised as follows:-

- Contributed to a robust, reliable and statistically relevant evidence base to inform system-wide policy development, service planning, lobbying, and influencing to protect live and livelihoods
- Results were used to encourage public compliance with lockdown and social distancing measures, maximise the efficacy of mass vaccination, and support economic recovery planning

The Committee were advised that the outcomes was summarised as follows:-

- Analysis of attitude to social distancing, testing, self isolation and vaccination shared with health partners to inform targeted public information and behavioural change campaigns and rollout of the vaccine programme
- Evidence used to estimate the ongoing economic and fiscal impact of the pandemic and resultant revenue/financial losses caused by a reduction in activity
- Generated feedback for local, regional and national audiences on the effectiveness of government support measures (Furlough, Self-employed

Income Support Scheme (SEISS), Getting Building Fund (GBF), emergency grants (Local Restrictions Support Grant, Additional Restrictions Grant, Hospitality and Leisure Grants) and Welcome Back Funds)

- Influenced Gateshead’s Local Economic Development Strategy
- Informing our approach to securing future investment in the borough
- Lessons learned will underpin future resilience planning

RESOLVED – That the information be noted

**CHW11 OSC WORK PROGRAMME**

The Committee received a report which was set out in two parts. The first part highlighted how the work of the OSC has helped influence/shape the development of decision making/performance improvement work during 2021-22 and the second part detailed the development of the work programme for Overview and Scrutiny Committees (OSCs) and sets out the provisional work programme for the Care, Health and Wellbeing OSC for the municipal year.

- RESOLVED -
- i) That the information be noted
  - ii) The Committee endorsed the OSC’s provisional work programme for 2022-23 attached at Appendix 1, subject to any amendments arising from consideration of Appendix 2, and refer it to Council on 21 July 2022 for agreement
  - iii) The Committee agreed that the tabled emerging issues would be dealt with outside of the work programme in the form of briefings
  - iv) The Committee noted that further reports will be brought to the Committee to identify any additional issues which the Committee may be asked to consider

**Chair.....**

**TITLE OF REPORT: ASC CQC Assurance Update**

**REPORT OF: Dale Owens Strategic Director Adult Social Care**

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## **Purpose of Report**

This report provides an update on the preparation being undertaken for the new Adult Social Care (ASC) CQC Assurance Framework which was announced in September 2021 and is due to be implemented from April 2023.

## **Background and Update:**

1. The Northern regions of Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) developed a 'Top Tips' for preparation for CQC Assurance. These are suggested areas Local Authorities should have completed to support their preparation in this initial stage.
2. This detail below provides an update on the activity which has taken place so far aligned to these recommended areas.

## **Appoint an ASC Lead for Assurance / Inspection**

3. Steph Downey, Service Director for Adult Social Care is the nominated ASC Lead for our assurance preparation. Steph is supported in this by three other officers:
  - Melony Bramwell, Service Manager Safeguards and Practice Assurance
  - Gary Lewis, Service Manager Quality Assurance
  - Karen Buckham, Development and Improvement Manager
4. All four officers are also involved in the regional activity which is being undertaken and led by North - East ADASS to ensure we are fully sighted on developments and expectations.
5. We are also in the process of preparing a self-assessment to participate in an annual conversation review which is being arranged regionally and will support us to have external challenge on our perceived strengths and areas for improvement.

## **Political Briefings**

6. Several briefings have taken place to date to update MPs and Cabinet Members of the announced approach to assurance and what the expectations are likely to be based on the information we have available to us via CQC updates and our involvement in the regional NE ADASS work.

7. We now have in place a CQC focused Members Group which is scheduled to meet every 6 weeks. Steph will use this as a key mechanism to ensure Members are fully sighted on our progress in preparation and developments from CQC.
8. A sub-group of the Health and Wellbeing Board was also proposed on 5th September by Councillor Caffery in order to ensure there is a forum for wider partners to be sighted and kept informed of development and expectations.

### **Secure Corporate Support and Buy In**

9. We know that responding to this new Assurance framework and the preparation required will need support from the whole Council.
10. Briefings and updates have been delivered to CMT, Leadership, GMT, SMT, SAB as well as ASC Service Briefings.
11. We have reached out to other Service areas where we know specific support will be needed including Digital, Comms and Financial Assessments.

### **Strengthen your Council's ASC Business Intelligence Capacity and Capability**

12. Data and performance is key to our Service but we know CQC Assurance will have new expectations and bring new duties and additional burdens across the whole of the service, with a particular impact on the Performance and Quality Assurance function. They will want to look at how we currently gather activity and performance data, the quality and accuracy of reports as well looking at our financial, workforce and complaints reporting.
13. We currently have a small performance team dedicated to ASC however capacity is already stretched, and we expect additional resource will be needed to ensure we are fully prepared and able to respond to requirements.

### **Integrated Services Leadership**

14. Work has already started to update our integrated services of the challenges and requirements of the Assurance framework, and how they will need to provide performance, financial, and activity data for this purpose and be jointly accountable for the overall performance and quality of their services, their strategic direction and improvement ambitions.
15. Steph has attended the Gateshead Cares System Board and Safeguarding Adults Board to update them on CQC Assurance. It will be added as an item on future agendas to ensure they continue to be sighted. The new H&WBB subgroup will also support with this.

### **Learn from our Director of Children's Services (DCS)**

16. Although at present we are unsure how closely the CQC Assurance Framework will be to the current OFSTED inspection process our Children's colleagues are well versed in preparing for inspection and we know that we can learn from them in terms



of process but also the resources, focus and efforts that will be required across the whole council.

17. We have already undertaken some learning with our colleagues in Children's which included a session with the previous DASS/DCS Caroline O'Neill and previous Quality Assurance Service Manager Jon Gaines, and we are also working with some of their colleagues to develop some training for our workforce focusing how to prepare and be ready for inspection based on their learning. There is also a regional session for DASS's and DCS's scheduled to take place soon.

### **Get Insight from Partners and Providers**

18. It is likely that our partners including health, VCSE and private sector providers will be asked for their views on our performance. We need to engage with them now to draw upon their insight around where we perform well and where we can improve.
19. We have recently set up an organisation group 'People at the Heart of Care' with representation of many of our VCSE leaders to co-produce our approach to ASC reform, Whilst the group is new it is based on many years of partnership working, and the willingness and appetite from partners to attend is very encouraging and gives us a forum to start getting a collective insight. Commissioning colleagues chair a number of Provider Forums, where we have very good engagement with the leaders in our provider organisations, and we will use these forums to engage and understand their thinking.

### **Organisation self-awareness**

20. As previously mentioned, we are taking place in a regional approach to challenge completing a self-assessment in preparation for an annual conversation with a colleague, Carol Tozer, who has been commissioned on behalf of the region. This conversation will provide external challenge on our perceived areas of strength and improvement ahead of the assurance framework being implemented.

### **Next Steps:**

21. We will continue in our preparation for CQC Assurance and the regional approach to challenge in undertaking the annual conversation review.
22. We propose that we provide regular briefings to CMT every 6 weeks with progress, key highlights and issues so colleagues are fully sighted on the progress and areas where support may be needed.
23. In addition, regular updates will be given the Gateshead Health and Care System as well as those groups mentioned earlier - the newly established Members Group and the proposed Health and Wellbeing Sub - Group.

### **Recommendations**

24. Care, Health and Wellbeing Overview and Scrutiny Committee is recommended to give its views on the work carried out to date.

**Contact: Steph Downey, Service Director, Adult Social Care Ext:3919**

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Date: 25 October 2022

**TITLE OF REPORT:** Adult Social Care - Annual Report on Services Complaints, Compliments and Representations - April 2021 to March 2022.

**REPORT OF:** Steph Downey, Adult Social Care, Children's Adults and Families.

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### Summary

Cabinet considered the attached report on 21 June 2022.

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.

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### Background

1. The Local Authority Social Services and National Health Service Complaints, (England) Regulations 2009 set down the procedures that Adult Social Care Services, and National 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 between 1 April 2021 – 31 March 2022.
2. Information contained in the report provides a summary of the statistical information of all representations received, together with a review of the effectiveness of the procedures. Some examples of service improvement are also included.

### Annual Report Complaints and Representations

3. The report is consistent with the Sustainable Community Strategy – Vision 2030 and the Council's Corporate Plan. In particular the report supports the Corporate Priority for serving our customers by continuously improving services and targeting areas of under achievement.
4. The report focuses primarily on statutory complaints for Adults Social Care Services with information on complaint related queries and compliments that were received about staff or services. The report covers the period from 1 April 2021 – 31 March 2022.

### 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 and Social Care Ombudsman.

## Statistical Analysis

6. In 2021/22 the number of complaints and representations dealt with was as follows:

- During 2021/22, 55 complaints were received regarding Adult Social Care Services.
- This is a 34% increase on complaints received during 2020/21, (41).
- The number of complaint related queries (CRQs) has also slightly increased compared to the number of low-level issues received during 2020/21, (16 from 15).
- Complaint related queries are low-level representations that must be resolved within one working day after receipt.
- The number of complaints assessed as Green (low risk to the Council or service user) accounted for 7% (4) of the total number of complaints received.
- Amber complaints, which are medium risk to the Council or the service user, accounted for almost 93% (51) of all complaints received.
- Amber complaints often include several issues which are deemed as moderate risk to either the service user or the Council.
- 31% (17) of all complaints received involved disputes to care charges levied for care and support. From this, 9 complaints were about lack of information given about charges.
- During 2021/22, four complaints were considered by the Local Government & Social Care Ombudsman, (LG&SCO). This is a 33% decrease from the number of complaints considered by the LG&SCO during 2020/21, (6).
- 74% (274) of representations made during 2021/22 were compliments and only 26% (97) were expressions of dissatisfaction.

## Points of Interest

7. The following points may be of interest:

- During 2021/22, quality of service accounted for 38% (21) of all complaints 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.

- After investigation, 33% (6) of complaints about quality were partially upheld, 28% were upheld, 17% not upheld and 22% (4) were withdrawn or informally resolved by the service.
- All recommendations from upheld / partially upheld complaints are detailed within this report.

## 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 2021/22:

- Due to the number of complaints received about charging for care, Adult Social Care is carrying out a review of the information given to clients or their representatives. This review will include proposals to provide an information leaflet to clients or their representatives which details when charges for care will become applicable. Staff have also been reminded that any discussion where charging for care is discussed must be recorded on the client's case file.
- A complaint was received about the lack of financial information given in relation to an emergency short term placement by both EDT (out of hours emergency duty team) and subsequently the Locality Teams. Following this complaint, the Manager for the Locality Teams, and the Manager responsible for EDT reminded their staff that they must ensure that information about charges is clearly communicated to clients or to their representative. This information must then be recorded on the client's record
- Following a complaint where a client was missed off the weekend contact calls; the Care Call Service reviewed their current procedures and introduced a call audit. This call audit must be carried out by all operators who have responsibility for completing the "At Risk" calls each weekend. Staff will now have to ensure that they cross reference the calls they have made against the listed "at risk" records for each scheme and these will then be signed off.

A complaint was received about the quality of the care provided at a Council run respite Service. Following the complaint investigation, improvements to service were identified.

- As the investigation did find gaps in staff training, it was agreed to remind staff in their supervision sessions of the importance of reporting concerns to the Council's Safeguarding Team and CQC as soon as possible after they are highlighted.
- Additional guidance was given to staff on the use of daily notes, which will now have an additional section which details all personal support offered, along with the dates and time and the name of the staff member completing the notes.

The Service Managers, responsible for both Provider Services and Assessment & Personalisation have since ensured that all recommendations identified have been taken forward and implemented.

## Future Objectives

9. Objectives for 2022/23 are to:
  - a. Continue to meet regularly with Managers from Adult Services to consider what further action needs to be taken to
    - i. Resolve complaints at the earliest opportunity and within local timescales.
    - ii. To continue to ensure all complaints responded to are signed off by Senior Management within Adult Social Care.
    - iii. Improve the number of complaints being investigated and resolved to the complainant's satisfaction.
  - iv. Ensure that the number of complaints progressing to the Local Government Ombudsman remain low.
  - v. Ensure that Adult Social Care 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 Children, Adults and Families (now Integrated Adults and Social Care) 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 2021 to March 2022**

**REPORT OF:** Alison Routledge, Complaints Manager

**SERVICE:** Quality Assurance and Commissioning (Gateshead System), Children, Adults and Families

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## 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 2021 – 31 March 2022.

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## 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, (LG&SCO).

1.2 Once received, all complaints are assessed and are graded. 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 are assessed as high risk.

1.3 There are no prescribed timescales for resolution of Adult Social Care complaints as the quality of the investigation and outcome is significantly more important than attempting to adhere to a strict timescale for response. However, it is very important that all investigation timescales negotiated with the complainant are proportionate to the issues raised and that the complainant is 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. Therefore, it is important that complaints administration is 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 service are encouraged and supported to express their views and to access the complaints procedure if they wish. An easy read complaints leaflet is also available for people with a learning disability.

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

### 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.

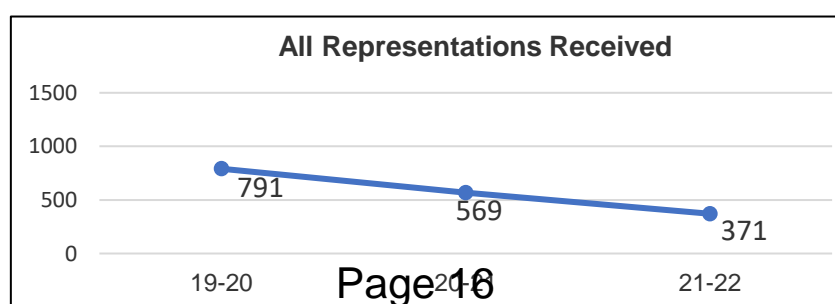
5.2 The Investigating Skills Training Course is facilitated by the Local Government & Social Care Ombudsman, (LG&SCO). The training concentrates on defining, investigating, and resolving complex complaints. It also emphasises the need to identify any improvements that may be necessary as a direct result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

5.3 A LG&SCO Investigating Skills Training Course was held in April 2022. However, all managers appointed to investigate complaints are offered one to one support when required.

### 6.0 Adults Services Complaints

#### 6.1 All Representations Received over the Past Three Years

All Formal Contacts	2019 2020		2020 2021		2021 2022	
Statutory Adult Services Complaints	44.44%	80	47.13%	41	57.14%	55
ASC Comments	2.78%	5	4.60%	4	1.02%	1
Complaint Related Queries	15.00%	27	17.24%	15	16.33%	16
Commissioned Service Response	2.22%	4	0.00%	0	8.16%	8
Commissioned Services Issues	17.78%	32	0.00%	0	0.00%	0
Corporate Complaints	2.22%	4	2.30%	2	0.00%	0
Data Breach	1.11%	2	0.00%	0	1.02%	1
Insurance Claim	0.00%	0	1.15%	1	0.00%	0
Inter-Agency Concerns	2.22%	4	4.60%	4	2.04%	2
Joint Health & Social Care Complaints	2.78%	5	6.90%	6	3.06%	3
LG&SCO Referrals	4.44%	8	6.90%	6	4.08%	4
MCA/DoLs Responses	1.11%	2	0.00%	0	0.00%	0
MP / Councillor Responses	3.33%	6	8.05%	7	7.14%	7
Safeguarding Alerts	0.56%	1	0.00%	0	0.00%	0
Whistle Blow	0.00%	0	1.15%	1	0.00%	0
All Dissatisfaction		180		87		97
Compliments		611		482		274
<b>Total</b>		<b>791</b>		<b>569</b>		<b>371</b>
<b>Trend</b>				<b>-28.07%</b>		<b>-34.62%</b>





## 6.2 Categories of all Statutory Complaints Received over the Past Three Years

Complaint Categories	2019 2020	2020 2021	2021 2022
Green	21	3	4
Amber	58	37	51
Red	1	1	0
<b>All</b>	<b>80</b>	<b>41</b>	<b>55</b>

## 6.3 Key Points of Interest

- During 2021/22, 55 complaints were received regarding Adult Social Care Services.
- This is a 34% increase on complaints received during 2020/21, (41).
- The number of complaint related queries (CRQs) has also slightly increased compared to the number of low-level issues received during 2020/21, (16 from 15).
- Complaint related queries are low-level representations that must be resolved within one working day after receipt.
- The number of complaints assessed as Green (low risk to the Council or service user) accounted for 7% (4) of the total number of complaints received.
- Amber complaints, which are medium risk to the Council or the service user, accounted for almost 93% (51) of all complaints received.
- Amber complaints often include several issues which are deemed as moderate risk to either the service user or the Council.
- 31% (17) of all complaints received involved disputes to care charges levied for care and support. From this, 9 complaints were about lack of information given about charges.
- 74% (274) of representations made during 2021/22 were compliments and only 26% (97) were expressions of dissatisfaction.

## 6.4 Specific Areas of Complaint

Service Area	2019 2020		2020 2021		2021 2022	
Assessment & Personalisation	76.25%	61	68.29%	28	67.27%	37
Care Call	2.50%	2	2.44%	1	7.27%	4
Commissioning	7.50%	6	7.32%	3	3.64%	2
Provider Services	12.50%	10	21.95%	9	21.82%	12
Other Services	1.25%	1	0.00%	0	0.00%	0
<b>Total</b>		<b>80</b>		<b>41</b>		<b>55</b>

- During 2021/22, 67% (37) of complaints were about the Assessment & Personalisation service.
- This is a 32% increase on the number received during 2020/21, (28).
- Assessment & Personalisation is often the first service to become involved with those requesting support from Adult Social Care, so dissatisfaction can often be anticipated.
- After investigation, 19% (6) of complaints about Assessment & Personalisation were found to be unjustified. However, almost 65% (20) were found to be either fully or partially upheld.
- The Care Call Service received four statutory complaint during 2021/22 of which 45% (3) were found to be partially upheld.
- Twelve complaints were received by the Council's Provider Services.
- After investigation, 80% (8) of provider complaints were either partially or fully upheld.

## 6.5 Issues linked to the complaint

Issues of Complaint	2019 2020		2020 2021		2021 2022	
Delay	26.25%	21	9.76%	4	3.64%	2
Lack of Service	12.50%	10	29.27%	12	40.00%	22
Quality of Service	51.25%	41	48.78%	20	38.18%	21
Refusal of Service	1.25%	1	4.88%	2	9.09%	5
Staff Issues	8.75%	7	7.32%	3	9.09%	5
<b>Total</b>		<b>80</b>		<b>41</b>		<b>55</b>

- During 2021/22, quality of service accounted for 38% (21) of all complaints 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.

- After investigation, 33% (6) of complaints about quality were partially upheld, 28% were upheld, 17% not upheld and 22% (4) were withdrawn or informally resolved by the service.
- All recommendations from upheld / partially upheld complaints are detailed within this report.
- 40% (22) of all complaints were regarding lack of service. Complaints about lack of service may often be linked to high expectations about what Adult Services can offer to a service user or their families. However, it was found that from the complaints received about lack of service, nine were about lack of information about care charges.
- After investigation, five complaints about charges were either fully or partially upheld. Three complaints about charges remain outstanding.
- 9% (5) of complaints received were regarding the conduct of individual workers. This is an increase of 67% (5) compared to the number of complaints received during 2020/21, (3).
- After investigation, 50% (2) of all complaints about staff behaviour were not upheld. 25% (1) was fully upheld and 25% (1) was partially upheld.
- In all cases, should there be repeated complaints regarding an individual worker, the Council will always undertake an internal review to ensure that any unmet professional development needs are addressed where appropriate.

## 6.6 Themes of Complaints Received

**6.6.1** There were two main themes of complaints received during 2021/22:

### 6.6.2 Quality of Service

Quality of service remains one of the main themes of complaint received over the past three years. During 2021/22, quality of service accounted for 38% (21) of all complaints received.

From the complaints received there were two main areas of concern.

#### Quality of Support from Individual Workers

19% (4) complaints received about quality of service were in respect of the support offered by either individual workers or by the service. However, two of the complaints about staff support were subsequently resolved informally by the managers concerned.

One complaint about staff support was regarding a Care Call warden who it was alleged did not carry out essential tasks when attending a call out. After a full investigation, this complaint was found to be unjustified as the investigating officer found that the warden had acted appropriately.

One complaint about staff support was about the quality of care provided by staff within a Council run short break facility. The areas of complaint were subject to a detailed investigation and following this, the complaint was found to be partially upheld. The service did identify improvements to service as a result of the complaint, which are detailed within this report.

## **Dispute Care Costs**

14% (3) of complaints were raising issues around disputes to charges levied for care and support.

One complainant was dissatisfied about the communication from the Social Worker, which led to delays in the Financial Assessment Process being concluded. This had impacted the timescales of when invoices were able to be shared with the client. This complaint was found to be partially upheld and as an outcome, the Council agreed to part waive the fees incurred.

One complaint was regarding the charging period for care within a commissioned care home. The investigation found that the allocated worker had not informed the care home that the client had been admitted to hospital. This had then resulted in the care home retaining the placement longer than necessary. The complaint was upheld, and the additional fees incurred were waived by the Council.

Another complaint about care charges was also found to be justified after investigation, as it was identified that there was a delay sending out the invoice for care due to an administrative error when authorising the care package on the client's case file. As a remedy to this complaint, the Council agreed to part waive the costs incurred.

All other complaints about quality of service were in respect of separate service areas. Two were about missed home care visits, which were both upheld and measures put in place by the PRIME Service to ensure no further visits were missed. One complaint was about the quality of the assessment process. This complaint was found to be partly upheld and the factually incorrect information within the assessment was corrected.

Two complaints were about the quality of care provided by commissioned care services. After investigation, one complaint was found to be partially upheld and as a result, the care provider carried out changes to the client's individual support plan. One complaint was found to be unjustified as the service had provided care in line with the client's care plan.

### **6.6.3 Lack of Service**

40% (22) of complaints received were about lack of service from either the worker or the Service.

#### **Lack of Information about Charges for Care**

36% (8) complaints received were about lack of information given to the client or their representative about potential charges for care. During investigation, it was found that, in some cases, the Social Care worker did advise that they had informed the client / representative that there would be a charge, but further investigation found that this information had not been recorded on the case record.

Seven of the eight complaints about this issue have been responded to, with one remaining under investigation. Following this, three complaints were fully justified and charges either waived or part waived. Two complaints were not justified as workers had evidenced that information about charging for care had been shared with the client or their representative. One complaint was partly upheld as there was information available to evidence that information had been shared but due to the delays encountered sourcing a care package, the Council agreed to waive the charges for the short term stay in a Promoting Independence Centre.

#### **Lack of Action after a Request for Service**

3% (7) complaints received were regarding lack of action after individual requests for service.

Two complaints about lack of service were about the Council's Care Call Service. One complaint was about the lack of telephone checks to a client over a weekend. Although this complaint did include a number of other areas of concern, the issue about weekend checks was upheld and measures put in place by the Care Call Service to prevent any similar issues reoccurring. Another complaint about Care Call was partially upheld and again, the service reviewed their service support to the individual client and offered additional advice about the use of the Care Call Pendant.

All other complaints about lack of action after a request for service were about different service areas.

After investigation of all complaints about this issue, 43% (3) complaints were partially upheld, 29% (2) were fully upheld, 14% (1) complaint was unsubstantiated and 14% (1) was withdrawn by the complainant.

## 6.7 Outcomes

Outcomes of complaints	2019 2020		2020 2021		2021 2022	
Outstanding		2		6		8
Not upheld	34.62%	27	45.71%	16	17.02%	8
Partially upheld	23.08%	18	25.71%	9	34.04%	16
Upheld	30.77%	24	28.57%	10	34.04%	16
Other Resolution / Withdrawn	11.54%	9	0.00%	0	14.89%	7
<b>Total Completed</b>		<b>78</b>		<b>41</b>		<b>55</b>

- 17%, (8) of all complaints were not upheld after investigation.
- 34% (16) of complaints were found to be partially justified.
- 34% (16) of complaints were found to be fully justified.
- 15% (7) of complaints were either informally resolved by the service concerned or withdrawn by the complainant.
- All improvements identified a result of complaints that were either partially or fully justified are included within this report

## 6.8 Timescales

- When a complaint is passed to an Investigating Officer, the Investigating Officer is requested to consider the detail of the complaint along with the issues raised and to identify an achievable timescale for response. This timescale should then be discussed with the complainant and their agreement sought.
- This negotiation then ensures that investigations and timescales for response are proportionate to the issues raised.
- Adult Social Care complaints often include several areas of concern, some may also include issues about other agencies, such as health or housing. Any liaison with outside agencies that may be necessary to fully investigate the complaint should always be factored into any negotiated timescale for response.
- In all cases, the Investigating Officer is requested to keep the complainant updated on the progress of the investigation and to advise them of any delays that may be anticipated
- The Council consider that 20 working days is an achievable timescale to respond to most Adult Social Care complaints. However, this timescale does not consider the complexity of some complaints. Therefore, the investigation timescale should always be negotiated with the complainant.
- During 2021/22, 36 working days was the average time to investigate and respond to a complaint.

## 6.9 How complaints were received

Method of Complaint	2019 2020		2020 2021		2021 2022	
Service Feedback Form	1.25%	1	0.00%	0	1.82%	1
Complaints Form	3.75%	3	2.44%	1	0.00%	0
Email	30.00%	24	51.22%	21	63.64%	35
In Person	2.50%	2	0.00%	0	1.82%	1
Letter	38.75%	31	17.07%	7	14.55%	8
Telephone	23.75%	19	29.27%	12	18.18%	10
		80		41		

- Email is now the main method of referral accounting for almost 64%, (35), of all complaints received.
- Email is popular as it is accessible and allows the complainant to retain a copy of the complaint that has been submitted.
- Letters accounted for almost 15% (8) of complaint referrals.
- Personal visits accounted for almost 2% (1) of complaints received. This complaint was made direct to an Adult Social Care Worker.
- 18% (10) complaints were received via telephone.
- Complaints received by telephone are generally in response to immediate issues, such as missed care visits or disputes regarding invoices for care.
- Relatives continue to make the most representations, and accounted for 75%, (43) of complaints made.
- 16% (9) complaints were received direct from service users.
- Three complaints were referred to the Council by advocates acting on behalf of the service user and one was referred by a client's good friend (with permission).

## 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. However, as complainants tend to be from relatives, it is not possible to collect this information with any accuracy as diversity forms sent out were not routinely returned.
- 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 2021/2022, there were no complaints where it was able to be identified that the complainant was a member of the BAME community.

## 8.0 Commissioned Care Services – All issues received

Commissioned Services	2019 2020	2020 2021	2021 2022
Formal Statutory Complaints	6	3	2
Commissioned Service - Own Response	4	0	8
Complaint Related Queries	6	2	5
Commissioned Services Issues	32	0	0
Data Issue	1	0	0
Local Government Ombudsman Referrals	0	0	0
MP/Councillor Referral	3	1	3
Whistle Blows	1	1	0
<b>Total</b>	<b>56</b>	<b>10</b>	<b>18</b>

- During 2021/22, representations highlighting dissatisfaction about commissioned services increased by 80%, (18 from 10).
- Two complaints were investigated by the Council and were in respect of support provided by home care services.
- In line with procedure, eight complaints were subsequently shared with the Commissioned Service direct with a request that they undertake a complaint investigation under their own complaints procedure.
- Four complaints investigated by Commissioned Providers were regarding care and support provided by individual care homes. One was about an extra care living facility and one complaint was about commissioned home care.
- Following investigation by a commissioned care provider, the complainant has the option to refer any dissatisfaction direct to the Council. However, only one complainant remained dissatisfied. The Council subsequently reviewed the investigation carried out and provided a further response to the complainant.
- Five CRQ's (Complaint related queries, which are low level issues) about commissioned services were received during 2021/22. Two were in relation to commissioned care homes and three were about home care provision. All CRQs were resolved informally by either the Contract Management Officer or the Commissioning Officer responsible for the service.
- Following any referral highlighting dissatisfaction, Contract Management or Commissioning Officers always ensure that any improvements to service are taken forward with the care service concerned and monitored in line with contractual obligations.

## **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 subject to the complaint. The organisation responsible for the largest area 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 2021/22, three complaints were jointly investigated by managers at the Queen Elizabeth Hospital, with assistance from managers within the Council's Adult Social Care.
- 9.3 All three complaint investigations were led by colleagues at the Queen Elizabeth Hospital and comments from Adult Social Care were invited. Issues relating to Adult Social Care mainly focused on involvement of the Hospital Social Work Discharge Team and the PRIME Service. Adult Social Care responded to all requests for information with timescales set out by Health.

## **10.0 Local Government & Social Care Ombudsman**

- 10.1 During 2021/22, four complaints were considered by the Local Government & Social Care Ombudsman, (LG&SCO). This is a 33% decrease from the number of complaints considered by the LG&SCO during 2020/21, (6).
- 10.2 This means that 93% (51) of complaints were successfully resolved by the Council.
- 10.3 All complaints considered by the LG&SCO had been previously considered through the statutory adults complaints procedure.
- 10.4 Three LG&SCO referrals were about the Assessment & Personalisation Service and one referral was regarding the Council's Provider Services.

- 10.5 After consideration, two of the referrals were closed by the LG&SCO who considered that no further action was necessary. One referral was not upheld. However, the LG&SCO did suggest that there was a fault identifying a communication issue by the service, but that this fault did not impact on the services provided to the client or on the outcome of the complaint.

Provider Services have agreed that they will consider the LG&SCO's response to identify what measures should be implemented to address this matter.

One LG&SCO referral remains under investigation.

## **11.0 Learning from Complaints: Examples of Service Improvements**

- 11.1 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.
- 11.2 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.
- 11.3 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**

- Due to the number of complaints received about charging for care, Adult Social Care is carrying out a review of the information given to clients or their representatives. This review will include proposals to provide an information leaflet to clients or their representatives which details when charges for care will become applicable. Staff have also been reminded that any discussion where charging for care is discussed must be recorded on the clients case file.
- After a complaint where a family member raised concerns about how she was spoken to by a member of staff, it was agreed by the Service that all Adult Social Care Workers should be mindful of their terminology when dealing with clients and families. Adult Social Care Workers should, where possible, avoid using terms of endearment which, in some cases, may appear patronising or over familiar.
- Due to concerns about misunderstandings around what S117 funding can cover, it was agreed by the Service to review the paperwork relating to an individual client to ensure that information had been communicated to family members in a clear and detailed way.
- A complaint was received about the lack of communication with a family member following the cancellation of a CHC meeting at short notice. This lack of communication had subsequently caused the family member to incur significant financial injustice. Therefore, as a remedy to this complaint, an apology was given along with a recommendation that the costs incurred were reimbursed.
- A complaint was received about the lack of financial information given in relation to an emergency short term placement by both EDT (out of hours emergency duty team) and subsequently the Locality Teams. Following this complaint, the Manager for the Locality Teams, and the Manager responsible for EDT reminded their staff that they must ensure that information about charges is clearly communicated to clients or to their representative. This information must then be recorded in the client's record.

- Following a complaint where a family member had requested an emergency short term package of care for a client via the EDT service, it was found that this request had not been actioned. This was due to the volume of EDT alerts received over the weekend.

As an outcome to the complaint, it was agreed that at the start of the working week, Adult Social Care Direct, (ASCD) will now triage all requests received about Adult Social Care and prioritise them to ensure the most urgent referrals are dealt with first. EDT Staff will also follow up with an email to the ASCD mailbox to highlight any alert that requires urgent attention.

### **Care Call**

Following a complaint where a client was missed off the weekend contact calls; the Care Call Service reviewed their current procedures and introduced a call audit. This call audit must be carried out by all operators who have responsibility for completing the “At Risk” calls each weekend. Staff will now have to ensure that they cross reference the calls they have made against the listed “at risk” records for each scheme and these will then be signed off.

In response to a second complaint about Care Call, the service implemented necessary changes to an individual’s Care Call case record. In addition to this, an offer of an Easy Press Pendant was provided, which may prove easier for the client to use and activate.

### **Provider Services - Promoting Independence Centres, (PIC)**

After two complaints which included concerns about the quality of information and communication from a PIC, the service outlined several changes to practice.

- The PICs will provide immediate notice to family carers (following a service user’s consent) of any emerging medical condition or medical treatment / intervention that has been provided to the service user. This notice will be incorporated within the service’s Quality Assurance system and be adhered to by all PIC staff.
- During periods, where specific requirements are required, for example, Covid-19 / D&V (diarrhoea & vomiting) outbreaks, where family carers are deprived from seeing their relatives, the service must (following service user’s consent) be conscious of providing regular updates to family members on the service user’s well-being and general progress made during their stay.
- The PICs have developed a Covid-19 fact sheet which is now provided to individuals and their family prior to admission or on admission. The fact sheet provides up to date information regarding the current restrictions in place to comply with Public Health England’s Covid guidance for care homes, and how this will affect the individuals stay and their family.
- The provision of iPads to staff has started taking place at Shadon House. The Management Team will continue to progress this and ensure that staff receive the appropriate training. This will then enable those in residence to have regular virtual contact with family and friends.

### **Provider Services – Short Break Respite Services**

A complaint was received about the quality of the care provided at a Council run respite Service. Following the complaint investigation, improvements to service were identified.

- As the investigation did find gaps in staff training, it was agreed to remind staff in their supervision sessions of the importance of reporting concerns to the Council’s Safeguarding Team and CQC as soon as possible after they are highlighted.



- Additional guidance was given to staff on the use of daily notes, which will now have an additional section which details all personal support offered, along with the dates and time and the name of the staff member completing the notes.

The Service Manager, responsible for Provider Services has since ensured that these recommendations have been taken forward and implemented.

## 13.0 Compliments

13.1 Information about compliments is always fed into all Adult Social Care Services to highlight good practice and to identify opportunities for improvements to services.

13.2 During 2021/22, Adult Social Care received 274 compliments, which accounted for 74% of all representations received, (371).

- 52%, (142), of compliments were regarding Assessment & Personalisation.
- 41%, (111) of compliments were about Provider Services.
- 7% (19) of compliments were about the Care Call Service.
- 37%, (99) of all compliments were about the Single Point of Access Team.
- 9% (24) were about the Council's Shared Lives Service.
- 12% (33) were regarding the Council's PRIME Service.
- 6% (14) of compliments were about the Locality Teams.
- 5%, (14) were about the Promoting Independence Centres.
- 2% (6) of compliments were about the Council's ACT Team.

13.3 Examples of compliments received

### ACT

*"I would just like to thank you for all the advice and support you gave me and my Mother, MR. With your help you arranged a visit with her and quickly saw that she was at risk and the alarms etc that had been installed were no help to her with her level of dementia. She has settled into Hadrian House in Blaydon and is being well looked after by the caring friendly staff. I am now allowed to visit her and can see she is happy and safe. This is of great comfort to all the family. Kind regards SJ "*

### Adult Social Care Direct

*"N wanted to pass on her thanks and appreciation to E and to the service in general for their support. N was in tears as she spoke. She said that E had been so kind and understanding on the telephone last night. She said the way she spoke to her was very caring, she didn't rush to get her off the phone at all and really helped to make her feel at ease as accessing social care is completely new to the family and they're going through a very anxious and stressful time. N said that E should be very proud and the way in which she showed compassion to the family was very special. N was very emotive when she spoke, and I could tell just how grateful she was."*

*'R said how caring friendly and understanding D was during their telephone call and couldn't be more helpful, first-class service.' - RC*

### Care Call

*'Hi, G wanted to thank the staff, she said they were fantastic and was over the moon with the install today and kindness of U.. and the kindness on the phone from A..'*

*"S rang to update us on her father's progress in hospital and to thank all involved in responding to the fall, which her father suffered at home on 13/11/2021. S said this was the first time he had used the alarm system and that the family were very grateful for the assistance he received, especially from A."*

### Council Domiciliary Care

*'Thank you to all the carers who looked after RB and myself. Worth your weight in gold! Not always given the recognition you deserve. You gave him dignity and respect you were always on time and*

came in cheerfully. you were there when I needed an ear to listen to my rants!! You always used PPE to protect us. the care given to complete strangers was amazing. Thank you for all your help and care. 10 out of 10 for everything. Much appreciation, DR.'

'I would like to thank both your carers for helping me to gain my confidence, LH and ST were responsible for getting me back to nearly normal in the ten days they helped me, I cannot thank them enough, they were great. I was a wreck when I came out of the QE.' – RR

### **Day Services**

'J has praised Blaydon Resource Centre on what they have achieved in weeks of reopening the service, His wife A had stopped communicating or eating independently. Within weeks of A returning to the service, she has now started to speak, and she also now feeds herself. J could not express how much he had missed the service A receives and is over the moon with the improvement of A since her return.' – JT

"When picking D up to bring to the Centre, Mrs L said that D's outreach is fantastic, and he goes to some fab places. She said that M and the other outreach staff go above and beyond to take D to some lovely places and gave me the thumbs up".

### **Independent support living**

'Mr and Mrs R visited J on his birthday. Mrs R was looking through J's photographic evidence of all the things that he has achieved during lockdown and his time at Fell Close. Mrs R said she couldn't believe that J had evidenced so many new skills and tastes in and around his home, the file contained evidence of J taking the recycling out to the blue bin and making food. Mrs R said she was amazed at his progress.'

### **Locality Teams**

'Good Afternoon L, I successfully got Mam into the Chester's yesterday, she was not sure, but I was able to go to her room and help unpack and she settled right in. Staff are lovely, mam said her 'rooms lovely, this will do!' I want to convey my thanks again; you have worked tirelessly with us and supported our family in this very difficult situation. You need a medal for dealing so sensitively and well with J and we will be forever grateful to you. Social workers sometimes get a bad press, but you could not have done anything more for Mam, you have listened to all parties and as sad as it is that Mam has to go into care, we are very glad you were able to support us. Many, many thanks again, we wish you all the best. Kind Regards, A and family.' – Al

"Hello, I have just taken a call from Mrs P. Mrs P wanted to express her thanks to worker KO. Mr P stated that K 'has changed my life'. Mrs P advised that she now has a stair lift installed after several years of downstairs living and this is thanks to K 'who came in arranged the OT Assessment' Mrs P wanted to pass on a big 'thank you' to K for everything she has done Thanks P."

### **Mental Health Team**

'Hi J, you have an amazing social worker CR she has supported me and my sister I could not ask for anything more. In our time we've have social workers that haven't delivered as C has done for us. – FD"

### **Promoting Independence Centres**

"From the bottom of my heart each of you are angels. You have cared for, loved, laughed, and treated my mam like she was you own family, and I really can't express how grateful I am for this. Thankyou".

"Dear sir, I would like to take this opportunity to thank you and your staff for making me so happy after my few weeks stay. My recovery is due to the care and kindness of the staff - nothing was too much trouble for them, always smiling. Please excuse my writing my eyes are failing me. Sincerely PE."

### **Shared Lives Service**

*I would like to thank Shared Lives for arranging such good carers who took care of the service user and looked after him in his last days.*

### **Short Breaks**

*'While L.. in Blaydon Lodge for his break, he asked if we could take him to an Indian Restaurant. As this is one of his favourite things, staff took him to South Shields to visit his favourite restaurant. They sent his Gran a photo of how much he was enjoying his experience. She expressed her delight and shared it on Facebook with the following comments' 'My Beautiful boy (little man) getting out and about thanks to his carers, been so hard for all of them the people trying to do their jobs and the special people they are looking after, love and thanks to you all x'*

*'Thank you so very much for the amazing effort you've all put into making L's birthday a real happy event. I adore and totally appreciate the photos you've sent -- fabulous memories. You lovely, lovely people - people like you are the salt of the earth THANK YOU X' – JG*

*"God love you all for thinking on your feet as to how to make R feel safe and relaxed enough to calm down and enjoy his outing. MARVELOUS MARVELOUS staff. I'm now able to unwind and enjoy a bath without being on "red alert" in case one of my boys need me. A photo of RG enjoying himself may restore his faith in all that's great with his service and just how much we parents APPRECIATE everything his fantastic service provides. XXX."*

### **Single Point of Access Team**

*'All the people involved in helping me have been wonderful I would like to give a special mention for S... who is always so very helpful and kind to me. Also A... who rang me. God bless you all for your kindness.'*

*'I have no bad words how my assessment went; it was clear and speedily dealt with and SG explained all, very polite and patient due to me not hearing well. I thank you for the help and assistance in the staff making it easier around the house. 10/10. no need to improve.' – GB*

### **Transitions Team**

*"I've been having a conversation with a service user I'm working with (RC) this evening whose son is open to the Transitions Team. R advised she had a conversation with G last week whilst she was on duty. R was very complimentary of the support she received from G. She stated that she was at a particularly low point and speaking with G and the practical support she provided picked her up from this. R stated that G was the first professional to listen to her and understand her situation for some time."*

**Contact Officer:** Alison Routledge, X2408

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**TITLE OF REPORT: Gateshead Health & Wellbeing Board – Progress Update**

**REPORT OF: Dale Owens, Strategic Director, Integrated Adults and Social Care**

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**Summary**

To update and seek the views of the Care, Health & Wellbeing OSC on the work of the Gateshead Health & Wellbeing Board for the six-month period April to September 2022.

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**Background**

1. The Health and Social Care Act 2012 provided for the establishment of Health & Wellbeing Boards (HWBs) as committees of local authorities to bring together leaders from the health and care system to work together to improve the health and wellbeing of their local population.
2. As part of the 2022/23 work programme for the Care, Health & Wellbeing OSC, it was agreed to provide two six monthly updates on the work of the HWB.
3. This report provides an update on the work of the HWB for the period 1 April 2022 to 30 September 2022. A second progress update covering the period 1 October 2022 to 31 March 2022 will be brought to OSC on 18<sup>th</sup> April 2023.

**Gateshead Health & Wellbeing Board – Progress Update April to September 2022**

4. The following update highlights key issues considered by the HWB during the first half of 2022/23.

**Implementation Plan for Health & Wellbeing Strategy**

5. It was reported to the Board that a task and finish group would be set up to develop the Health and Wellbeing Strategy Implementation Plan. The Board subsequently received an update on the first meeting of the Implementation Group and the steps being taken to develop an approach and plan for implementation:

- Mapping to consider priorities and strategic work, delivery mechanisms and structures, actions, gaps
  - Development of cross-cutting implementation workstreams
  - Identification of leads / links / champions for key actions
  - Identification of short, medium and long-term priorities and actions
  - Development of a plan and approach to implementation
  - Monitoring, evaluation, learning and reporting
6. It was highlighted that the Implementation Group would meet again to oversee progress and stakeholder engagement in the work being undertaken.

### **Update on NENC Integrated Care System Development and Implications for Place Systems**

7. The Board received an update on the development of the North East and North Cumbria Integrated Care System (NENC ICS). An overview was provided of the ICS architecture including Integrated Care Boards (ICBs), established from July 2022, who have taken on the responsibilities of former Clinical Commissioning Groups (CCGs). Details were provided on the key aims of the ICB, its membership and functions.
8. The Board was also provided with an overview of the development of the Integrated Care Partnership (ICP); this included details of its role, membership and relationship to 'place'. It was noted that the ICP is a committee of the ICB and that it is responsible for setting priorities for NENC and developing a strategy to meet health and care needs across the region.
9. The Board also noted that HWBs will maintain their key role in setting priorities for place-based working and in shaping strategy through the ICP, and that the ICB transitional place-based governance arrangements for 2022-3 will allow the NHS to continue to jointly commission with local authorities, focus on primary care development, and ensure that local quality and safeguarding issues are managed effectively.

### **Climate Change Strategy for Gateshead**

10. The Board endorsed the Climate Emergency Strategy for Gateshead which supports the Gateshead Health & Wellbeing Strategy and seeks to utilise natural co-benefits to climate action, including improved health and wellbeing, improved air quality, improved environments/places, habitat creation, and a reduction in inequality.
11. It was reported that a public-facing action plan had been developed to summarise what the Council will do to make its own operations carbon-neutral - this included transport, housing, energy, the environment and waste. Additionally, the Board were provided with a summary of actions being taken within Gateshead, including tree planting, increased use of

renewable energies and the development of a Heat Strategy for Gateshead.

12. The Board also discussed the need for collaborative work on climate change to continue across the whole system with partners and stakeholders doing their bit.

### **Anti-Social Behaviour Review**

13. The Board was provided with an update on a review being undertaken into anti-social behaviour (ASB) in Gateshead. The Board were advised that tackling ASB is a complex issue with expertise, responsibilities and powers shared across different agencies that take different approaches. The Board expressed its support for the ASB review and will receive a further update on progress at a future meeting.

### **Multiple & Complex Needs (People@theHeart)**

14. The Board received a presentation on the People@theHeart Programme which is focusing on people with multiple and complex needs and how they can best be met across the system. It was reported that the programme intends to expose where system complexity is working against the achievement of outcomes and to highlight where innovation has enabled better outcomes.
15. The Board supported proposals for a launch event for the programme, leading on to the establishment of a Programme Board, the agreement of a work plan and reporting arrangements. A Programme Manager is now in post to take this programme of work forward which is one of the programme areas of the Gateshead System Board.

### **Housing Allocations Policy and Tenancy Strategy**

16. The Board received an update on Gateshead's Homelessness, Allocations and Tenancy Review and the views of the Board were sought on proposed changes to the Allocations Policy, Tenancy Strategy and Tenancy Management Policy. An overview of the updated policies was provided as well as arrangements for consulting on the strategy which subsequently concluded on 28<sup>th</sup> July. The Board agreed that the policy changes reported provided a good opportunity for staff to receive training regarding the People@theHeart programme for people with multiple and complex needs.
17. It was noted that, following the conclusion of the formal consultation, the Strategic Housing Board would need to agree changes to the policies before being considered by Cabinet. The Board highlighted that it was important for housing services to ensure their policies were clear and easily understood by residents.

## **Gateshead Pharmaceutical Needs Assessment**

18. The Board considered an initial consultative draft and final draft of Gateshead's Pharmaceutical Needs Assessment (PNA) for 2022. The development and publication of a PNA is a statutory responsibility of the Health and Wellbeing Board under the Health and Social Care Act 2012 and its purpose is to determine if there are sufficient community pharmacies to meet the needs of the population of Gateshead and to determine other services which could be delivered by community pharmacies to meet the identified health needs of the population.
19. It was noted that there are 46 pharmacies in Gateshead, located primarily in areas of higher population density with 98% of the population being within 1 mile of a community pharmacy. It was found that whilst there is adequate provision of pharmacies across Gateshead Monday to Friday 9am to 5pm, services continue to be more limited in weekday evenings and over weekends.
20. Services currently commissioned from pharmacies in Gateshead include emergency contraception, smoking cessation, needle exchange, supervised consumption of methadone, minor ailments, and specialist palliative care drugs. The PNA concluded that there is adequate provision of these services across Gateshead. Although the more rural areas in the West of Gateshead have a more limited pharmacy provision, the findings regarding access to services by foot and public transport indicated that there is adequate access to services in terms of travel time for all the population of Gateshead.

## **Gateshead Cares System Board Updates**

21. The Health and Wellbeing Board received regular updates on the work of the Gateshead Cares System Board. This included feedback from a successful development session for the System Board that took place in March where Sam Allen Chief Executive of Northeast and Cumbria ICS and other guests were in attendance. The first part of the session focused on a report-out by team members on progress in taking forward key programmes of work followed by feedback from patients, service users and staff to help inform the System Board's work programmes going forward.
22. It was reported that the System Board's programme areas and enablers of integration have been updated for 2022/23, following on from the Development Session and subsequent discussions with partner organisations. Updates have been provided on Children and Young People /SEND, Adults /Older People - Transformation of Home Care & Care Homes, Mental Health Transformation and Multiple & Complex Needs - People@theHeart (paragraphs 14 and 15 refers). Updates were also provided on key enablers of integration - workforce and digital agendas (including digital poverty).



23. The System Board discussed arrangements to put in place an Implementation Plan for Gateshead's Health & Wellbeing Strategy 'Good Jobs, Homes, Health and Friends'. This included how the policy objectives of the Health & Wellbeing Strategy are being addressed through the work programmes of the System Board (paragraphs 5 and 6 refers).

### **Assurance**

24. The following items were considered by the HWB as part of its assurance role.

#### *Covid-19 Response & Vaccine Updates*

25. The Board received regular updates on the Covid-19 response and the vaccine rollout in Gateshead. This included the associated pressures on local hospital and GP services and how the system was working together to respond to those challenges. The Board also received Gateshead's Covid-19 Control Plan which set out the next steps for Gateshead's Public Health Team and partners with a focus on living with Covid safely.

#### *Gateshead Health Protection Board*

26. The views of the Board were sought on the way in which Gateshead health protection system will provide leadership and ensure a coordinated and consistent approach to outbreak control, infection prevention and the treatment and management of disease. It was noted that a key focus of the Gateshead Health Protection Board will be on addressing emerging health protection priorities that disproportionately affect those people living in the most deprived communities in the Borough as well as considering the impact of worsening deprivation statistics, the impact of Covid-19 and health inequalities when planning programmes.

#### *Safeguarding Children*

27. The Board considered the annual report the Local Safeguarding Children Board (LSCB) for 2020/21 which reviewed progress against its strategic and thematic priorities including those around protecting vulnerable children and young people, mental health and emotional wellbeing, child exploitation, and promoting the voice of the child so that children can have their say, share their views and experiences, challenge and support local decision makers and shape and influence planning and service provision.

#### *Better Care Fund End of Year Return*

28. The Board endorsed the Better Care Fund (BCF) end of year return for 2021/22 which was submitted to NHS England (NHSE) in line with national guidance. The return set out the end of year position relating to meeting national conditions, funding, and performance against BCF metrics.

### *CQC Assurance Framework*

29. The Board considered the proposed arrangements for the CQC Assurance Framework that will come into place from 1st April 2023. It was noted that a single assessment framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment.
30. A high-level timeline was presented and it was highlighted that the approaches and methodologies reported would be signed off by the CQC Executive with an initial draft of high-level business needs/requirements produced for CQC digital systems.

### *Children and Young People Local Transformation Plan Refresh*

31. The Board was advised that the Gateshead Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan 2022/23 is a system wide plan that it has been developed to ensure that services are delivering the key lines of enquiry (KLOEs) for children and young people's mental health.
32. It was reported that data and evidence for commissioning decisions and intentions were being refreshed and that a particular focus has been placed on prevention and early intervention. The Board also received an update on progress that had been made during 2021/22 which included a focus on the workforce and strategy development. The Board signed off Plan in advance of the 1<sup>st</sup> October 2022 deadline. It was also reported that the Plan is a 'live' document and will be continually reviewed. A workshop will be held in December to look at waiting times and how this is being addressed by partners.

### **Recommendations**

33. The views of OSC are sought on:

- (i) the progress update on the work of Gateshead's Health & Wellbeing Board for the first six months of 2022/23 as set out in this report.

John Costello (Ext 2065)
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**TITLE OF REPORT:** Annual Work Programme

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

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### Summary

The report sets out the provisional work programme for the Care, Health and Wellbeing Overview and Scrutiny Committee for the municipal year 2022/23.

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1. The Committee's provisional work programme was endorsed at the meeting held on 14 June 2022 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.

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**Contact:** Angela Frisby

**Extension:** 2138

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<b>Draft Care, Health and Wellbeing OSC Work Programme 2022-23</b>	
<b>14 June 2022</b> 1.30pm	<ul style="list-style-type: none"> <li>• Performance Management and Improvement Framework- Year End Performance 2021-22</li> <li>• CQC Assurance Framework</li> <li>• Results of Covid 19 Survey</li> <li>• OSC Work Programme</li> </ul>
<b>13 September 2022</b> 5.30pm	Meeting Cancelled
<b>25 October 2022</b> 1.30pm	<ul style="list-style-type: none"> <li>• Workforce and Digital inclusion - Place - based approaches (including health and care recruitment)</li> <li>• CQC Assurance Framework - Update</li> <li>• <i>Social Services Annual Report on Complaints and Representations – Adults (bf from Sept mtg)</i></li> <li>• <i>ICS/Gateshead place focus(bf from Sept mtg)</i></li> <li>• Health and Wellbeing Board / Better Care Fund –Update</li> <li>• OSC Work Programme</li> </ul>
<b>6 December 2022</b> 1.30pm	<ul style="list-style-type: none"> <li>• Performance Management and Improvement Framework – Six Month Update</li> <li>• Update on Primary Care Networks / Work to Attract and Retain a multi professional health workforce GP in Gateshead/ Access to GP appointments during transition out of Covid (focusing on how different practices manage demand that they cannot fulfil; same-day appointments only; in person and phone appointments; access barriers to appointments via landline, mobiles and online booking and any particular groups experiencing difficulty securing appointments</li> <li>• Home Care Transformation/ Standards</li> <li>• <i>Annual Report of Local Adult Safeguarding Board and Business Plans &amp; emerging priorities (bf from Sept mtg)</i></li> <li>• OSC Work Programme</li> </ul>
<b>31 January 2023</b> 1.30pm	<ul style="list-style-type: none"> <li>• Substance / Alcohol Misuse and Support available to residents – Update/ Asset case studies – links to Poverty and Inequality to include wider support – eg help with housing and jobs whilst/ once addiction being addressed)</li> <li>• Carers Support update</li> <li>• Healthwatch Gateshead -Update</li> <li>• <i>Dental Services for Adults -Progress Update?</i></li> <li>• OSC Work Programme</li> </ul>

<b>7 March 2023</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• <b>Specific Health Conditions Commonly Affecting Minority Communities in Gateshead (eg sickle cell disease, Tay-Sachs and haemophilia)</b> (to focus on how well trained/ equipped local health services are to respond)</li> <li>• <b>Work to tackle Health Inequalities in Gateshead – Update</b></li> <li>• <b>OSC Work Programme</b></li> </ul>
<b>18 April 2023</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• <b>Health and Wellbeing Board – Update</b></li> <li>• <b>Community Mental Health Transformation – Update</b></li> <li>• <b>OSC Work Programme</b></li> </ul>

**Issues to slot in –**

- **The new LPS (Liberty Protection Safeguards) Update**
- **Updates on ASC White Paper**

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