



CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 12 September 2023 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)
3	Departmental Strategy and Delivery Plan (Pages 11 - 26) Report of Steph Downey, Service Director, Adult Social Care
4	Demand Pressures on Social Care Services (Pages 27 - 30) Report of Steph Downey, Service Director, Adult Social Care
5	Social Services Annual Report on Complaints and Representation - Adults (Pages 31 - 44) Report for Alison Routledge, Quality Assurance and Commissioning
6	Annual Report of Local Adult Safeguarding Board and Business Plans and Emerging Priorities (Pages 45 - 106) Report of Catherine Hardman, Business Manager, Safeguarding Adults Board
7	Work Programme (Pages 107 - 110) Joint report of the Chief Executive and the Strategic Director, Corporate Services & Governance

Contact: Sonia Stewart, Tel: 0191 433 3045, Date: Monday, 4 September 2023

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

Tuesday, 13 June 2023

PRESENT: Councillor S Green (Chair)

Councillor(s): J Green, W Dick, P Diston, J Gibson,
B Goldsworthy, M Goldsworthy, M Hall, G Kasfikis,
D Robson, J Wallace and D Weatherley

IN ATTENDANCE: Councillor(s): B Oliphant

APOLOGIES: Councillor(s): I Patterson, S Potts and A Wintcher

CHW1 MINUTES OF LAST MEETING

RESOLVED - That the minutes of the meeting held on 10 May 2023 be approved as a correct record.

CHW2 CONSTITUTION

RESOLVED - That the Constitution of the Committee for the municipal year 2023-2024 be noted.

CHW3 ROLE AND REMIT

RESOLVED - That the role and remit of the Committee be noted.

CHW4 PERFORMANCE MANAGEMENT AND IMPROVEMENT FRAMEWORK - YEAR END PERFORMANCE 2022-23

The Committee received the year end performance report for the period April 2022 to March 2023.

A deep dive look into waiting lists in terms of Adult Social Care was previously requested and the Committee received a presentation on this area of performance.

ADASS benchmarking survey information was provided which looks at comparators both locally and nationally and with statistical neighbours. ADASS is looking at waiting lists across Adult Social Care and it was noted that there has been a significant increase since Covid, with people coming forward earlier into care.

In terms of those on the waiting list for an assessment there has been a slight reduction on last year's figure, however it remains relatively static. It was noted that the bulk of the list, 58%, is for Occupational Therapy (OT) assessments. There is no DoLS waiting list. It was reported that there has been a 50% increase from last year

of those waiting over 6 months for an assessment.

There has been a significant decrease in the numbers waiting for care and support, and it was acknowledged that now care can be accessed more easily the system will start moving.

The number of overdue reviews of care plans has reduced significantly following targeted work.

Waiting lists are a national concern and work has been ongoing in Gateshead to address this issue. There has been agreement for additional investment in OT trainees, which has worked well in terms of the Social Worker trainee model, with much higher levels of interest than for other posts. The additional capacity as a result of the trainees will be used to reduce waiting times.

There is additional investment in hospital discharge capacity and reablement capacity, with the new Promoting Independence Centre opening in the Autumn, which will increase bed capacity and avoid hospital admissions. Community reablement has been strengthened through the OT team, thus diverting people from assessments and long-term care packages. Consequently this will relieve the bottle neck in referrals for assessments and free up Social Worker capacity.

Work is ongoing to address sickness levels. In addition, caseload monitoring and tracking is underway. A pilot is also underway using assistive technology to inform assessments and therefore improve timescales.

It was reported that annually an NHS Digital Social Care survey is required. In terms of Gateshead, there has been an improvement across the board for all but one of the survey indicators; the proportion of people who use services who say that those services have made them feel safe and secure. Positively the indicator which measures the proportion of people who use services who feel safe has improved, therefore the indication is that other factors which make them feel safe, rather than the service specifically. Work is underway with Healthwatch and partners to improve the offer around health and advice. Overall satisfaction of people who use the service in Gateshead is at its highest level since 2017/18.

The Committee was provided with the PMIF Plan on a page which is a quarterly publication from the performance team outlining the indicators in relation to; people, prevention, practice, provision, pounds and partnership. This provides a balanced look at performance of Adult Social Care across the whole service.

It was reported that in terms of DoLS (liberty protection safeguards), this is the first time there has been a decrease in the number of applications received. It was noted that section 42 enquiries have increased since last year and are at the highest level in the past five years. In addition, the percentage of concerns which progressed to an enquiry has increased and is now at the highest level since 2018/19. In terms of safeguarding concerns, this figure has reduced therefore this shows there are less inappropriate referrals.

It was questioned as to why the number of people waiting over six months has

increased. It was noted that for some this is due to waits of OTs or Social Worker assessments. It was confirmed that prioritisation tools are used and there will be a number of people waiting for assessment who will be receiving temporary services. People are also triaged to ensure they understand when and who to contact.

The point was made that some authorities are looking at home care providers in respect of the Deprivation of Liberty Safeguards (DoLS). It was noted that there has also been an indefinite hold on the Liberty Protection Safeguards which were due to come in to replace DoLS because it was recognised some time ago by Government that the DoLS process is not fit for purpose. Therefore work is ongoing locally (an in conjunction with regional and national partners) to understand the implications of the Liberty Protection Safeguards delay.

It was questioned whether there are separate community services for different communities. It was confirmed that there is a specific ISL within the Jewish community in order to be culturally appropriate.

RESOLVED - That the Committee noted the Year End performance and recommended the report to Cabinet for consideration on 18 July 2023.

CHW5 WORK TO ATTRACT AND RETAIN A MULTI-PROFESSIONAL WORKFORCE AND ACCESS TO GP APPOINTMENTS

The Committee received a presentation from representatives of the NENC ICB giving a workforce update.

An overview of the Primary Care Network (PCN) structure was provided. In Gateshead there are 5 PCN's, with the largest in Central South which has 10 practices. The smallest PCN is Birtley and Central Gateshead, which has 3 practices. Central South PCN has 31.8% of Gateshead's patients and the lowest is East PCN which has 14%.

The last survey results to be published around patient data was in January 2022, 2023 results are due to be published next month. The results show that 10 practices in Gateshead do not have enough GPs, this is based on 1,800 patients per GP. It was noted that, despite high numbers in the GP training programme, many are moving abroad or into another part of the system upon completion of their training programme. It was acknowledged that this is a national issue. It was also recognised that the workforce is young and has different needs, many of them do not want to join partnerships but prefer to be a salaried GP or Locum which enables them to move between roles and build a portfolio of experience.

In order to support the issues raised a number of initiatives have been introduced. NHS England has made funding available to PCNS to grow capacity through Additional Roles Reimbursement Scheme (ARRS), in order to enhance a multi-disciplinary community offer. ARRS supports recruitment in roles including of Clinical Pharmacists, Social Prescribing Link Workers, Physician Associates, Physiotherapists, Paramedics and Mental Health Practitioners. Each PCN analysed

their need and created ARRS roles, which eased the pressure on GP appointments. In Gateshead 136 ARRS staff were in place as of May 2023.

In terms of GP appointments a snapshot of data from October 2022 was provided which showed that the majority of appointments were held face to face. PCNs will also provide extended access appointments for all patients between 6-8pm Monday – Friday and 8am – 5pm on a Saturday. It was noted that between October and March there were an additional 12749 appointments. A national framework from NHSE has just been published in relation to PCN Access Recovery, and health colleagues are working through it.

It was reported that recruitment issues continue to be a national problem, with a shortage of staff in all parts of the health and social care system. Gateshead Cares Workforce Partnership has identified issues impacting locally on the workforce and ways to overcome them;

- Recruitment from local community
- Training and career pathways
- Making Gateshead an attractive place to work
- Staff benefits and rates of pay

An analysis will also be conducted to identify where the biggest gaps in the workforce are.

It was reported that Health Education England (HEE) has commissioned a national programme for adults aged over 19 receiving work related benefits to support them into health and social care roles. So far 150 residents in Gateshead have engaged. In the first cohort, 6 gained employment across the sector, the second cohort is ready for placement. The programme is funded for 3 years but will continue after that as the funding received goes back into the programme.

In terms of career pathways, a Practice Development Nurse has been recruited to support work-based assessment, deliver training and promote Primary Care careers. The Gateshead Care Academy has been developed to offer in-house training for new employees and existing staff and looking at engaging those wanting a career change.

Gateshead Cares Summer School is continuing to be developed to engage pupils in year 9 and above into system-based careers. This may be with young people at risk of disengagement and inspire them through non-traditional routes into the sector. The GP Fellowships programme is due to relaunch for newly qualified GPs to primary care jobs. A Level 2 Medical Administrator apprenticeship has been developed with the Council's Learning and Skills.

A Flexible Workforce Hub is due to be launched this month which will offer flexible hub workers practice support to fill any workforce gaps and ensure there are no missed appointments. It is hoped this will be extended wider to support other parts of the system.

It was queried whether Government had delivered on its promise of more medical schools. It was confirmed that there are new schools, Sunderland is doing PCN work

for example, however, it is too early to see the impact on GP numbers as it takes 10 years to train a GP. It was also acknowledged that retention is the major issue in terms of GPs, however locally a lot of work is underway to retain GPs for example through fellowships programme.

It was questioned what the uptake is like in relation to the summer school offer. It was confirmed that there are 60 places and so far 25 have been filled. Work has taken place to link with schools in Gateshead and the Virtual School to identify those at risk of disengagement. The programme will focus on project-based work throughout the week, with visits to the QE, social prescribers as well as first aid work and mental health work. It is hoped this will open up those careers to young people and introduce fundamental skills, for example communication and teamwork. It was noted that in the future it is hoped that a separate summer school could be held for those young people with additional needs.

It was queried whether the PCN extended access appointments have taken away from the 9am-5pm appointments. It was confirmed that there has been no decrease in the 9-5 demand for appointments.

It was questioned whether there is any information in terms of health inequalities which relates to the PCN make up and size of practices. It was confirmed that these were set up on a geographical basis, it was recommended that each PCN should have between 30-50,000 patients, although Gateshead South has more than that. The health colleagues in attendance were not aware of specific health inequalities work in relation to the size of PCNs. However, it was acknowledged that a lot of the work undertaken by the PCNs outside contractual work will identify the needs of their community in order to tackle inequalities.

Committee requested timescales for the roll out of digital telephony in all practices.

It was questioned whether housing developments have been considered in relation to the increased population in certain areas and the impact on local practices. It was confirmed that two estate strategies have been undertaken which identifies all practices and what space they have to identify where the pressures are. New developments have been mapped out and potential pressures identified where there may be a shortage of provision in the future. Work is ongoing and discussions with the Council to look at other estates and utilise empty properties.

It was questioned whether there is any way of having named GPs for those people with complex needs in order to provide them with confidence in the system. It was acknowledged that it is very important to have a touchpoint and that this is around care planning and the need to develop continuity through for example nurse practitioners. The Care Home system has named GPs for example. It was recognised that it is important to build relationships and although the role of GPs is evolving there should always be that oversight and continuity in different ways.

RESOLVED - That the information presented be noted.

CHW6 PUBLIC HEALTH UPDATE ON £5M GRANT TO RESEARCH INEQUALITIES

The Committee received a presentation on the Health Determinants Research Collaboration (HDRC).

This is a five year programme and the outcome of this work is intended to be a long-term reduction in health inequalities across Gateshead and bridge gaps between communities to make a real difference.

Work currently is underway building a core central research team, working with Newcastle University developing research infrastructure. The team is looking to influence the culture of the Council by making research part of normal activity for all staff and helping teams plan and conduct research in order to make services the best for Gateshead residents.

The HDRC is Local Authority owned, funded for 5 years, focused on building the local evidence base and to engage communities in research to develop a lasting legacy, developing a local centre of research excellence. It was noted that the HDRC is not a funding source for research projects and cannot be used for interventions, initiatives or council services.

Committee was advised of progress to date and examples of potential research work.

It was questioned where this would end up unless there was a change in terms of government policy. It was acknowledged that this enables more innovative work, challenge and shaping programmes to meet local need instead of doing what has always been done.

RESOLVED - That the information presented be noted.

CHW7 WORK PROGRAMME

The Committee received a report on the work programme for the new municipal year 2023-24.

- RESOLVED -
- (i) That Committee noted the information contained in the annual work programme report.
 - (ii) That Committee endorsed the OSC's provisional work programme for 2023-24, subject to any amendments arising from consideration of appendix 2, and referred it to Council on 20 July 2023 for agreement.

- (iii) That 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.....

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TITLE OF REPORT: **Integrated Adults and Social Care Strategy 2023-2028**
 IASCS Action Plan 2023-2025

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

Summary

The report provides an overview of the Integrated Adults and Social Care Services Strategy (2023 – 2028) and the Action Plan (2023 – 2025) that has been developed to ensure the delivery of the strategy.

Purpose of the Report

1. To seek the views of the Committee about the Integrated Adults and Social Care Services Strategy and provide assurance in respect of the activities underway to deliver the Action Plan.

Background

2. Integrated Adults and Social Care Services came together as a single department in August 2022 with the appointment of a new Strategic Director.
3. Over the last 10 months work has taken place to understand the department's position, areas of strength and improvement. This has included taking part in a regional assurance review in October 2022, holding a development day in November 2022 with support from the Local Government Association and understanding further our performance data.

Proposal

4. A five-year strategy has been developed setting out our areas of focus, direction and ambitions. There is a public facing action plan to accompany this. This will be reviewed annually, and an update provided.
5. The strategy and action plan will be used to drive forward work across the department and will form the basis for priority and goal setting with our workforce.
6. The strategy and action plan have been agreed by Cabinet (July 2023).

Recommendations

7. Care, Health and Wellbeing Overview and Scrutiny committee is recommended to:
- (i) Comment on the strategy and action plan and identify any areas for further scrutiny
 - (ii) Note that performance in relation to the action plan will be reported via the Performance Management and Improvement Information Framework.

Contact: Steph Downey

Ext 3919

CONTACT: Steph Downey

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Policy Context

1. To develop an overarching strategy for the new Integrated Adults and Social Care Services Department. The proposed strategy supports Thrive and the Health and Wellbeing Strategy.

Consultation

2. The Portfolio Holders for Adult Social Care and key partners have been consulted.

Alternative Options

3. There are no alternative options.

Implications of Recommended Option

5. Resources:

- a) **Financial Implications** – The Strategic Director, Resources and Digital confirms the plan will support the budget and demand savings in Integrated Adults and Social Care Services

- b) **Human Resources Implications** – None

- c) **Property Implications** – None

6. **Risk Management Implication** – None

7. **Equality and Diversity Implications** – An integrated impact assessment is attached.

8. **Crime and Disorder Implications** – None

9. **Health Implications** – The strategy and plan will support the delivery of the Health and Wellbeing Strategy where it interfaces with Integrated Adults and Social Care Services

10. **Climate Emergency and Sustainability Implications** – None

11. **Human Rights Implications** – None

12. **Ward Implications** – None

13. Background Information

- Thrive
- Health and Wellbeing Strategy
- People at the Heart of Care White Paper

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Gateshead Council

Integrated Adults and Social Care Services

Living Thriving Lives Plan (2023 – 2028)

Our Vision:

To work with our communities to enable residents to live thriving lives, be independent and individual, support themselves and each other, and access personalised quality support when they need it.

Our Vision is About:

- The people, partners and place of Gateshead.
- Valuing people for who they are, the strengths and potential they have, supporting them to improve and maintain their wellbeing to lead healthy and happy lives, where they are in control and able to make the best choices for themselves and their families.
- Equity, and recognising that not everybody in Gateshead is starting from the same point and some people will need more help than others.
- Recognising and rewarding the people working in the social care and health sector, whilst building a well-trained and resilient workforce that has a range of exciting and interesting roles, career pathways, progression and opportunities at all levels.
- Putting people at the heart of everything we do, ensuring the voice of people with lived experience is heard and working with them in true partnership to co-produce our Adult Social Care offer.
- Working in partnerships such as Gateshead Cares Alliance (health partners, Local Authority and voluntary sector) to ensure that our services are aligned to reduce duplication, improve services and are responsive to what people need and work in an integrated way to achieve the best outcomes for individuals.
- Ensuring Gateshead is a great place to live irrespective of illness, disability or caring responsibilities.

Thrive

Gateshead Council's overarching strategy 'Thrive' has ambitions to make Gateshead a place where everyone thrives. It drives our major policy decisions, aiming to redress the imbalance of inequality and championing fairness and social justice. We know that over half of people and families in Gateshead are either just managing or just coping, but more than 30% are in need or are in vulnerable situations. We want to work differently, with partners and others, to target our resources to get the best outcomes for those people and families who require more support. There is a commitment to five pledges which can be found [here](#).

The Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy

[The Gateshead JSNA](#) publishes current data, intelligence and analysis of our Gateshead population. Ageing Well information displays what we know about frailty, long term conditions, and mental health and wellbeing in adults and predicts future vulnerabilities. The JSNA forms the evidence base for our strategic planning and drives development of the council's policy framework including our Health and Wellbeing strategy for Gateshead - [Health and Wellbeing Strategy](#), Good jobs, homes, health and friends. The strategy was agreed in 2020 by the [Health and wellbeing board](#) following a detailed consultation programme across the health and care system to engage the views and commitment of not only those partners involved in the delivery of health and care but most importantly those partners whose services directly impact on the wider determinants of health.



Partnership Working

Organisations and systems can be complex and difficult to navigate. By working in partnership with others we aim to make accessing support and services as easy as possible. In Gateshead we have developed a vehicle for integrated partnership working across health, housing and social care partners, known as the [Gateshead System](#). Local health and care partners come together as a system board to deliver change, by working together to achieve better outcomes and reduce health inequalities for local people. The Gateshead System board is accountable to the Health and Wellbeing Board, and Boards of individual organisations.

Prevent, Reduce and Delay the Need for Support

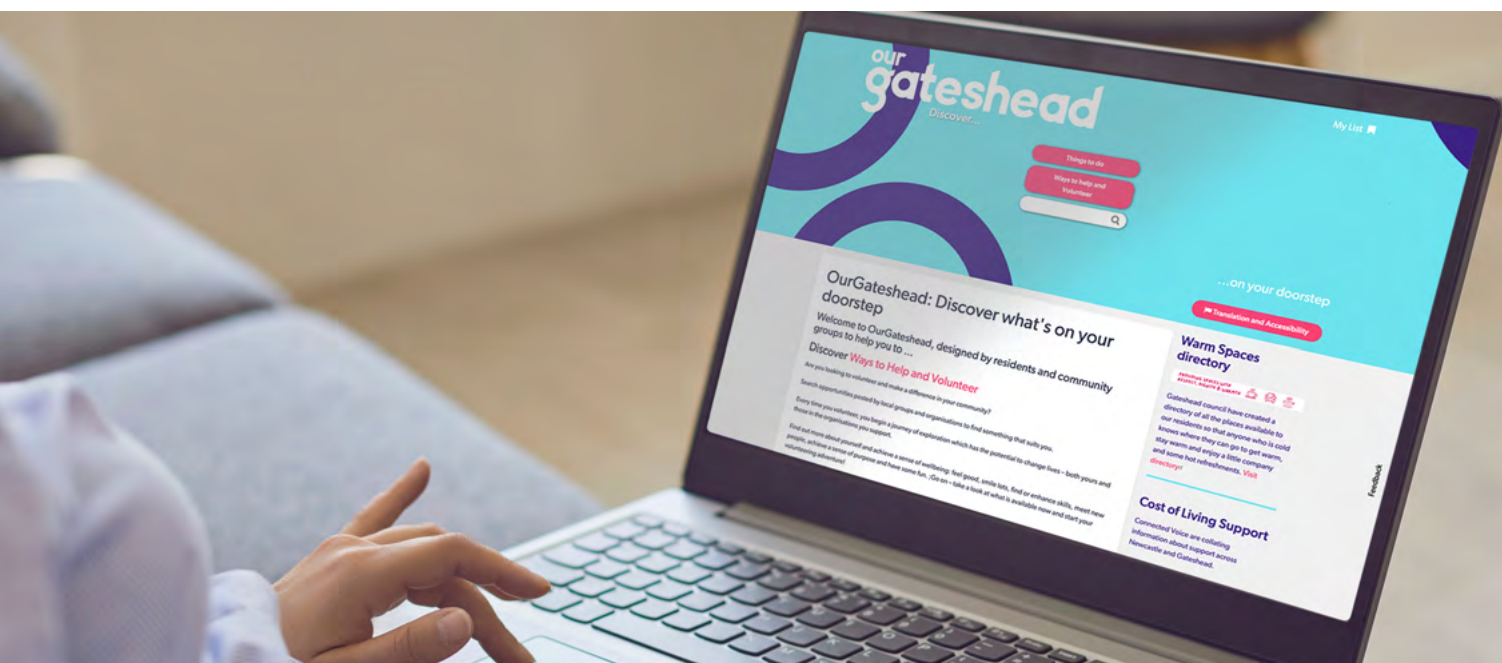
We recognise that prevention spans across many levels and that whilst preventing any need for support would be the ultimate goal, there is significant value in prevention at any stage; preventing a deterioration in someone's pre-existing condition can be as important to them as preventing the occurrence of a condition for someone else. Our aim is to ensure that people receive support that is appropriate to them and that enables independence rather than fostering dependency. There are different factors that can help prevent, reduce and delay the need for support:

◆ Information and Advice

We know that good and accessible information and advice is a cornerstone to the successful delivery of our Care Act duties, supporting people to make good decisions about their care and support and what is available to them. We will be working to strengthen this to ensure:

- People, carers and families can access information when they need it, using easy to navigate systems to support them to have control and make decisions at key points in their lives.
- That our information and advice is joined up; working with key partners in Gateshead to utilise the "Our Gateshead" website as a key resource supporting the people of Gateshead to discover what is on their doorstep ([OurGateshead - Gateshead's community website](#))
- That our information and advice offer does not exclude those who cannot access digital/online resources. The Council and the ICB are working with the Community and Voluntary Sector to better understand and address Digital Exclusion.
- People have a positive experience when contacting Adult Social Care, they receive support to help resolve the issues they face, emphasising what they can do for themselves and what support is available from other organisations and in their community.

"I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally"



◆ Promoting Independence through Enablement

Enablement gives people the opportunity to live their most independent life. Our aim is that anyone who would benefit from enablement is supported to access it at the right time and right place. Our enablement offer is broad and dependent on the individual, it can result in some people gaining full independence, but for others it may mean that they still require some form of support, but the aim would be that they are more independent than they were or maintain their current level of independence. Our ambition is to:

- Continue to strengthen our in-house provider services offer via the PRIME service and Promoting Independence Centre, both of which are almost exclusively focused on enablement.
- Seek opportunities to expand, diversify and support the community and changing needs, including working with our Transitions colleagues for those reaching adulthood and providing a model of enablement for them to thrive in adulthood.
- Continue our work across the service to embed an enablement ethos and approach within all areas of practice, which links closely with our strengths based approach.

Equity is key, and support is tailored to the individuals starting point, needs and goals.

◆ Promoting Independence through Technology

Technology can support people to remain at home and be independent in a way that is right for them.

We recognise the importance of technology enabled care and are excited about the opportunities new and emerging technologies present. We know that the market is moving at pace and have invested in dedicated capacity to react to and harness the innovative tech opportunities available to support our residents to be more independent and look at preventative solutions. We will be working to develop our offer through:



- Creating a Technology Enabled Care strategy to drive forward our ambitions.
- Working differently with the market and look to developers for solutions for areas where we think tech could help and pilot innovative solutions.
- Working with our partners in the NHS and community and voluntary sector (with support from the Academic Health Science Network) we want to understand and map digital poverty and exclusion in Gateshead and co-design solutions. We want people to be able to use technology in their homes to support their independence, but we know the cost of living crisis is exacerbating the gap as people struggle to fund connectivity and devices.

◆ Strength Based Practice

Gateshead has a wealth of community assets that can support people at all stages of their life. For those people who approach Adult Social Care these community services may help to prevent the need for formal care, or improve the wellbeing offer for people with support needs. Our model looks to explore these community assets and opportunities with individuals, as well as their own individual strengths and assets.

Our model of strengths based practice is based on the Department for Health and Social Care's strengths based approach practice framework and handbook and has been informed by our work with organisations such as Social Care Institute for Excellence and local community partners. Through the continuation of our strengths based journey our aim is that:

- A strengths based approach is embedded across the whole service, at the forefront of our practice and seamlessly links with our work around enablement and the use of technology.
- People value the strengths based approach to assessment and we can continue to improve their experience through learning from people and train our workforce in line with this.
- The services we provide and commission support a strengths based approach to care delivery.

"I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals"

◆ Home First

The government's vision for Adult Social Care (People at the Heart of Care) recognises that every decision about care should be a decision about housing. In Gateshead we want people to be able to remain in their own homes for as long as possible. Where this is no longer possible, we want people to live as independently as possible with as little restriction on their liberty. We have a range of housing with care options that allow people to choose to live a thriving life in the community, with their own front door, whilst having support on hand, however we want to do more:

- We want to continue to explore the existing and future needs of our population and develop further housing options which focus on the home first principle.
- Work closely with our housing and planning colleagues to future proof the offer with additional extra care facilities and other alternatives, including how we can use technology.
- Have a vibrant domiciliary care market that focuses on enablement and reducing people's need for support, with direct payments more accessible for people to use as they wish to meet their needs.
- Work with NHS and VCSE colleagues to ensure that the needs of Caregivers are fully embedded within Discharge processes.

We are working collectively to make Gateshead a great place to live for everyone, whether they have care needs now, might have them in the future or are carers themselves

Caregivers

Without the army of unpaid caregivers, we know our health and social care system would be unable to cope and provide that important care and support to all those who need it. Many caregivers do not recognise or identify themselves as carers or caregivers and do not access the support that they may need, or even be aware that there is support there for them.

We are committed to improving and developing services to better support unpaid caregivers. We are determined to help caregivers continue caring if they are willing and able, and to support their health and wellbeing by achieving outcomes they have identified that matter most to them.

We are working with a range of partners including Gateshead Carers Association and the Gateshead Carers Trust Tyne and Wear to ensure they can access help and support to carry out their caring responsibilities. We want to build on the work so far:

- Our co-produced Caregivers strategy will be published this year alongside an action plan, we commit to having co-produced annual reviews so it remains fit for purpose.
- Continue to look at how to improve the Carers Assessment process to ensure it is fair, consistent and meets the needs of Caregivers.
- Strengthen the link between Adult Carers and Young Carers by working with colleagues from Children's Services and improving our online content to make information and advice relating to caregivers more accessible for all.



Workforce

Our workforce is our greatest asset, and we know that the delivery of our vision of 'Living Thriving Lives' will only be achieved through an empowered, enabled and skilled workforce. We know that we need to continue to be a good employer to retain our existing colleagues but to also attract new colleagues into the service, and we strive to create a culture of continuous learning and create opportunities for development amongst our teams.

We have embarked on several innovative ways in which to develop the social care and health workforce, including utilising the apprenticeship levy to create development opportunities for those already in the service who have ambitions to move into social work, and by creating a Graduate Management Trainee programme across the whole service. We have worked in partnership with North East Association of Directors of Adult Social Services on a regional workforce strategy and this aligns with the work in the Gateshead Cares Partnership. This considers the workforce across the region for the health and social care system.

We will continue to develop and invest in our workforce through:

- Working with HR colleagues to build on our offer and ensure our workforce are aware of the benefits available to them.
- Equipping our workforce with the right skills and knowledge in order to deliver strengths based assessments and successful enablement approaches.
- Continue to develop innovative ways to create opportunities for development and career pathway options for the sector, utilising Apprenticeships and facilitating work based placement opportunities.
- Working with schools, further education, higher education and industry to promote roles in social care.



Commissioning

The purpose of a collaborative commissioning process is to design how we best respond to the needs of people and communities by putting them at the heart of everything we do; the aim of improving outcomes, ensuring the right care, in the right place at the right time, harnessing the power of people and communities by taking an inclusive asset-based approach, and making informed investment to ensure we maximise the value of the Gateshead pound.

Effective commissioning will be driven by a data led, evidence-based approach which also promotes collaboration, integration and innovation across the Gateshead System to meet identified current and future needs, as well as any gaps in provision. Our ambition is to provide a high quality, high performing market through support and collaborative service design with people, providers and communities.

The aims of effectively commissioning in Gateshead will support:

- **Early identification, assessment and diagnosis** – effective working across health and social care to streamline processes, reduce waiting times for assessment and diagnosis, and avoid people having to tell their story multiple times.
- **Continuity of care** – there are arrangements in place to ensure continuity as young people move into adulthood.
- **Information, advice and support** – ease of access to a good range of services and user-friendly information.
- **Early intervention** – support the move towards ‘Prevention’ as well as improving access to and the availability of universal services.
- **The availability and range of services** – services are personalised, flexible and outcome focussed with a range of solutions on offer to meet people’s needs, often moving away from traditional models of support.
- **Opportunities for connecting** – enabling providers and the health and social care workforce to come together to identify opportunities for improved processes and service delivery. Also connecting communities and incorporating peer support into all health and social care pathways.
- **Family and carergiver support** – there is a range of mechanisms and support in place for caregivers to support them with and/or give caregivers a break from their caring role.
- **A competent workforce** – appropriately skilled and trained workforce.
- **Value for money** – that any services commissioned are done so on the basis of providing the most efficient and effective way of meeting people’s needs.

Leaders work proactively with staff and partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities

The Voice of People and Communities

The voice of people and communities should be the key driver in planning, designing and commissioning services. Our ambition is to be a learning organisation that views people and communities as experts in their care and how they can be best supported to improve and maintain their wellbeing. There are several successful partnerships and forums operating across Gateshead however we want to strengthen this further by giving people greater opportunities to be involved in influencing and designing how their needs are met. Over the coming years we will strengthen our approach by:

- Improving our web pages to create opportunities for online feedback, and develop a greater presence on social media, with targeted messaging to encourage people and communities to have their say.
- Conduct direct engagement with marginalised groups.
- Further develop peer support models, and experts by experience in both paid and voluntary roles, which includes a Commissioning Support Officer to work in the team to really carry this forward.
- Taking a community development approach to support people and communities having more choice and control over how their needs are met.

We will be focusing on the voice of people with lived experience and working with them in true partnership to co-produce our Adult Social Care offer of the future.

Accountability

To monitor our commitment and delivery of the vision and ambitions within this plan we have developed an action and delivery plan.

We will report annually on our progress with the production of a local account.

INTEGRATED ADULT AND SOCIAL CARE SERVICES - LIVING THRIVING LIVES ACTION PLAN - 2023-2025

PRIORITY AREAS AND ACTION	CQC 'T' STATEMENTS	TIMESCALE			THRIVE						HEALTH & WELLBEING STRATEGY						NOTES
		2023	2024	2025	PUT PEOPLE & FAMILIES AT THE HEART OF EVERYTHING WE DO	EMPOWER INDIVIDUALS TO TAKE CONTROL OF THEIR OWN LIVES	SUPPORT OUR COMMITMENTS TO SUPPORT THEMSELVES & EACH OTHER	INVEST IN OUR ECONOMY TO PROVIDE OPPORTUNITIES FOR EMPLOYMENT, INNOVATION & GROWTH	WORK TOGETHER FOR A BETTER FUTURE FOR GATESHEAD	GIVE EVERY CHILD THE BEST START IN LIFE	EMPOWER ALL CHILDREN, YOUNG PEOPLE & ADULTS TO TAKE CONTROL OF THEIR OWN LIVES	CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL	ENSURE A HEALTHY ENVIRONMENT FOR ALL	CREATE & DEVELOP HEALTHY & SUSTAINABLE PLACES AND COMMUNITIES	STRENGTHEN THE ROLE & IMPACT OF ALL HEALTH PROFESSIONS		
PREVENT, REDUCE AND DELAY THE NEED FOR SUPPORT																	
- INFORMATION AND ADVICE	I can get information and advice about my health, care and support and how I can be as well as possible.																
Revise our website pages to be engaging and informative with links to key resources within our local communities					✓		✓		✓		✓				✓		
Provide more opportunities for people to give feedback on our services and engage with us through easy to access online feedback mechanisms					✓				✓		✓				✓		
Develop our Front Door offer moving towards helping prevent needs and provide solutions at the first point of contact					✓		✓		✓		✓				✓		
Develop online assessment functionality including financial assessments and social care assessments					✓	✓	✓		✓		✓				✓		
- PROMOTING INDEPENDENCE THROUGH ENABLEMENT	I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.																
Open the new Sister Winifred Promoting Independence Centre					✓		✓	✓	✓		✓				✓	✓	
Develop and implement a new Supported Living Scheme enablement model for those transitioning from children to adults and need additional support to gain independence					✓	✓	✓	✓	✓	✓	✓						
Grow and strengthen our PRIME service to offer more enablement opportunities for those accessing services					✓		✓	✓	✓		✓	✓					
Review our day service provision offer					✓	✓	✓		✓		✓					✓	
- PROMOTING INDEPENDENCE THROUGH TECHNOLOGY	I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.																
Develop a Technology Enabled Care (TEC) strategy to drive our ambitions in this area					✓	✓	✓	✓	✓		✓						
Seek and trial innovative tech solutions which support the reduction in those waiting to access our services, and reduce the reliance on our workforce					✓	✓	✓		✓		✓						
Work with TEC partners to develop solutions to common problems being faced by those needing our services					✓	✓	✓		✓		✓						
- STRENGTHS BASED PRACTICE	I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.																
Develop a baseline of our Strengths Based Practice to allow us to evidence outcomes and identify improved experiences					✓		✓				✓						
Undertake a baseline survey of people with lived experience and their carers to understand their experience of our Strengths Based approach					✓	✓	✓		✓		✓						
Review of assessment documentation to ensure they allow our workforce to work in a strengths based way with people and their families					✓	✓	✓		✓		✓						
- HOME FIRST	I have care and support that is co-ordinated, and everyone works well together and with me.																
Review our model of domiciliary care to focus on reablement with more flexibility to be person centered					✓		✓				✓						
Improve promotion and access to Direct Payments for those who would like more flexibility and greater control of their support package					✓	✓	✓	✓	✓		✓						
Develop more Extra Care facilities to allow people to maintain their independence and their own front door but have access to support should they need it					✓		✓	✓	✓		✓		✓				
CAREGIVERS	I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.																
Publish our co-produced Caregivers strategy and action plan					✓	✓	✓		✓		✓		✓				
Improve our online content to make information and advice relating to caregivers accessible to all from Young Carers to Adult Carers					✓	✓	✓		✓	✓	✓		✓				
Work with Caregivers to continue to improve the Carers Assessment process to ensure it meets their needs and is fair and consistent					✓	✓	✓		✓	✓	✓		✓				
WORKFORCE	Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities																
Establish and embed an Employee Engagement Forum to understand the challenges and opportunities across the workforce									✓			✓					
Undertake the actions identified in the Adult Social Care Wellbeing Survey including highlighting staff benefits and wellbeing offers									✓			✓					
Develop and embed regular Director Connect and Collaborate sessions with the workforce									✓			✓					
Continue to develop opportunities for development and career pathway options for the sector								✓	✓			✓					
COMMISSIONING	When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.																
Review the discharge processes across the system and seek opportunities to improve this to enable home first from hospital wherever possible					✓	✓	✓		✓		✓						
Build in technology to all new frameworks to support the use of technology enabled care in commissioned services					✓	✓	✓		✓		✓						
Develop a joint care and health academy to create better integration and opportunities for the health and social care workforce in Gateshead					✓	✓	✓	✓	✓		✓	✓					
Undertake a review of the care market in Gateshead, understanding what the future looks like and work with the market to shape the offer					✓		✓	✓	✓		✓						

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TITLE OF REPORT: **Integrated Adults and Social Care Pressures**

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

Summary

The report provides an overview of the current service pressures within Integrated Adults and Social Care Services Strategy, analysis of trends, and comparison with national social care pressures.

Purpose of the Report

1. To seek the views of the Committee regarding the factors leading to the current pressures within Integrated Adults and Social Care Services, and facilitate scrutiny and assurance in respect of the progress being made to address these.

Background

2. In common with other Local Authorities, Gateshead Integrated Adults and Social Care Services have experienced significant pressures and challenges which developed during austerity, worsened during the Covid19 pandemic and peaked during the winter of 2022/2023, when flu and Covid19, combined with plans to recover services to pre pandemic levels, created significant pressures across social care and the NHS.
3. The Association of Directors of Adult Social Services (ADASS) have monitored data from Local Authorities relating to service pressures, as part of their twice a year survey, thus allowing Gateshead to compare its position against the national picture.
4. This report focuses on 3 key areas:
 - Waiting lists for packages of care
 - Waiting lists for Care Act assessments
 - Admissions to residential or nursing care

- I. **Care Package Waiting Lists:** In Gateshead, the number of people awaiting a package of care peaked in December 2022 when there were 216 people. Whilst many of these people were receiving an alternative service, such as reablement, or a short term residential care placement, there were still a number of people without any formal support, with subsequent significant pressures on family carers. The service risk managed those people who were awaiting packages of care, to ensure the most pressing situations were resolved as soon as possible, however, this has created a subsequent pressure in respect of residential care admissions (point iii below). Further pressures arose due to the level of support people required when coming out of hospital. This was driven by both an increasing acuity of need within the population, and the strategic aim to discharge people from hospital sooner, meaning that the size of individual care packages, led to fewer people being able to be supported with existing resources.

The number of people requiring a package of care has now reduced to 74 as a result largely of an improved home care market and increased reablement capacity; both of which have required significant investment and focus on attracting and retaining social care workers. Whilst 74 people awaiting support is still significantly higher than pre pandemic levels, it demonstrates a significant improvement within 8 months.

- II. **Assessment Waiting Lists:** The current waiting list for a Care Act assessment is 183, down from a high of 261 in April 2023. There is a synergy between waiting lists for assessments and waiting lists for packages of care; whilst people are waiting for a package of care, social workers and assessors are more actively working with them for a longer, thereby reducing the number of new assessments they can undertake. It was not surprising therefore that the waiting lists for assessments started to reduce 3 to 4 months after the waiting list for packages of care started to reduce. The service utilises a risk management framework for those on the waiting list (appendix 1) which has been benchmarked with similar tools used across the North East in terms of best practice.

Work undertaken so far to address and reduce the waiting lists has focused on increasing the throughput of assessments, and reducing the number of people who need to go through a formal assessment, by diverting people to reablement following the increase in capacity in that area. There have also been a range of models developed to increase assessment capacity, through use of the apprenticeship levy to grow and develop our own social workers and occupational therapists; a model that has been recognised as national best practice¹. [Grant to Streamline Local Authority Adult Social Care Assessments - 2022 to 2023: guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/grant-to-streamline-local-authority-adult-social-care-assessments-2022-to-2023-guidance)

Data analysis in terms of the number of people who progress to an assessment and receive long term support, versus the number of people who are supported to prevent or meet their needs via existing community services, demonstrates that the pathway into Adult Social Care requires a comprehensive review and redesign; focusing more on prevention and supporting people to delay the need for care and support. The service is currently tendering for a development partner who will

¹ A report is scheduled in the work plan for the Committee to advise on these models and approaches.

support this redesign work, in conjunction with the work happening across the Council and the Integrated Care System, to focus on locality based delivery of health, care and prevention interventions.

- III. **Residential and Nursing Care admissions:** The service has an ambitious target to reduce admissions to care by 200 over the next 5 years. A range of factors can lead to people being unnecessarily admitted to residential care; pressure to discharge from hospital; lack of alternative services (e.g., home care, overnight support or extra care); risk averse practice; delays in completing assessments or a lack of access to therapies during recovery.

Analysis of admissions from March 2023 to date identifies that 56% of people admitted to long term residential or nursing care, were initially placed in a short term placement. Whilst this is an appropriate care pathway, the length of time many people were waiting for a care package in a short term placement inevitably led to their deconditioning, and ultimately remaining in residential care, when had the home care been available at an earlier date, they would have been more likely to return home.

In respect of the other routes into residential care, there is a programme of work across the department to further develop our strengths based approaches to assessment²; reducing risk averse practice and supporting practitioners to challenge pressures to default to bed based service provision. Whilst it is appreciated that some people with very complex needs will require a bed based service (particularly those who require ongoing nursing care), work is ongoing via the departmental strategy and action plan, to develop the frameworks and resources required to meet the target of reduced admissions to residential care.

National Comparison: The ADASS Spring Survey 2023 ([Adass](#)) identified that there had been a reduction in waiting lists (for both assessments and packages of care), from a national high of 542,000 in April 2022 to 430,00 at the end of March 2023, demonstrating that the reductions in Gateshead are in keeping with the national trends. The survey identified that assessment and care package waiting lists were increasing within the context of hospital discharge pressures, increasing admissions to residential care, workforce recruitment and retention issues, and increased acuity of need, again demonstrating that the issues identified within Gateshead are in line with the national experience.

Proposal

5. The Integrated Adults and Social Care Services departmental strategy and action plan have been developed within the context of these pressures and will support the strategic aim to enable more people to receive support in their own homes, through increased capacity in community services, and thereby reducing reliance on bed based support.

² A report is scheduled later in the Committee work programme regarding the Strengths Based Practice model

Recommendations

7. Care, Health and Wellbeing Overview and Scrutiny committee is recommended to:

- (i) Comment on the content of this report and identify any areas for further scrutiny
- (ii) Note that the Committee work plan includes further scrutiny of the following areas which interface with demand pressures, and identify any specific areas the Committee would like the reports to include:
 - a. Hospital Discharge and residential care admissions
 - b. Social Care recruitment
 - c. Home care models
 - d. Extra care and Supported Living development
 - e. Strengths based approaches
 - f. Visit to Sr Winifred Laver PIC
- (ii) Note that performance in relation to the pressures will be reported via the Performance Management and Improvement Information Framework.

Contact: Steph Downey

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TITLE:	Adult Social Care and Public Health - Annual Report on Services Complaints, Compliments and Representations - April 2022 to March 2023
REPORT OF:	Alison Routledge, Complaints Manager
SERVICE:	Quality Assurance and Commissioning, Integrated Adults and Social Care Services

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 between 1 April 2022 – 31 March 2023.

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 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 response is significantly more important than attempting to adhere to a strict timescale for completion. 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 the investigation.

1.4 All written responses, irrespective of the type of representation, are subject to organisational sign off by the Adult Social Care Service Director.

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 / difficulty.
- 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 All managers appointed to investigate complaints are offered one to one support when required and advice is routinely given throughout the investigation process.

6.0 All Adults Services Representations Received over the Past Three Years

All Formal Contacts	2020 2021		2021 2022		2022 2023	
Statutory Adult Services Complaints	47.13%	41	57.14%	55	54.21%	56
ASC Comments	4.60%	4	1.02%	1	0.00%	0
Complaint Related Queries	17.24%	15	16.33%	16	20.56%	22
Commissioned Service Response	0.00%	0	8.16%	8	7.48%	8
Data Breach	0.00%	0	1.02%	1	0.00%	0
Insurance Claim	1.15%	1	0.00%	0	0.00%	0
Inter-Agency Concerns	4.60%	4	2.04%	2	1.87%	2
Joint Health & Social Care Complaints	6.90%	6	3.06%	3	8.41%	9
LG&SCO Referrals	6.90%	6	4.08%	4	6.54%	7
MCA/DoLs Responses	0.00%	0	0.00%	0	0.00%	0
MP / Councillor Responses	8.05%	7	7.14%	7	0.93%	1
Safeguarding Alerts	0.00%	0	0.00%	0	0.00%	0
Whistle Blow	1.15%	1	0.00%	0	0.00%	0
All Dissatisfaction		85		97		105
Compliments		482		274		363
Total of All Representations		567		371		468
Trend				-34.62%		26.15%

6.1 Categories of all Statutory Complaints Received over the Past Three Years

Complaint Categories	2020 2021	2021 2022	2022 2023
Green	3	4	0
Amber	37	51	56
Red	1	0	0
All	41	55	56

6.2 Key Points of Interest

- During 2022/23, 56 complaints were received regarding Adult Social Care Services.
- This is almost a 2% increase on complaints received during 2021/22, (55).
- A number of formal complaints did include issues around Commissioned Care Providers. In these cases, the Investigating Officer liaise with Commissioning colleagues to ensure a full and robust response to all areas complained about.
- The number of complaint related queries (CRQs) has also increased compared to the number of low-level issues received during 2021/22, (22 from 16).
- Complaint related queries are low-level representations that must be resolved within one working day after receipt. However, the increase does evidence that the services are actively resolving potential complaints at source.
- Amber complaints, which are medium risk to the Council or the service user, accounted for all 56 complaints received.
- Amber complaints often include several issues which are deemed as moderate risk to either the service user or the Council.
- Almost 29% (16) of all complaints received involved disputes to care charges levied for care and support.
- Compared with the number of formal complaints received (56), 87% of representations during 2022/23 were compliments.

6.3 Specific Areas of Complaint

Service Area	2020 2021		2021 2022		2022 2023	
Assessment & Personalisation	68.29%	28	67.27%	37	78.57%	44
Care Call	2.44%	1	7.27%	4	0.00%	0
Commissioning	7.32%	3	3.64%	2	8.93%	5
Provider Services	21.95%	9	21.82%	12	12.50%	7
Total		41		55		56

- During 2022/23, almost 79% (44) of complaints were about the Assessment & Personalisation service.
- This is a 19% increase on the number received during 2021/22, (37).
- Assessment & Personalisation is often the first service to become involved with those requesting support from Adult Social Care, so dissatisfaction can often be anticipated due to disputes about decisions made following assessments.
- After investigation, 29% (10) of complaints about Assessment & Personalisation were found to be unjustified. 31% (11) were found to be partially justified and 29% (10) were fully justified.
- Seven complaints were received by the Council's Provider Services.
- After investigation, four complaints about Provider Services were partially justified and three remain outstanding.

6.4 Issues linked to the complaint

Issues of Complaint	2020 2021		2021 2022		2022 2023	
Delay	9.76%	4	3.64%	2	8.93%	5
Lack of Service	29.27%	12	40.00%	22	25.00%	14
Quality of Service	48.78%	20	38.18%	21	51.79%	29
Refusal of Service	4.88%	2	9.09%	5	0.00%	0
Staff Issues	7.32%	3	9.09%	5	14.29%	8
Total		41		55		56

- During 2022/23, quality of service accounted for 52% (29) 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, 44% (8) of complaints about quality were not upheld, 22% (4) were upheld, 17% were partially upheld and 17% (3) were withdrawn or informally resolved by the service.
- All recommendations from upheld / partially upheld complaints are detailed within this report.
- 25% (14) 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 client / service user or their families. However, it was found that 37% (5) complaints received about lack of service, were about lack of information about care charges.
- After investigation, 79%, (11) of all complaints about charges were either fully or partially upheld. Three complaints were not upheld and two complaints about charges remain outstanding.
- 14% (8) of complaints received were regarding the conduct of individual workers. This is a 60% increase on the number received during 2021/22 (5).
- Following investigation, 60% (3) of all complaints about staff behaviour were partially justified, 20% was fully justified and 20% (1) was not justified. Three complaints about staff behaviour remain outstanding.
- 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. Any serious issues will be dealt with via employment procedures.

6.5 Themes of Complaints Received

There were two main themes of complaints received during 2022/23:

6.6.1 Disputes around Charging for Care

29% (16) complaints received were in respect of disputes to care charges.

After consideration of the complaints received regarding charges, it was found that all sixteen complaints related to teams within the Assessment & Personalisation Service. However, it was found that in some cases, there was also insufficient information provided by PRIME when the service transferred to long term care where commissioned care packages were temporarily unavailable, resulting in PRIME staying involved.

It was agreed that Assessing Officers should always alert the client or their representative that should long term care be recommended, that assessed charges would commence and be determined following a Financial Assessment. This action is now being taken forward.

After investigation, it was identified that almost 78% (11) of the complaints about charging for care were found to be either fully or partially justified. In some cases, where there had been a lack of information about care charges, the Council do offer to either waive or part waive a proportion of the care fees incurred.

In addition to this, the Council's Adult Social Care is currently undertaking developmental work on how to improve the current charging information and processes to ensure that clients and their representatives are fully informed regarding potential charges for care, including charges post discharge from hospital and charges levied by Extra Care Living Facilities. This work is currently ongoing.

After consideration of the complaints about charging for care, it appears that the movement of people from hospital to step down care and onto planned care, and the fact that

there were sometimes delays in accessing the planned care, appears to have contributed to a few complaints about this subject. However, the Council has ensured that this matter will be fully considered within the Adult Social Care Development Group.

6.5.2 Dispute Decisions Made by Service

14% (8) of complaints were regarding disputes to actions or decisions made by Adult Social Care.

Three complaints were regarding the Council's decision to provide care packages rather than to fund long term care within a care facility following a hospital stay. However, when responding to complaints of this nature, the complainants were advised on the Government guidance, Discharge Procedures regarding hospital discharges, which promotes a "home first" approach with other pathways being considered where required.

[Hospital discharge and community support guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/hospital-discharge-and-community-support-guidance).

One complaint was disputing the decision to recommend 24 hour care and wanted the client to return home. The complaint was not upheld as the decision was appropriately made after liaison with the client who had capacity to consent to the arrangement.

One complaint was regarding the decision not to fund an out of borough care home at a higher rate than Council commissioned rates within Gateshead. This complaint was found to be partially justified and an agreement reached with the care home in question.

One complaint was of an historic nature. However, as there was sufficient access to information and staff involved at the time, the Council agreed to consider the issues. The complainant felt that an OT had prevented the client from accessing his home at the time by preventing them using the stairs. This complaint was not upheld as the OT decision was supported by medical professionals.

Two complaints about disputes to decisions made were subsequently closed. One of the complaints was later withdrawn and one complaint was regarding medical decisions by the QE Hospital.

After investigation, 67% (4) of complaints about decisions made were not upheld and 33% (2) were withdrawn.

6.6 Outcomes

Outcomes of complaints	2020 2021		2021 2022		2022 2023	
Outstanding		6		8		13
Not upheld	45.71%	16	17.02%	8	27.91%	12
Partially upheld	25.71%	9	34.04%	16	39.53%	17
Upheld	28.57%	10	34.04%	16	23.26%	10
Other Resolution / Withdrawn	0.00%	0	14.89%	7	9.30%	4
Total Completed		41		55		56

- 28%, (12) of all complaints were found to be unjustified after investigation.
- 39% (17) of complaints were found to be partially justified.
- 23% (10) of complaints were found to be fully justified.
- 9% (4) 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

6.7 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 2022/23, 31 working days was the average time to investigate and respond to a complaint.

6.8 How complaints were received

Method of Complaint	2020 2021		2021 2022		2022 2023	
Service Feedback Form	0.00%	0	1.82%	1	0.00%	0
Complaints Form	2.44%	1	0.00%	0	0.00%	0
Email	51.22%	21	63.64%	35	82.14%	46
In Person	0.00%	0	1.82%	1	0.00%	0
Letter	17.07%	7	14.55%	8	8.93%	5
Telephone	29.27%	12	18.18%	10	8.93%	5
		41		55		56

- Email is now the main method of referral accounting for 82%, (46), 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 9% (5) of complaint referrals.
- 9% (5) 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 79%, (44) of complaints made.
- Almost 4% (2) complaints were received direct from service users.
- Ten complaints were referred to the Council by others acting on behalf of the service user, such as carers, advocates or external agencies.

7.0 Equalities Monitoring

- 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 despite the forms being made simpler to complete in 2022/23.
- During 2022/2023, there were no complaints where it was able to be identified that the complainant was a member of the BAME community.
- 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.

- Following an independent report by the EHRC, several recommendations were identified following consultation with Local Authorities across England. After considering the detail of recommendation 3 (complaints) in relation to Gateshead Council, it was found that these were already standard practice within the Adult Social Care Complaints Procedure.

The full report can be found here.

[Challenging adult social care decisions in England and Wales | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://equalityhumanrights.com/Challenging-adult-social-care-decisions-in-England-and-Wales/)

8.0 Commissioned Care Services – All issues received

Commissioned Services	2020 2021	2021 2022	2022 2023
Formal Statutory Complaints	3	2	6
Commissioned Service - Own Response	0	8	5
Complaint Related Queries	2	5	2
Joint H&SC Complaints	0	0	1
LG&SCO	0	0	2
MP/Councillor Referral	1	3	0
Whistle Blows	1	0	0
Total	10	18	16

- During 2022/23, representations highlighting dissatisfaction about commissioned services decreased by 11%, (16 from 18).
- However, it must be noted that within several complaints regarding services provided by Adult Social Care, there were issues raised about commissioned care providers. As the main body of complaint, were regarding Adult Social Care, the Investigating Officer did liaise with the Council's Commissioning Team to ensure a full and complete response to all issues raised.
- Six complaints were investigated by the Council. Two were regarding the support provided by care homes and four were regarding commissioned home care. One complaint about commissioned home care also included issues about the QE Hospital and the Council's Social Care involvement.
- After investigation, one complaint was found to be unjustified, one complaint was partially justified, and one complaint was transferred to the Adults Safeguarding Procedure. Three complaints remain outstanding.
- In line with procedure, five complaints were subsequently shared with the Commissioned Service direct with a request that they undertake a complaint investigation under their own complaints procedure.
- 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.
- Two CRQ's (Complaint related queries, which are low level issues) about commissioned services were received during 2022/23. One was in relation to commissioned home care service. Due to the issues highlighted, this matter was subsequently raised as a safeguarding adults concern. One CRQ was about the charges for a short term service. This matter was considered by the Commissioning Officer and the Council's Finance Team and subsequently resolved informally.
- Again, low level issues about Adult Social Care also include elements relating to Commissioned Care Providers where joint resolution is required by working with Commissioning colleagues.
- Two LG&SCO referrals were received about commissioned care providers. One referral was about a commissioned care home in relation to personal belongings. The LG&SCO did find fault with the care home but found no fault by the Council.

- One referral was in relation to a complaint, which was investigated by the care home themselves. The LG&SCO did find fault and injustice and, as the Council commissioned the care home, it is ultimately responsible for the care being provided to Council funded clients. The LG&SCO requested the Council to make a time and trouble payment to the complainant for the injustice caused. This was accepted and completed by the Council.
- 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

- 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.
- During 2022/23, nine complaints were jointly investigated by managers at the Queen Elizabeth Hospital, with assistance from managers within the Council's Adult Social Care.
- All nine 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. Adult Social Care responded to all requests for information with timescales set out by Health.

10.0 Local Government & Social Care Ombudsman

- During 2022/23, seven complaints were considered by the Local Government & Social Care Ombudsman, (LG&SCO).
- This means that 83% (34) of the complaints responded to were successfully resolved by the Council.
- Six complaints considered by the LG&SCO had been previously considered through the statutory adults complaints procedure. One complaint had been investigated by a commissioned care provider direct.
- Three LG&SCO referrals were about the Assessment & Personalisation Service and one referral was regarding the Council's Provider Services. Two referrals were about Council's Commissioned Services.
- After consideration, four of the referrals were closed by the LG&SCO who considered that no further action was necessary or that the Council's remedy was appropriate. One referral found fault by a commissioned provider, but that there was no fault by the Council. One referral about a commissioned care home did find fault and injustice and requested the Council to pay a time and trouble payment to the complainant. One referral was closed as a premature complaint.
- Issues relating to commissioned providers were taken forward with the providers direct and following recommendations identified by the LG&SCO, the providers complied with these and provided evidence that the recommendations had been implemented.
- Whilst the number of LG&SCO referrals have increased during 2022/23, 73% (5) were not investigated following initial enquiries. In addition to this, one outcome identified no fault by the Council in relation to a Commissioned Care Home. This evidence the quality of complaint investigation and responses carried out Adult Social Care Managers.

11.0 Learning from Complaints: Examples of Service Improvements

- 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.

- 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.
- 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

Assessment & Personalisation

- 1 **Action:** Following a complaint where a client was in the process of moving into full time care from Housing 21 accommodation, it was found that several key tasks to facilitate this move had not been undertaken or evidenced by the allocated worker. This had meant that the client was then required to pay rent for the notice period on their home, alongside the care facility charges.

Improvement: Clear procedures were put in place to enable Adult Social Care workers to follow the standard process when a client, living in Housing 21 accommodation, enters full-time 24-hour care. It is also a requirement that all discussions are evidenced in relation to assessment / review of a client's needs and is then documented into the client's record.

These recommendations have since been implemented.

- 2 **Action:** A complaint was received raising disputes to information shared. It was found that there were several family members involved, all who all had differing views on what was best for the client.

Improvement: It was agreed that in future, all workers will identify a lead family member who will then be responsible for disseminating updates, decisions taken and other information to all family members. This will then minimise the risk of disputes or misunderstandings about the information shared.

- 3 **Action:** A complaint was received regarding the transfer from Council provided care to a commissioned care provider where information had not been shared with the client, their family, or the commissioned service which had impacted on the client's care.

Improvement: The matter was discussed directly with the worker concerned to reiterate personal responsibility to share key information. This was also taken forward across the service as a general recommendation.

This improvement will then ensure ongoing and timely communication with the family, which will allow them to be aware of decisions that had been taken. It will also allow the care provider to raise any questions about the care that is to be provided before the package commences.

- 4 **Action:** Following a complaint where charges had been disputed, it was found that the client's next of kin did not have a legal right to access the client's finances and was unable to pay care fees.

Improvement: The investigation highlighted the need to review the process to ensure that legal powers for representatives have been checked and arrangements put in place to allow care charges to be paid during the financial assessment process. This process is currently being updated.

- 5 **Action:** A complaint was investigated where it was identified that the worker involved had not amended a care package on the client's record when the service changed to long term provision.

Improvement: As an outcome to this, the matter was added to the Team Manager's regular meetings where managers were instructed that they reiterate to all their staff the importance of updating case records so that charges for care packages can be correctly applied

Provider Services - Promoting Independence Centres, (PIC)

- 6 **Action:** After a complaint, which highlighted issues around the use of the nurse call buzzer whilst a service user was resident in a PIC it was agreed that changes to the process were required.

Improvements:

- The nurse call system has been upgraded to enable buzzer activation information to be recorded, so that there is a history of events that can be accessed in the future.
- All PIC Staff have been reminded and tutored about the importance of recording relevant information when service users mention something of concern, especially about the actions of staff on duty.

- 7 **Action:** Following a complaint about communication by a PIC with family members in respect of sharing updates and other information about the resident's wellbeing, the service made improvements to the communication process within PICs.

Improvement: During periods in which family members are deprived from seeing their relatives within a PIC, (due to infections etc) the Service must (with Service User's consent) be conscious of providing regular updates on the service user's well-being and the general progress they are making during their stay. This communication will be recorded as part of the Service Users support plan. This has now been incorporated into the Provider Services Quality Assurance Procedures.

Commissioned Services – Care Home

- 1 **Action:** Following an investigation by the LG&SCO about allegations that a commissioned care home had not safeguarded a resident's personal belongings, it was found that the care home did not follow their own procedures in respect of personal belongings. This had then caused uncertainty for the resident's family in respect of determining what may or may not have been brought into the home on admission. The LG&SCO investigation found that there was fault by the care home, but not by the Council.

Improvement: As a recommendation to this complaint the LG&SCO identified that the care home should review its procedures in respect of personal belongings. The care home should also provide a written apology to the family for the uncertainty caused to them. The care home carried out the recommendations and provided evidence that the personal belongings procedure had been updated. The Council's Commissioning Team now monitor this recommendation during contractual visits.

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 2022/23, Adult Social Care received 363 compliments, which accounted for 78% of all representations received, (468).
- 38%, (139), of compliments were regarding Assessment & Personalisation.
 - 59%, (213) of compliments were about Provider Services.
 - 2% (7) of compliments were about the Care Call Service.
 - 30%, (108) of all compliments were about the Single Point of Access Team.
 - 9% (33) were about the Council's PRIME Service.
 - 23% (83) were regarding the Council's PRIME Service.

- 9% (33) of compliments were about day services.
- 10%, (36) were about the Promoting Independence Centres.
- 2% (4) of compliments were about the Council's ACT Team.

13.3 Examples of compliments received

ACT

"I would just like to say thank you very much for all your help and support with my sister. You have been very helpful with everything to meet her needs. From now on we will be so happy for you to be my sister social worker. S.... is very happy when you are around, she thinks that you are one of the family members. Thank you for all you team also."

Adult Social Care Direct

"I have always received a courteous assistance from anyone who I've spoken with. All staff had answered and helped with any queries."

"Hi H...,I have spoken to Mrs P... and arranged collection of the walker as to was too big for her car. She spoke very highly of you and said you were very polite and helpful".

Asset

"You have recently closed an Adult Concern for S.. and you have spoken to S...’s mother. S... contacted ASCD to discuss his request to be rehoused and S...wanted to pass on a compliment - He advised that his mother was very happy and appreciative to receive your recent call as felt that someone was trying to help her and was listening to her. S... wanted to pass on his thanks."

Council Domiciliary Care / PRIME

"VR would like to thank all the staff who have been supporting her over the past few weeks. V’’s husband been in hospital, and she was feeling very lonely, with them not having any family. V stated that you have all been lovely and very supportive and can’t thank you enough, she said you all do a fantastic job and should be very proud of yourselves."

"They are gentle and caring, Very considerate of my needs before it has happened. They have all knowledge of the medication I have and support me to take it myself. Very helpful. They even help make sure my lights are left that I cannot reach. They are just so pleasant and always chatty. The first thing staff always ask is how I am feeling. The staff just understand what I am able of and what I can do. They ensure I am safe and have helped whilst my stairlift has been broken. I was left with no service from a different company and PRIME came straight away to put services in."

"I'm very grateful for the help I have been given they were very polite and respectful and very helpful. I wouldn't have managed without them; they were all lovely."

"The PRIME team stepped in with very little notice to care for my elderly mother with memory issues. The team were immediately effective, Mum's well-being was always their first priority, and they quickly established a good rapport, focusing on several specific problem areas such as regular meals and maintenance of fresh food in fridges etc. Now swapping for a long-term private solution and the PRIME team have also been invaluable in that transition."

Care Call

"Positive feedback about U... from Telecare. She came out to install equipment this morning at short notice. She was very patient and lovely to deal with. Please let the Chief Executive know she's doing a great job! Thank you to A McP for arranging the visit at short notice too. from C..."

"The client had a problem with her telephone line, which was also affecting the lifeline. Despite trying to contact her provider on several occasions during the previous few days, she was unable to get the matter resolved. Following a home visit, D... contacted the provider on her behalf and not only managed to get a satisfactory resolution but also obtained financial compensation for the client. Mrs O was absolutely delighted and said D... had been amazing."

Day Services

"A big Thank you to all staff at Blaydon Resource Centre. D... articulated that she was very happy and grateful that G... her husband has been looked after so well, she commented that she was appreciative of keeping G... entertained and tiring him out, he was so tired that he spent most afternoon sleeping. Which means that she can get some respite which she will be eternally grateful for as this means she has a little time for herself as it can be hard managing both her husband and daily tasks.

"C...’s mum said she was absolutely thrilled with the service her daughter was receiving from the enterprises. She said she's over the moon C... has been going to the music café on a Wednesday afternoon and says C... is excited every Wednesday morning as she knows we are coming to get her and take her out for the day.

"...I just wanted you to know the extra lengths D... and his team go to - they show passion and commitment to our son and no doubt all other service users. Its rare that we've ever had this level of support and would like to bring it to your attention. We really appreciate it in times when L is troubled, and this fortnight has rocked his boat at the unexpected change in his routine. Yours C... and S..."

"S... loves Marquisway (lives for it) nothing else matters to him, he loves his team, and they update me often about S... which helps us all. He listens to M... and now asks to help at home. Good Teamwork."

EDT – Adult Services

"I am writing this email to you after the help I received tonight from PB (apologies if I did not spell it correctly). She tirelessly pursued Dale Care in order to get two carers to come and support my father. I am sorry that I cannot say more but I do know that she rang them repeatedly and outlined that it was a safeguarding issue regarding my father GS.. She was the only person who was able to assist us in a very stressful time and I am incredibly appreciative of this. Kind regards, CS."

GATES

"I am really happy about getting a paid job at IKEA through GATES. C... helped me to travel there by myself and L... has been a great support to me to help me learn my job. I could not have got this job without the help from GATES."

Harvest and Help

"Thank you for a wonderful job you have done on my garden I love looking out at it from my window."

Hospital Social Work Team

"Many thanks C... for all your help in sorting out my mam. I know its a big change for her but its also a relief that she is to be cared for and that makes it easier on the family too. I didn't realise how much of a strain we had been under until Southernwood stepped in. Once again, Thanks. Best Wishes S..., K... & R..."

Independent Supported Living

"I want HW and KH to know that I am absolutely delighted, chuffed and pleased that I'm here at Fell Close and for all that I have accomplished over my 2 years living here. I have been the happiest I've ever been since living at Fell Close and would like to say an extremely big thank you to all the Fell Close staff for working closely with myself and the Learning disability & psychology team to help me achieve positive outcomes with my behaviour."

"On behalf of the residents of Spoor Street Dunston I would like to commend JH and her co-workers for organising our Platinum Street party. J... pulled out all stops to ensure that the party was a success. Which it was and a great day was had by all thanks to her organisational skills. A BIG thank you from one and all."

Learning Disability Team

"I received these beautiful flowers and card yesterday from JC's sister M..., following the review we had on Tuesday. They are to say thank you for my hard work and support and for finding a suitable shared placement. She said she now has her happy cheeky brother back as he was very withdrawn at his previous placement which caused the family great distress and concern."

Locality Teams

"Apologies for my delay in responding - I wanted to say a massive thank you for your invaluable help in arranging for my Mam to secure a room at Hadrian House. As you'll be aware, she moves there tomorrow. I will be eternally grateful to you for arranging this - I know that C... pulled a few strings and that's extremely appreciated. Best wishes A...."

"I rang HF's daughter to give her some feedback. She was very keen to point out that the support from your team, M... especially, had been brilliant and they as a family felt that social care was there to support them whenever they needed it."

Mental Health Team

'...I really just want to say that S O'S, who was assigned to me is a complete star. S... has not only gone above-and-beyond but she has that rare quality that she not only 'listens but hears'. It is because of S... that I am living here with support, and I want it to be not only logged on her paperwork but she needs to be acknowledged for she is a true star. I would be most appreciative if you would reply to this email and let me know that S... deserves the recognition and that it is listed on her record. .Regards. DP.'

Occupational Therapy Team

"I have had a call from a lady who has had workman in to complete shower adaptations. She actively wants to let everyone who has been involved including the workmen know how excellent they have been. She advised that they have been so thoughtful, kind and nothing was too much trouble for them. She was very very happy and felt that recognition needed to be shown."

"Hi N... when i met you I was at my lowest and the help and support you gave me has been nothing short of amazing you are so lovely and kind and thoughtful and made my life so much better thank you good luck in your new journey and placement you really are one of a kind and made my life so much better thank you again and hope to see you when i am fit and well thanks flower lots of love L... xxx."

Promoting Independence Centres

"The staff here are very good i couldn't fault them. All the staff are excellent but there are too many names to go through them all, I would rate it higher if I could. I will miss you all."

"A huge thank you to you all carers, nurses, OT, and catering (especially J...) for the kindness and support you're given my mam. You're appreciated so much we wish you all the very best from O... and G... C..."

"Thank you for looking after MB at such short notice, love to all, DB."

"Thanks to everyone at Eastwood for looking after and caring for our mam/nana M.... She was very happy here. Love the C... family."

Shared Lives Service

"I have lovely carers I really like them; they are simply the best, I am grateful for the support and help the carers give me."

"I would be lost without Shared Lives as it is a struggle at times with D..., he enjoys his time with ... out in the community doing activities and being part of me. This puts my mind at rest. A... deserves a medal for the work he is doing with D..., he always caters to D...'s needs and does

things at D...’s pace, he doesn't push him to do things he doesn't want to do. A... encourages and suggests activities he thinks D... will like, he plants the seed and lets D... think about it.”

Short Breaks

“Every time N... returns from the Lodge, he's in a lovely mood, he talks about all the staff and the places he has been. He's always full of smiles. When he knows he is coming into the Lodge he never stops talking, he never shuts up about it. His social life has improved, his own doctor has commented on his progress and the change in N... due to the care he is being given. I have never seen N... as happy, and he has done things that I never thought he could or would ever achieve. I always feel relaxed and can have a break whilst he is in the Lodge due to the care he is given and the reassurance I have been given from staff and from N... when he returns. I love all the photos you send home of him, and he puts them all on his room wall. He is already looking forward to his next stay.”

“D... pet, you're the one that deserves a medal as big as a frying pan with having to juggle so many balls in the air and things changing by the minute and staff coming and going, I just stand back with amazement at the remarkable way you always find an answer, you're like a "bloody magician" Please take care of YOU!!! because you and your work ethos is why we are still able to cope. YOU lead by example every time and are the most caring individual I have ever come across. These were made for you because you are a King among men and a shining example to us all. Love and hugs and keep your chin up xxx The G...’s.”

Single Point of Access Team

“I am ecstatic to know that things are moving on since you took over my situation. it would be a great help having a television sound improvement via earphones or whatever and shower access bars to steady me.”

“Hello, I just want to send an email to the appropriate people regarding my dad’s (TR’s) care and support received by the adult care team and OTs I want to express my gratitude for your staff seeing and treating my dad as a human with needs and providing equipment necessary to benefit his life quality. I am writing this a day after he has had his stairlift installed and on the day for the first time in 8 months he has been able to get upstairs and have bath/shower I supported him where needs be but the bath seat stairlift and everything else that has been given has really helped his self-esteem his well-being and his personal hygiene. I contacted you with my concerns with my dad’s quality of life and hygiene And since then I / he has received nothing but a fast process to get him the needed accessories in his home. My dad has been discriminated against spoke down to, treated different by every service we have used because of his past /lifestyle /choices. I am his voice his fighter. THANK YOU AND ALL YOUR TEAM for treating him like everyone else that deserves help and providing it so quick Today I seen him with clean clothes smelling nice and with a smile on his face. For that I have you to thank Miss LA, T’s daughter.”

“M...’s sister D... contacted me this afternoon they are absolutely overwhelmed and delighted with the service and help from your department, his equipment arrived this morning.”

“S... - lovely young man with a very pleasant attitude who has made the move from Dovecote to Rosewood plain sailing on what could have been a traumatic experience for her Mum has gone without any problems. S... kept the family informed of what was happening and they are forever grateful for his help in arranging the transfer.”

“A very pleasant man came to see what i was having trouble with when i explained he sorted it out in no time. Job well done, Thank you.”

Contact Officer: Alison Routledge, X2408

TITLE OF REPORT: Safeguarding Adults Board Annual Report
(2022/23) and Strategic Plan

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

SUMMARY

The purpose of this report is to present the Gateshead Safeguarding Adults Board (GSAB) statutory Annual Report 2022/23 and the updated 2023 refresh of the Strategic Plan 2019/2024.

Background

1. The Care Act 2014 enshrined in law the principles of Safeguarding Adults and the Safeguarding Adults Board subsequently became a statutory body in April 2015. The Care Act states that a Safeguarding Adults Board must:
 - publish a strategic plan for each financial year.
 - publish an annual report which details how the Board, and its members achieved the objectives as identified within the strategic plan.
2. The GSAB was independently chaired by Phil Conn, Oasis Community Housing until July 2023. Following Phil Conn's resignation due to a change in role and additional work commitments the GSAB appointed a new Independent Chair. Nicola Bailey joined the Board in July 2023, having recently retired from her role as an Executive Director for the ICB, prior to that she was a Chief Officer in CCGs across Durham and the Tees Valley in which she was involved in the safeguarding chief officers' groups in both areas. Before re-joining the NHS Nicola held roles including LA Chief Executive, DASS and DCS, bringing with her a wealth of knowledge and experience in strategic safeguarding.
3. Partner agencies continue to work under immense pressure with the effects of the Covid Pandemic still evident across the sector. The impact of the cost-of-living crisis continues to put health and social care services under additional pressures. Despite this the Annual Report illustrates that considerable progress has been made.

Annual Report 2022/23

4. The GSAB 2022/23 Annual Report highlights progress throughout the 2022/23 financial year. The report articulates how partner governance arrangements ensure members are accountable for Safeguarding Adults.
5. The GSAB Safeguarding Adult Review and Complex Cases Sub-group continues to support the statutory work of the GSAB through completion of mandatory Safeguarding Adult Reviews (SARs) and local learning reviews. This provides an opportunity for GSAB partners to review cases where a person with care and

support needs has suffered abuse and neglect which has resulted in their death or serious injury or illness. The learning from these reviews allows the board to identify areas of development, in knowledge, skills and practice and to focus on areas where improvements are required to protect people which care and support needs. The Quality, Learning and Practice Sub-group takes on an operational role, taking the learning from SARs and developing these into clear and measurable actions to be progressed by partners.

6. Key areas of work in 2022/23 include the launch of the regional self-neglect seven-minute guides and animation, the introduction of the Adult Concern Decision Making tool to support practitioners in deciding on whether to submit a safeguarding concern. Northumbria Police have started to implement Right Care Right Person in line with national best practice and Gateshead Housing have set up the 'Less is More' – Hoarder Support Group, residents and practitioners are working together to identify best practice in dealing with hoarding issues. Tyne and Wear Fire and Rescue continue to promote the Safe and Well visits. All agencies have promoted safeguarding training and development both internally and through the multi-agency offer. The GSAB multi-agency training offer has been reviewed and refreshed offering a robust and accessible training offer for partners.

Strategic Plan 2019/24 (2023 refresh)

7. The revised Strategic Plan 2019/24 (2023 refresh) sets out how the Safeguarding Adults Board will achieve its five Strategic Priorities which are:
 - Quality Assurance
 - Prevention
 - Communication and Engagement
 - Operational Practice
 - Mental Capacity
8. The Strategic Plan includes key challenges to be addressed over the five-year period. 2023/24 will be the final year of the Strategic Plan, during 2023 the board will be working to develop their Strategic Plan for 2024-2026.
9. As this is the final year for the current Strategic Plan the GSAB has arranged a development day in September 2023. The purpose of the day is to identify the priority areas for the Board over the coming 3 years, with the aim of setting objectives, goals and actions as well as identifying mechanisms to measure outcomes and the impact of the boards work.
10. GSAB partners are fully involved in the day and the process of developing the strategic plan. This will support a shared understanding and ownership of the strategic plan and the business plan which will be used to monitor progress against actions.
11. Following the development day statutory board members will review the governance, membership and resourcing of the board to ensure they are adequate to ensure the strategic plan can be delivered.

Recommendation

12. The committee is asked to consider and comment on the Safeguarding Adult Board Annual Report 2022/23 and Strategic Plan 2019/24 (2023 refresh).

Contact: Catherine Hardman

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Gateshead Safeguarding Adults Board

Annual Report 2022/23

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Introduction

It is widely understood that the Japanese symbol for crisis is the same as the symbol for opportunity. Crisis is dangerous and frightening, no more so than in the safeguarding arena but it also, as the Japanese have understood for centuries, presents an opportunity for change.

We've heard the word crisis a lot in recent years and months; a global public health crisis, a national mental health crisis, a cost of living crisis. The pressures and challenges that these crises cause are well understood and exacerbated when combined, there is no doubt that we are in a crisis of crises.

As my time as chair of the Safeguarding Adults Board in Gateshead comes to an end my principle reflection is that Gateshead persistently seeks to find opportunity within crisis. This year we have seen innovation, collaboration and involvement in equal measure and this report offers a flavour of that and suggests a persistence and determination to ensure that no matter what the challenges are, we will always do our utmost to safeguarding our most vulnerable.

Innovation is apparent in the case study from Tyne and Wear Fire and Rescue service, highlighting the importance and value of working in partnership, pulling on the strengths and resources of each other. It's clear from the outcome that without the drive of those involved to think differently, to try new approaches, that things could have turned out very differently.

Safeguarding adults' week was a real highlight this year, the best for some time in my own opinion and credit must go to those who worked hard to organise it. The week saw a host of agencies holding a variety of briefings and training sessions and it was a thrill to see these so well attended. Collaboration on focus weeks like this not only raise the profile and importance of safeguarding adults (as seen in the lighting up of the millennium bridge), but also builds understanding, relationship and shared aims, which can only be a good thing for Safeguarding Adults in Gateshead.

The People at the Heart initiative launched this year with huge ambitions, principally to draw together those services engaging people facing multiple disadvantage and strive to improve provision. A core principal of this initiative is to improve the efficiency of forums and communication, ensuring the people at the centre of discussions remain central. This principal is rooted firmly in the principles of the care act; Empowerment, protection, prevention, proportionality, partnership and accountability. The initiative



will need full support and the energy of the board and all its partners if it is to achieve its aims.

One of things that really stands in this report is the enthusiasm for the professional curiosity and trauma informed practice seminar delivered by Lads Like Us. The feedback from this sessions is overwhelmingly positive and once again highlights the importance of the voices of people with lived experience. Gateshead understands this importance well but we could all do more to ensure that those voices are embedded across our strategy and delivery.

There has been quite a lot of change in the last twelve months, those changes bring opportunity, especially as we've welcomed exceptional colleagues into the board and in leadership positions across our safeguarding partnerships. I'm pleased to be handing over the chair to Nic Bailey who will be an excellent leader of the SAB at a crucial point in time. Nic has a wealth of experience and ability perfectly suited to drive the board forward, she will however need the full support of everyone, my own experience suggests she'll have it in droves.

I'm proud to have been involved with Gateshead Safeguarding Adults Board for the last 4 years, I leave knowing that it will continue to innovate, collaborate and involve and will find opportunity in every crisis.



Phil Conn
Chair, Gateshead SAB (2019-2023)

Safeguarding Adults in Gateshead

Welcome to the Gateshead Safeguarding Adult Board Annual Report. Within the report you will find information on the Board's strategic vision and priorities and an overview of the key outcomes from 2022/ 23.

The report outlines the internal governance structures for each statutory partner and an update on what they have achieved during the year.

There is an overview of the work of the two subgroups; the Quality, Learning and Practice group who work on learning and reviewing safeguarding practice and standards and the Safeguarding Adult Review and Complex Case group who are responsible for actioning safeguarding adult review (SAR) referrals. We have provided data on the number of safeguarding concerns received and Section 42 enquiries undertaken.

The Gateshead Safeguarding Adults board works to protect an adult's right to live safe, free from abuse and neglect. Ensuring people and organisations work together to prevent and stop both the risks and experience of abuse or neglect. At the same time, we need to make sure that the adult's wellbeing is promoted. This includes, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action, making safeguarding personal.

The aims of adult safeguarding are to:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- stop abuse or neglect wherever possible.
- safeguard adults in a way that supports them in making choices and having control about how they want to live.
- promote an approach that concentrates on improving life for the adults concerned.
- raise public awareness so that communities, alongside professionals, play their part in preventing, identifying, and responding to abuse and neglect.
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and how to raise a concern about the safety or well-being of an adult.
- address what has caused the abuse or neglect.

The Board has three core duties:

- to publish a strategic plan for each financial year.
- to publish an annual report detailing what the Board has done during the year.
- it must conduct any Safeguarding Adult Reviews.

Gateshead Safeguarding Adults Board

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

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

The Board is responsible for assuming the strategic lead and overseeing the work of Adult Safeguarding and Mental Capacity Act arrangements in Gateshead. Within Gateshead we have an Independent Chair to enhance scrutiny and challenge.

The Board has a comprehensive [Memorandum of Understanding](#), which is updated annually, and provides a framework for identifying roles and responsibilities and demonstrating accountability. Our Safeguarding in Gateshead website www.gatesheadsafeguarding.org.uk provides a wealth of information about our SAB and our Gateshead Safeguarding Children's Partnership (GCSP).

In law, the statutory members of a SAB are defined as:

- the local authority.
- the local police force.
- the Integrated Care Board (ICB).

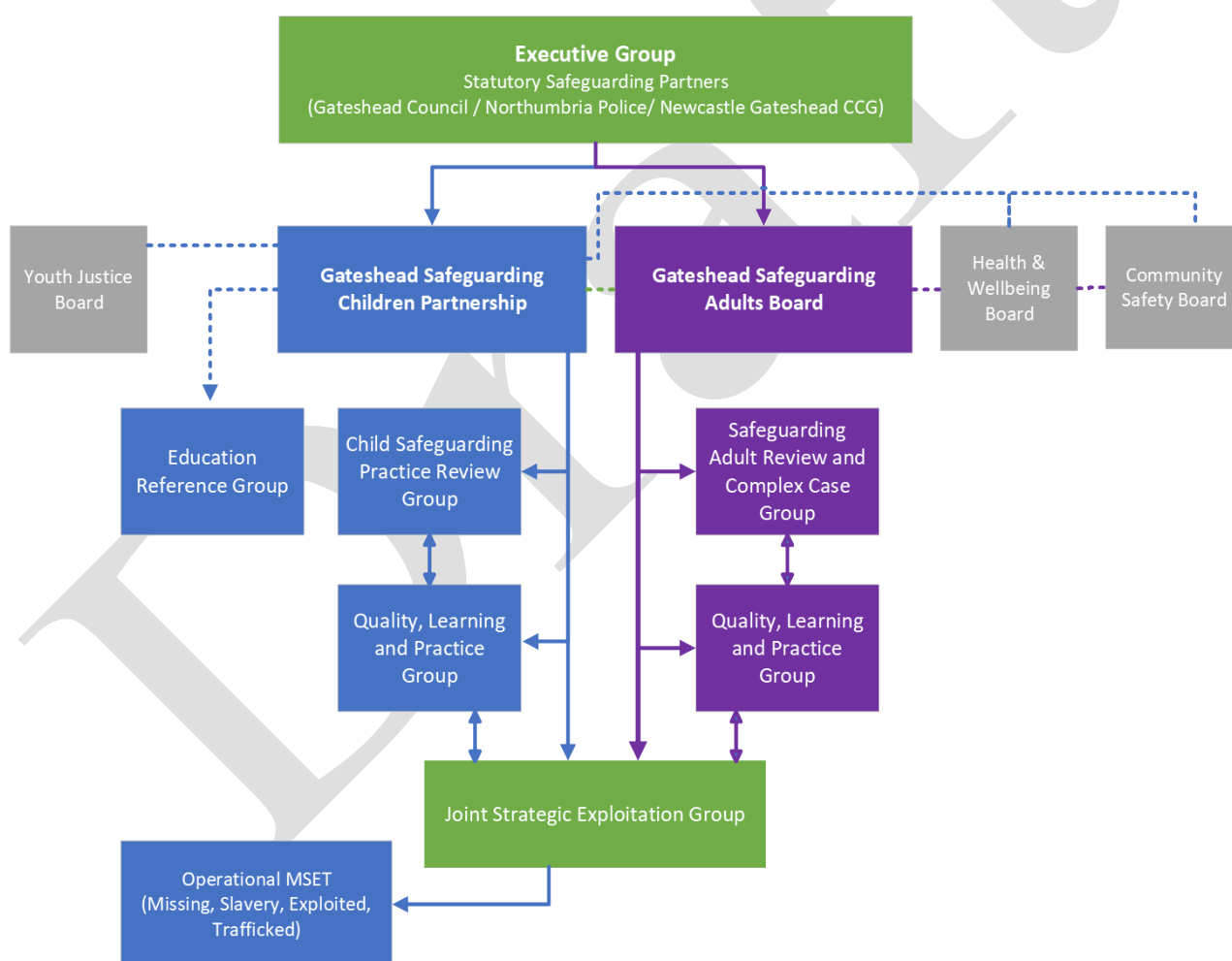
In Gateshead, we recognise the importance of the contribution made by all our partner agencies and this is reflected by the wider Board membership (correct as of June 2023):

- Gateshead Council:
- Northumbria Police
- Northeast and North Cumbria ICB, – on behalf of NHS England, North East Ambulance Service and incorporating GP lead for Adult Safeguarding
- Lay Members
- Gateshead Health NHS Foundation Trust (GHFT)
- South Tyneside and Sunderland NHS Foundation Trust (STSFT)
- Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust (CNTW)
- Gateshead College
- Tyne and Wear Fire and Rescue Service (TWFRS)
- Probation Service
- Oasis Community Housing
- Connected Voice Advocacy
- Department for Work and Pensions (DWP)
- Healthwatch Gateshead

Healthwatch Gateshead feel that this annual report demonstrates that Gateshead Safeguarding Adults Board have focused delivery this year and this has led to some good outcomes for the people living in the borough. Healthwatch Gateshead welcome the continual collaboration with partners to ensure that resources are used effectively, and we support the continued aim to protect an adult's right to live safe, free from abuse and neglect.

Gateshead SAB Structure

The Gateshead SAB sits within a clearly defined structure and has close links with other local multi-agency partnerships including the Health and Wellbeing Board, Community Safety Partnership and Gateshead Safeguarding Children's Partnership (GSCP).



Joint Strategic Partnership Executive Group

The Joint Safeguarding Partnership Executive (SPE) group provides strategic oversight of both the SAB and GSCP. The Safeguarding Partnership Executive includes the three statutory partners, the SAB Chair, the GSCP Independent Scrutineer and the GSCP and the Business Managers of the SAB and the GSCP. The SPE ensures that the statutory responsibilities of the SAB are being met, whilst delivering quality outcomes.

Draft

Gateshead SAB Sub-Group arrangements

Quality, Learning and Practice Group (Chaired by a senior manager from Gateshead Council)

The Quality, Learning and Practice Group is responsible for monitoring and reviewing performance data and driving forward quality via the quality assurance framework, case file audits and monitoring inspection recommendations. The QLP collate and review recommendations from statutory Safeguarding Adult Reviews and discretionary reviews and has oversight of multi-agency safeguarding training. The QLP aims to ensure that the Multi-Agency Safeguarding Adults policy and procedures and supporting practice guidance continue to be fit for purpose. The Group has responsibility for keeping up to date with national policy changes that may impact upon the work of the SAB. The Group also has responsibility for the development and implementation of the Communication and Engagement strategy.

Safeguarding Adult Review and Complex Case (SARCC) Group (Chaired by a senior manager from Northeast and North Cumbria ICB)

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

Joint Strategic Exploitation Group (Chaired by a senior officer from Northumbria Police)

The Joint Strategic Exploitation Group is a sub-group of both the SAB and the GSCP. The group is responsible for overseeing all work with respect to all aspects of exploitation including modern slavery, criminal exploitation, sexual exploitation, trafficking, missing and female genital mutilation in Gateshead.

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

Partner Governance Arrangements and Scrutiny 2022/23

Board members are responsible for ensuring that governance and scrutiny arrangements for Safeguarding Adults are incorporated within the structure of their own organisations, and that there are mechanisms for disseminating and sharing information from the SAB. The governance and scrutiny arrangements for the three statutory partners include:

Gateshead Council – The Care, Health and Wellbeing Overview and Scrutiny Committee receive updates from the SAB and key pieces of work are submitted to Cabinet. The SAB performance dashboard and annual mandatory Safeguarding Adults Collection are scrutinised within the Adult Social Care performance clinic and strategic items are shared with the Children, Adult's, and Family Group Management Team. The Gateshead Council Internal Audit service provide assurance that the Board and Gateshead Council are meeting their statutory duties.

Northeast and North Cumbria Integrated Care Board (NENC ICB) – The ICB Chief Nurse holds the lead for the safeguarding portfolio. ICB internal assurance is provided via safeguarding reports to the Area Quality Sub Committee who report to the Quality Safety and Risk Committee (Quarterly). Reports provide local updates on the work of the safeguarding partnerships and ensure that key safeguarding risks, issues and developments are reported within the ICB. Reports also outline activity relating to Safeguarding Adult Reviews (SARs) Domestic Homicide Reviews (DHRs) and other non-statutory reviews such as Appreciative Enquiries. The ICB also has a Safeguarding Senior Leadership Group which coordinates and leads the development of Safeguarding arrangements across the ICB, reporting and escalating issues to the ICB where appropriate and has a key role in leading on assurance and development. Governance and scrutiny arrangements will continue to evolve under the new Integrated Care Board arrangements.

Northumbria Police – All learning from national and local serious case reviews are scrutinised through the Organisational Learning Board and the organisational learning log. The organisational learning log is focused on the importance of identifying learning opportunities and drivers, embedding the value of lessons learned, and helping the organisation to become focused on the importance of continuous learning. Each Area Command and Department has a responsibility to consider drivers for lessons learned and to encourage organisational learning within their areas of business. The organisational learning log is submitted to the Organisational Learning Board for discussion and agreement of new actions, and to ensure organisational wide learning has been considered. Agreed recommendations and actions from the relevant ODG or board will be managed by the assigned learning owner. Areas of learning and best practice that require Force wide communication or change are escalated through Strategic Management Board.

Strategic Plan 2019 - 2024

The [Gateshead Strategic Plan 2019/24](#) was approved by the SAB in April 2019. The five-year plan incorporates five strategic priorities:

- Quality Assurance
- Prevention
- Communication and Engagement
- Operational Practice
- Mental Capacity



This is the final year of the Strategic Plan in its current format the board will develop and agree its strategic priorities for 2024 – 2027 during 2023.

Key Activities 2022/23

The Annual Report must demonstrate what both the SAB and its members have done to carry out and deliver the objectives of its strategic plan. Some of our key activities for 2022/23 are documented below and are aligned to the following SAB Strategic Priorities.

Quality Assurance

- Develop training for front line practitioners that is guided by learning from reviews and inquiries.
- Prepare our SAB for the new CQC regulatory model and assessment framework which is expected to commence in April 2023

Prevention

- Become Adverse Childhood Experiences (ACE) / Adult Attachment / trauma informed.
- Revise the Self-Neglect Practice Guidance note and deliver updated multi-agency practitioner training.
- Develop a more flexible training programme, to include more e-learning and virtual learning opportunities.

Communication and Engagement

- Effectively communicate and champion our good practice.
- Enhance communication and engagement with partners and providers who are not routinely engaged with the Board and Sub-Groups.
- Widely promote our Safeguarding website and social media presence.
- Implement our Safeguarding Adult Champion Scheme.

Operational Practice

- Work in partnership to manage levels of demand. This will include the development of an Adult Concern decision making tool.
 - Develop a Gateshead Safeguarding Adults Board People in a Position of Trust (PIPOT) Policy.

Mental Capacity

- Develop and implement a programme of awareness raising for front line practitioners, providers, partners and the wider public about the application of the Mental Capacity Act. (See training)

Quality Assurance

Learning from SARs and other Enquiries

During the year there have been seven SAR interactive workshops attended by 82 practitioners covering 4 reviews. The interactive workshops are an opportunity for practitioners to hear about SARs, reviews, and inquiries, both local and national. The sessions allow time for practitioners to reflect on the cases and to undertake group work to support their understanding of the key issues and the learning which can be drawn from the cases. During 2022/23 the following cases were used in the interactive workshops:

July 2022

The [Stephen SAR](#) was conducted by the Teeswide SAB and focused on the death of gentleman with a learning disability at the age of 56. Stephen had follicular lymphoma, however he contracted Covid and died of Covid pneumonitis.

The SAR Interactive workshop focused on working in partnership with families, partnership working between agencies, shielding people with health conditions during Covid, tenancy decisions for people with a learning disability, the availability of specialist services during the pandemic and understanding by practitioners of Lasting Power of Attorney (LPA) and Mental Capacity Act assessments.

"It allowed me to reflect on current practice, policies and procedures and their importance".

October 2022

The [Mrs VC Appreciative Inquiry](#) was undertaken by the Gateshead Safeguarding Adult Review and Complex Case (SARCC) Subgroup. Mrs VC lived in care home in Gateshead, during the first four months of her stay within the care home the family were happy with her care. Concerns were subsequently raised by the family with respect to how the home and partners responded to her deteriorating physical and mental health and associated increased care and support needs.

The objectives of the inquiry were to determine good practice and areas for improvement in:

- Communication between partner agencies.
- Communication with Mrs VC and family representatives.
- Care and treatment (with a focus upon medication management, needs assessment, weight, and nutrition).
 - Managing concerns / complaints.

"It was a great opportunity to reflect on the importance of establishing a person's needs and to prioritise when people are in nursing care for respite purposes".

The SAB Quality, Learning and Practice Sub Group have been tasked with taking forward the recommendations from the inquiry including, developing guidance for front line staff to encourage hosting multi-disciplinary team meetings when a person's physical and / or mental health is declining, develop the MCA training programme, develop and implement 'Making Safeguarding Personal' training to enhance our approach to engaging / communicating with adults and their representatives and develop and implement an [adult concern decision making tool](#) to support practitioners to raise concerns utilising the most appropriate pathway.

January 2023

The [Adult N SAR](#) was undertaken by Newcastle Safeguarding Adults. Adult N was a vulnerable dependent drinker and had a long history of alcohol and illicit drug misuse. This was a complex case with Adult N suffering with both physical and mental health issues, being the victim of domestic abuse and having an acquired brain injury after being knocked over by a vehicle.

Some of the recommendations from this SAR are being taken forward in Gateshead in response to the rise in the number of safeguarding referrals in relation to vulnerable dependent drinks with complex needs. Work is being undertaken in partnership with Public Health to explore the implementation of the Blue Light project in Gateshead and training on Mental Capacity and Executive Dysfunction has been delivered with further sessions to follow.

April 2023

A Learning review was carried out by the Safeguarding Adults and Complex Cases Subgroup following the death of a young man in 2022. The young man had a diagnosis of Paranoid Schizophrenia a mild Learning Disability, and a suspected Acquired Brain Injury. There was a longstanding history of involvement with psychiatric services including three admissions to psychiatric inpatient units.

Following discharge from hospital following detained under S3 of the Mental Health Act he was supported in his own accommodation by a supported living service. His mental health started to deteriorate when he began to misuse drugs and there were concerns of exploitation and home invasion.

"It's always great to have these sessions and to be able to look at the work we do in order to improve, support and develop".

The learning review identified several areas for development, including understanding of when to instigate an MDT prior to crisis and when to request unplanned reviews, recording of mental capacity and best interest decisions, recognising, and responding to potential exploitation, clarity about

what information to share and when and recognising and responding to self-neglect.

CQC Assessment Framework

In June Steph Downey, Service Director, Integrated Adults and Social care service provided a presentation on the reform of Adult Social Care and the forthcoming CQC assurance inspections. SAB partners have a key role to play within the CQC assessments and it was agreed that a standing agenda item should be added to the board agenda to allow for relevant updates to be provided to partners.

The key theme for the board will be "How local authorities ensure safety" and how as a partnership it can support in the provision of evidence around safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways and continuity of care. Feedback was given on the peer assessment review which was an opportunity for the LA to fully understand strengths and develop action plans giving a clear trajectory for future developments.

SAB Dashboard

During 2022/23 the QLP Group reviewed the information provided on the Safeguarding Adults Board performance dashboard. Feedback from partners:

- Overall, the data is helpful.
- Ensure Making Safeguarding Personal (MSP) is more prominent within the report. It is a requirement within the Care Act to monitor and report on MSP.
- Provide information on which agencies are submitting SG referrals and how many progress to a concern or an enquiry, this will help identify where targeted support and guidance is required.
- Provide data on independent advocates, when they are requested to support people through the Section 42 enquiry process.

The Quality Assurance Team are working to amend the dashboard to ensure the feedback from partners is incorporated into future report. The introduction of the new case management system Mosaic, will support improvement in the recording and.

The report continues to support partners to develop an understanding of key safeguarding adult themes and trends. This is compared with the regional safeguarding dashboard to help determine if we are an outlier in any aspects of safeguarding, and to support regional/ partnership working.

Priorities for 2023-24:

- Ensure analysis of the data is carried out to provide meaningful feedback to the SAB and partner agencies.

Out of Borough Placement Update

Following the initial investigation into Whorlton Hall, the local authority as a commissioner needs to review how they ensure people placed outside of Gateshead have the same safeguards as someone who placed in a health or a care service within Gateshead where there is more robust local monitoring. The LA Quality Assurance Team provided information on the number of people placed out of borough. However, it was agreed that additional information should be provided to the board such as the overall outcomes of the reviews and concerns around safeguarding with the providers who are being commissioned.

It was proposed that the board should be provided with assurances that processes have been put in place to monitor out of borough placements but looking through a wider lens and jointly reporting on those people who are placed. Work is now being undertaken jointly between colleagues from performance teams in both the Council and the ICB. A suite of information will be made available to be presented to the board and board members will then be assured that out of borough reviews are taking place and robust processes are in place.

Prevention

Professional Curiosity and Trauma Informed Practice

As part of our objective to support trauma informed practice the SAB welcomed [Lads like Us](#), Danny and Mike to Gateshead in March. Danny and Mike shared their lived experience as children and adults trying to navigate the care system, adult social care, mental health services, drug and alcohol services amongst dealings with the police and a prison sentence. The honest and sometimes shocking accounts provided by Danny and Mike, are interlaced with humour and a sense that something good must come from their experiences.



Lads like Us, Danny and Mike.

They use their experiences to demonstrate the need for practitioners to adopt a trauma informed approach built on professional curiosity. 60 representatives from partner agencies attended the session and the feedback was exceptional.

Danny and Mike will be visiting Gateshead again in November 2023 as part of the Safeguarding Adults week programme of events.

"This is the most thought provoking, humbling training I have been on throughout my entire career. There wasn't a power point in sight, just raw honesty and brutal reality of the impact services (good and bad) can have on an individual's life".

"Today I asked a service user if they had any childhood trauma that was hindering their recovery".

"Excellent lived experience training. The lads were down to earth but honest and open".

Self-

"Incredible training, I have worked in substance misuse since 2007 and can categorically say this training has had the most impact and has been the most thought provoking to improve practice within this subject matter.

Thank you to both for sharing your stories and using your trauma to make a positive difference for the future".

Neglect Guidance

In November the Northeast Region of ADASS (Association of the Directors of Adult Social Services) launched their Self Neglect 7 minutes guides and animation, highlighting the key issues around aspects of self-neglect. The launch coincided with Safeguarding Adults week and Webinar and several bite-sized information sessions – all delivered by nationally recognised professionals and academics in their chosen fields of expertise and all with the overarching theme of self-neglect.

Gateshead SAB have a page of information on Self Neglect alongside the 7-minute guides and a link to the "What to do about Self Neglect" animation. The bite-size guides are intended to complement over-arching Self-Neglect practice guidance and support front-line practitioners in their response to self-neglect cases. to reflect the information provided in the ADASS seven minutes guidance and animation.

Training

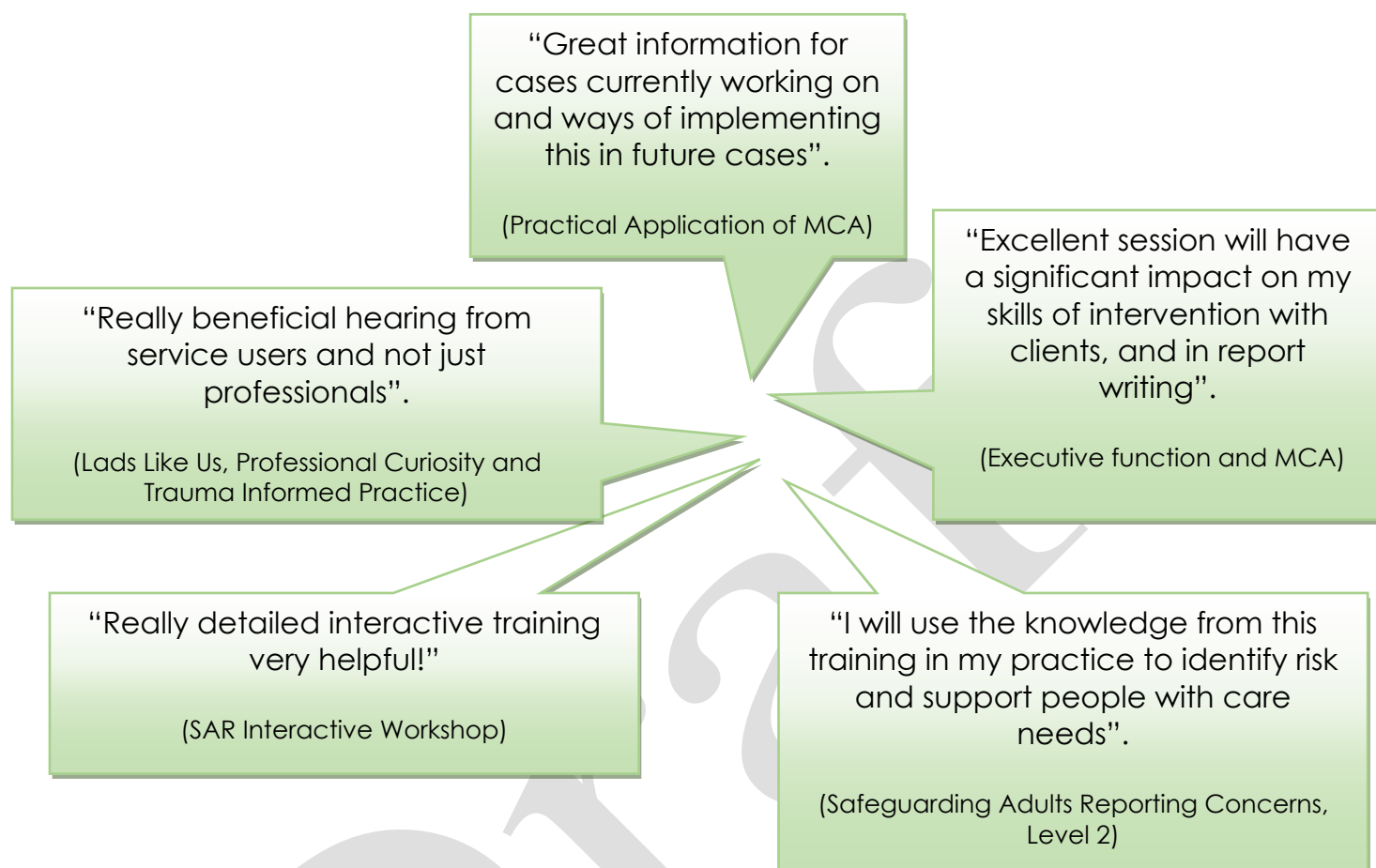
The Gateshead Council Workforce Development Adviser worked with the SAB, Gateshead Safeguarding Children's Partnership (GCSP) and the Community Safety Partnership to produce a comprehensive training offer for 2022/23. Training courses advertised within the directory are free of charge to practitioners and volunteers within Gateshead. Training has been delivered virtually and face to face to allow delegates to choose the most convenient method of learning to suit their job role.

Multi-agency training and awareness raising for 2022/23:

	Number of Courses	Number of Learners
Safeguarding Adults Reporting Concerns Level 2	11	140
Introduction to Mental Capacity	4	65
Practical Application of Mental Capacity Act	3	65
Missing, Slavery, Exploitation and Trafficking (MSET) Training	1	17
Executive Dysfunction and the MCA	1	23
Lads Like Us Professional Curiosity and trauma Informed Practice	1	60
Interactive Safeguarding Adult Review Workshop	7	80

The need to strengthen the support for practitioners in understanding the Mental Capacity Act, carrying out mental capacity assessments and recording of assessments has been evident from learning reviews which have been undertaken. The board continues to offer Introduction to MCA and Practical Application of MCA as part of its multi-agency offer. This offer has been enhanced during 2022/23 with the delivery of a session on Executive dysfunction and the MCA practice short. The session provided an overview of executive dysfunction, the impact it has on decision making and the complexity / obstacles to assessment. Following the positive evaluation of the session a task and finish group has been established to develop the training further and to ensure it meets the requirements of all partners.

Responses from impact evaluation questionnaires highlighted the positive impact that the training had on learners' thinking and practice.



The new Learning Hub booking system was introduced in May, this allows all partners to search and book on to courses and receive email updates on new courses when they are published, delegates can also download their certificate once the course is complete.

Priorities for 2023-24:

- Develop training resources using different approaches, including recorded webinars, dictated PowerPoints and podcasts.
- Offer further training on adopting a trauma informed approach to safeguarding.
 - Establish a Mental Capacity Act Training programme which will support the skills and knowledge in the practical application mental capacity assessment.

Communication and Engagement

Safeguarding Adults Week



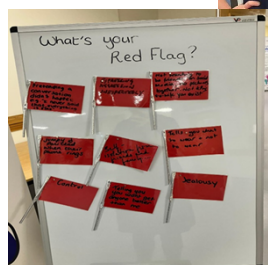
Gateshead SAB Safeguarding Adults Awareness Week was held in November 2022 to coincide with the national safeguarding adult awareness events co-ordinated by the Ann Craft Trust. The overall theme this year was 'Responding to Contemporary Safeguarding Challenges' with each day of the week focusing on a specific theme, including exploitation and county lines, self-neglect, creating safer organisational cultures, elder abuse, domestic abuse in tech-society.

There was a variety of activities which took place during the week to raise awareness of various aspects of safeguarding adults:

- Gateshead Millennium Bridge lit purple on Monday 21st November to mark the start of safeguarding week providing a visual symbol for safeguarding adults.
- Gateshead Safeguarding Adults Team hosted a safeguarding information stand was erected in the foyer of the Civic Centre. Leaflets, information, and purple ribbons were available to mark the event and raise awareness.
- The QE Hospital Safeguarding Team had safeguarding stall in the main entrance of the hospital with a wide variety of information, leaflets, posters, and freebies to promote safeguarding.
- Briefings and training sessions ran during the week:
 - An Introduction to Cuckooing (Home Invasion) (Ann-Maria Mitchell, ASSET Team Manager)
 - Regional County Lines Exploitation Training Event (Northumbria Police)
 - Virtual Self Harm Webinar (Ann Craft Trust)
 - What to do about Self-Neglect – Learning from Best Practice. This included the launch of the 10 seven-minute guides and the "What do to about Self-Neglect" animation (ADASS)
 - Safeguarding Vulnerable Dependent Drinkers (Anne Thomson, SG Team Manager)
 - Making Recruitment Safer (Disclosure and Barring Service)
 - Elder Abuse Webinar (Hourglass, Hosted by Durham SG Unit)
 - How practitioners can contribute to safer cultures in their organisation (Ann Craft Trust)
 - Fire Safety Webinar (TWFR)
 - Transitional Safeguarding Webinar (Northumberland SG Unit and NWG Network)



STSFT Safeguarding Team actively engaged within Safeguarding Adult's week demonstrating positive multi-agency working with good engagement from STSFT staff. Representatives from local domestic abuse services and the STSFT Domestic Abuse Housing Alliance engaged with members of the public and staff at the Domestic Abuse stall with positive engagement from the public, especially when participating in the "What's your red flag" activity.



STSFT Safeguarding Week

Gateshead Health Foundation Trust had an information stand in the QE Hospital, to engage with staff and the public raising awareness of various safeguarding topics and the work of the team.

In the run up to and during safeguarding week there were updates and information provided on Twitter @GatesheadSafe:

- 15 tweets relating to activities
- 14 new followers (total number is now 971)
- 10,600 tweet impressions

Website

Gateshead SAB continues to maximise opportunities to ensure that our resources are accessible to our partners and workforce. Our Safeguarding in Gateshead website www.gatesheadsafeguarding.org.uk is kept up to date and during this year there has been new information added on Fire Risk, Self-Neglect and Safeguarding Adults Week.

Our online [multi-agency policy and procedures](#) has a useful local practice resources and local guidance section which includes a wealth of information such as our 7-minute briefings and an online video and learning library. We have an active Twitter account @GatesheadSafe which has over 900 followers and is a useful platform to share our resources and new initiatives.



GHFT
Safeguarding
Week

Safeguarding Champions

Our [Safeguarding Adult Champions scheme](#) continues to be a useful mechanism for sharing information and raising awareness about safeguarding adults in Gateshead. We have 131 Safeguarding adult Champions representing 52 organisations, teams and establishments across Gateshead. The champions are responsible for raising awareness about safeguarding adults within their own organisation, ensuring that all staff and volunteers are familiar with the Gateshead multi-agency policy and procedures, disseminating updates and being a single point of contact for safeguarding adults.

The Safeguarding Champions annual forum took place with representatives from 13 organisations across Gateshead. The session covered some of the themes of SG week and gave the champions an update on the Gateshead SG workstreams and future plans. There was a meet and greet session to allow champions to chat to people working within safeguarding, including the SG Co-ordinators, representatives from the ASSET Team, Connected Voice, TWFRS and People @ the Heart. There were presentations on the role of advocates, learning from positive practice (joint working between ASSET and TWFRS, see case study), the blue light project and closed cultures.



The champions were asked to provide feedback on the support they require to be able to fulfil their role. This feedback has been developed into an work plan to provide the requested support, this is progressed and monitored through the QLP sub group.

Regional SAR Champions

Gateshead continues to contributed towards the work of the North East Regional SAR Champion network which was established to ensure learning from SARs and other enquiries is shared across the North East region. This group has been very proactive and succesful work to date includes:

- The North East SAR Champions were asked by SCIE to help to support the invigoration of the National Champions at the SCIE Quality Markers / SAR Methodologies Workshop on 13th July 2022. This gave the group the opportunity to:
 - Provide an overview of how the SAR Quality Markers can be used effectively to embed learning and influence practice through the SAR Process.

- Give insight into the culture change that needs to take place to move to a systems change process of learning.
- Provided an opportunity to showcase the regional SAR library.
- Gateshead continues to host the North East SAR Library via Teams which provides a comprehensive library of shared SAR learning.
- The SAR Champions have been working to learn more about parallel processes (to SARs) in relation to Learning Disability Mortality Reviews (LeDeR). Further information has been requested from the ICB in terms of governance, commissioning of reviews, training for reviewers, the review process, disseminating learning, publication and the annual report. Once this information is received, further discussion will take place around how we can use the interface effectively within the SAR Process (where appropriate).
- In response to the high numbers of fire deaths and injuries across the region, many of which have involved people with care and support needs a Fire Risk task and finish group has been created. Gateshead is a member of the group alongside the 4 regional fire and rescue services. The group works to share learning from the cases and promote fire prevention information and guidance, the group are working on the development of a fire prevention/ risk video for the public and practitioners.
- The North East Quality Markers checklist was updated inline with the guidance from SCIE. The checklists have been adopted in Gateshead to assist in ensuring that recommendations from the National SAR Analysis for sector led improvements are implemented.
 - Work continues to develop the easy to read/ access guide for service users around “Safeguarding - What Happens?” which will provide clear information around what happens during the safeguarding process. This guide is being co-produced with experts by experience.

People @ the Heart (P@TH)

P@TH is Gateshead's multiple and complex needs transformation initiative. P@TH is a programme to support system change in Gateshead for people with multiple complex needs (MCN). It is not a project designed to work directly with people but to support and bring together the existing services in a more collaborative way.

The initiative was officially launched on 6th December 2022 at an event at Gateshead Civic Centre which was attended by representatives from various agencies across Gateshead including, Gateshead Domestic Abuse Team, CBC Workforce Initiative, Health Federation, Handcrafted, Housing, Adult Social Care, Gateshead Recovery Partnership, Edberts House, Community Mental Health services, ASSET.



P@TH Launch Event 2022

There are very clear links between P@TH and the learning from some reviews which have been undertaken by the SAB. These workstreams include, professional peer training & support, community involvement, reduction in use of inappropriate emergency services, addressing professional prejudice, hospital to rehab transitions and community withdrawal management, prison transitional work and new operating model for immediate response as preventative approach to DRD & near misses.

The SAB is represented at the P@TH Programme Board by the SAB Business Manager and the SAB receive regular updates on progress from the Programme Manager, Suzanne Henderson.

Operational Practice

Adult Concern Decision Making Tool

In response to the increase in the volume of adult concerns, and an increase the complexity of safeguarding adult cases. An Adult Concern Decision Making Tool was developed and published in June 2022. The tool has now been in operation for 12 months and the Board will now undertake a review of the impact of the tool in terms of data and a survey of users on the usefulness of the tool.

Maintain compliance with Deprivation of Liberty Safeguards

Gateshead Council, as DoLS Supervisory Body, continues to remain legally compliant and there are no local backlogs.

Gateshead Council remains committed to investment in the DoLS staff team responsible for the processing and managing of all DoLS applications, ensuring there is the ability to meet most of our demands "in-house", thereby improving efficiency.

Organisational Abuse

The Northeast Safeguarding Adults network have highlighted to the national safeguarding network the need for national guidance on organisational abuse. This follows inconsistent approaches to how partners work together to manage and respond to cases of organisational abuse. A regional task and finish group has been established to undertake some regional benchmarking on organisational abuse and Gateshead are participants of this group. In Gateshead we are piloting a new procedure for how we respond to organisational abuse. To support this process, Gateshead Council have invested in a new safeguarding co-ordinator and safeguarding support assistant to respond to organisational abuse cases.

Preparation for implementation of Liberty Protection Safeguards

The landscape with respect to the proposals for the introduction of the Liberty Protection Safeguards via the Mental Capacity (Amendment) Act 2019 during 2022/23 remained fluid and was closely monitored by partners within Gateshead. Following the announcement at the beginning of April 2023 of the indefinite pause of the Department of Health and Social Care that the implementation of the LPS, The Mental Capacity (Amendment) Act 2019 will be "delayed beyond the life of this Parliament" the board have refocused their attentions to embedding the Mental Capacity Act and providing focused support to practitioners on this.

Melony Bramwell, Service Manager (Safeguarding, Protection & Social Work Standards), has been appointed as the Chair for the National DoLs Network. The Network provides strategic guidance to local authorities nationally and will be strengthening links with ADSS, LGA and DHSE around the upcoming and coming changes around the LPS. This direct link into the network gives the SAB access to up to date and relevant information on progress with the LPS.

Our Performance 2022/ 23

Safeguarding Adults Headline Performance

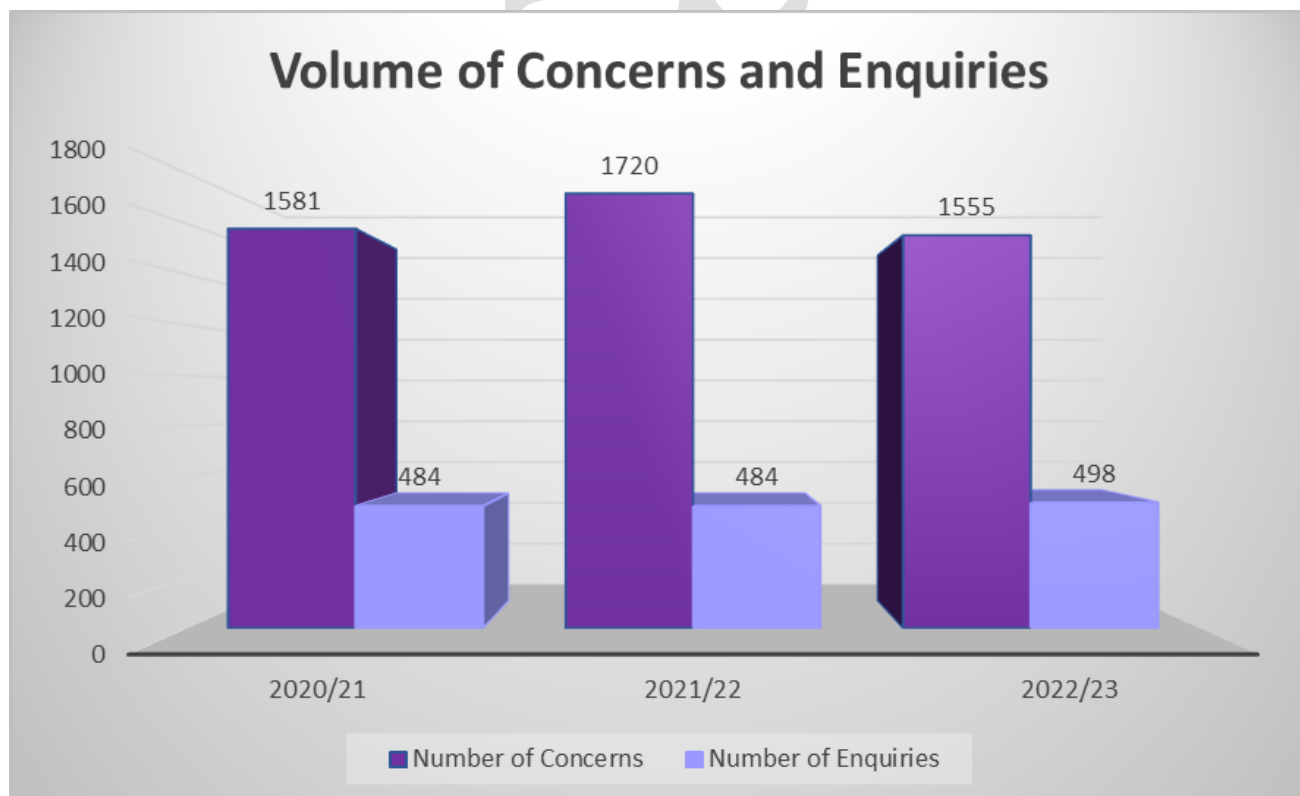
A summary of the headline performance information is provided below.

Volume of Concerns and Enquiries

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

- Has needs for care and support (whether the local authority is meeting any of those needs).
- Is experiencing, or at risk of, abuse or neglect.
 - As a result of those care and support need is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

In 2022/23 there were 1555 Safeguarding Adult Concerns which led to 498 Section 42 Safeguarding Enquiries. This demonstrates a reduction in the number of concerns from the previous year. The number of S42 enquires continues to remain at a consistent level.

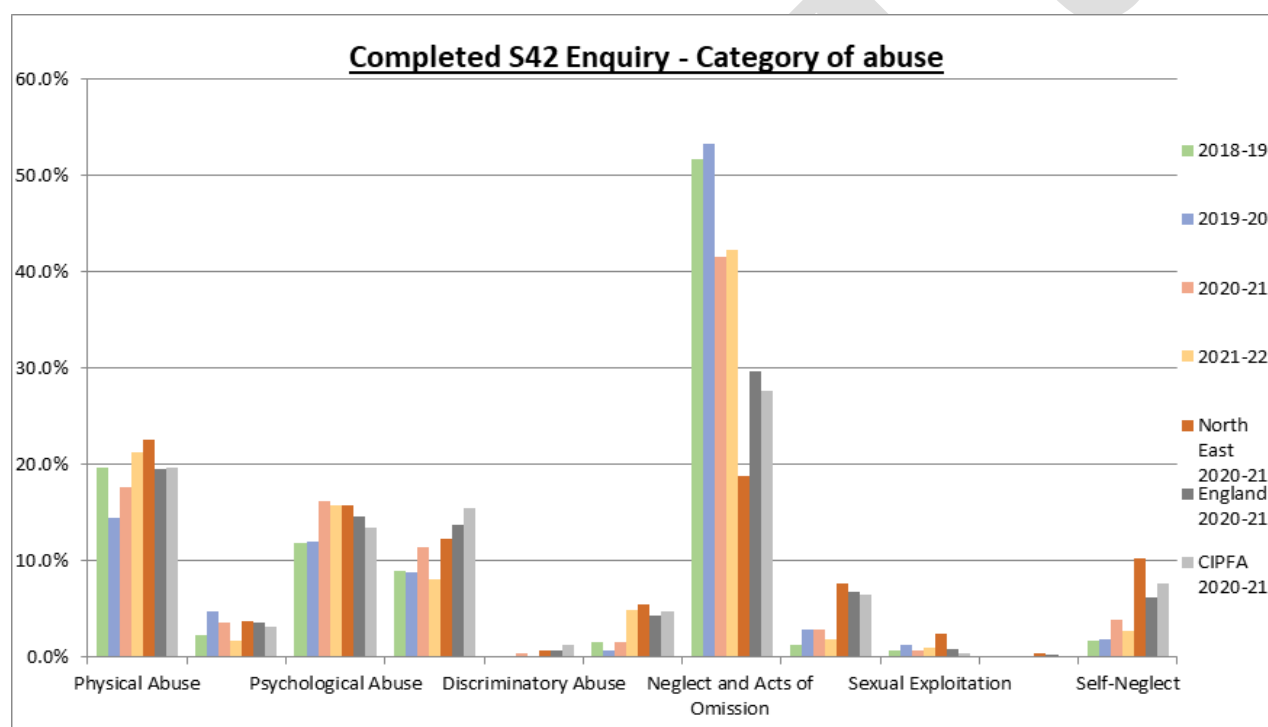


In percentage terms, 32% of Concerns led to a Section 42 Enquiry. The number of concerns progressing to an enquiry is lower than the 2020-21 NE (42.5%) and slightly higher than the England (30.6%) averages.

Categories of Abuse

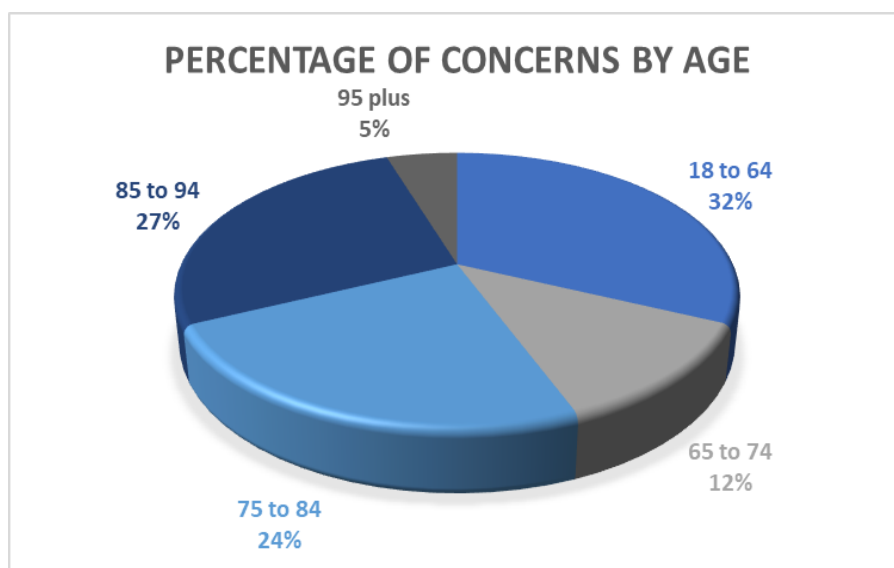
Utilising a count of completed Section 42 Enquiries, and allowing for multiple recording of abuse, the most common category of abuse in Gateshead continues to be Neglect and Acts of Omission which represented 39.4%. This was followed by Physical Abuse (17.3%) and Financial and Material Abuse (12%).

The percentage of Financial and Material Abuse cases has increased by 4.5% from the 7.5% in 2021/22. This information has prompted the QLP sub-group to prepare to undertake a case file audit to understanding the reasons behind this increase.



Age

In Gateshead, 32% of concerns were raised for adults aged 18 to 64. This is large increase from 2021/ 22 when this was 19.9%. The introduction of the Adult Concern Decision Making Tool may have had an impact on this figure as this has been widely used within residential and nursing homes.



Deprivation of Liberty Safeguards (DoLS)

For the period April 2022 to March 2023 Gateshead Council received 2246 Deprivation of Liberty Safeguard applications. This was a slight decrease in activity from the previous financial year (2351). The demands placed on local authorities in meeting statutory obligations remains high.

The highest rate for DoLS applications remains with those over the age of 65. Within Gateshead this represents 1992 applications (88.7% of all applications) for those aged under 65 and 254 (11.3%) for those under 65.

There were 384 applications which have not been authorised, due to various standard reasons. The primary reason for non-authorisation of a DoLS was down to a 'Change in Circumstances', which took place in 257 cases.

Provider Concerns

The number of provider concerns reduced to 237 in 2022/23 from 456 in 2021/22, with Medication remaining the highest reason at 21.3%. Staff issues remain high at 19.5% and this is consistent with the information around difficulty in recruiting staff in the health and social care sector. Residential and Nursing care remain the highest type of concern at 47.7% but this is decreased from 54.4% in 2021/22.

The information could also be representative of the implementation of the Adult Concern Decision Making Tool this is being widely used within residential and nursing homes.

Learning from Safeguarding Adults Reviews (SARs)

Gateshead SARs

The SARCC Group is responsible, on behalf of the Gateshead SAB, for statutory SARs introduced by the Care Act 2014. All reviews and enquiries are reported back to the SAR Group for scrutiny and challenge. Learning from reviews is fed into the Quality, Learning and Practice Group when there are specific actions or learning that needs to be taken forward.

During 2022/23 the SARCC received 7 Safeguarding Adult Referrals, none progressed to mandatory SAR:

Referral 1

The young man was 26 years of age when he died in the Freeman Road Hospital in Newcastle. He had significant health issues and complex needs, having suffered significant physical harm following an overdose in 2014, this resulted in kidney and brain damage. He had a diagnosis of Asperger's, as well as psychosis, Cluster B Personality Disorder Traits, and a learning difficulty.

He was cared for by family members and due to not previously tolerating social situations well, including hospital visits, he received kidney dialysis at home. The family had been provided with carers assessment in the past.

He was admitted to the QE hospital on 13th March 2022 and subsequently transferred to the RVI in Newcastle on 19th March 2022 with scurvy, severe malnutrition and emaciation which required intensive care treatment. Significant resistance and behavioural issues made provision of essential ongoing medical treatment complex.

On 20th March 2022 a DNACPR was put in place, and he was transferred from the RVI to the Freeman Hospital in Newcastle. He passed away on 14th April 2022 with his Mam and sister present.

He had been the subject of a S42 enquiry in 2020 following admission to hospital. He had been brought into Freeman Road Hospital unconscious in a wheelchair by his sister. He was noted to be unkempt with dirty hands and fingernails responding only to pain. He was Hyperkalaemic and suffering from septic shock he was taken immediately to ITU.

This S42 enquiry was closed as it was felt that his family had been anxious about the risk of C-19 infection in hospitals. The family had contacted professionals to seek support and appeared to be trying to find the balance between seeking help and taking his previous wishes and views into account to remain at home or to go to a hospital that he trusted. Their actions appeared to be borne of anxiety and fear

and possibly a lack of understanding about how poorly he was, rather than from an intent to prevent access to medical treatment or to cause harm. A robust risk management plan was provided for the family to follow.

Partner agencies were asked to provide information on any contact they had with this young man or his family to enable the SARCC group to consider if the actions from the previous S42 enquiry were taken forward, if they were reasonable and achievable and if partners worked in Jamie's best interests around his mental capacity in relation to medical treatment, attendance at hospital and medical appointments.

SARCC Recommendation: The case did not meet the criteria to progress to a mandatory SAR as there was no evidence to link abuse or neglect to the death. The group felt that there was learning which could be taken from the case in relation to mental capacity and the use of multi-disciplinary meetings. The learning review is being drafted by partners and the actions will be progressed by the QLP Subgroup.

Referral 2

See Safeguarding Adult Review Interactive Workshops P12

Referral 3

No Further Action

Referral 4

This lady was found deceased in her flat by her father on in September 2022. She had a history of chaotic substance misuse, self-neglect, lack of self-care resulting in deterioration in health, a frequent caller to emergency services and non-engagement in treatment and care. She was 43 years old.

She had suffered a stroke in the past and struggled verbally to communicate and move around physically, she had mental health problems and several physical illnesses. She had a package of care and was open to the Mental Health Team at the time of her death. She was known to be a frequent call to emergency services.

SARCC Recommendation: See Referral 7

Referral 5

This lady passed away at the age of 47, following a cardiac arrest. She had physical disabilities resulting from an injury 20 years previously, which eventually resulted in her right leg being amputated below the knee. She was wheelchair

bound, had a prolapsed disc in her back, could not weight bare, used equipment to aid her mobility, she had contracted septicaemia in her hands and feet in November 2020 and had her right hand amputated at the wrist.

She lived with her elderly mother who was her main carer in a two-bedroom bungalow, although it was noted that rehousing to a larger property was necessary to meet her long terms needs.

The case was discussed at the SARCC group with the main areas of concern being around the lady's mental capacity and her ability to understand the impact of her refusal of care on her health and her mother's ability to adequately carer for her. There was some evidence of self-neglect but due to the lady's capacity it was deemed to be her choice to refuse personal care.

SARCC Recommendation: The case did not meet the criteria to progress to a mandatory SAR as there was no evidence to link abuse or neglect to the death. The group felt that there was learning which could be taken from the case in relation to mental capacity, self-neglect, and the ability of carers to provide the level of care necessary for relatives. The learning review has been drafted by partners and the actions will be progressed by the QLP Subgroup.

Referral 6

This was 46-year women who died at the Queen Elizabeth Hospital. She had a learning disability and was known to GHFT, CNTW and Gateshead Adult Social Care.

The case was referred to LeDeR (Learning from lives and deaths – people with a learning disability and autistic people), as the concerns raise related to a single agency and the death was not as result of abuse or neglect. The findings from the LeDeR have not yet been published.

Referral 7

This gentleman was found dead in his home in October 2022 he was 51 years old. He had a history of alcohol dependence. He was diagnosed with acquired brain injury from his alcohol use.

He had been living in Scotland, and while there Edinburgh Council had guardianship of him and he was placed in Abbeymoor Neurological Care Centre, Gateshead under a DOLS. He asked the court to rescind his DOLS. The DOLS medical assessor assessed him in May 2022 and deemed him to have capacity, with no cognitive deficits. They could not find any symptoms of a major medical disorder, noting he displayed some traits of Cluster B personality disorder (specifically narcissistic). Staff at Abbeymoor, the BIA, and the DOLS doctor all

agreed he had capacity to make decisions about health, welfare, and residence, and said "any unwise decisions should be interpreted as a result of personality traits rather than as the consequence of a mental illness."

He consistently refused to accept any form of support to address his alcohol use. At the time of his death, professionals had not been able to persuade him to accept the referrals into treatment services and he had not managed any prolonged periods of abstinence since his discharge from a care setting in May 2022, his level of alcohol abuse had been described as a considerable risk to his health.

SARCC Recommendation: It was agreed that Referrals 4 and 7 should form part of a thematic review into vulnerable dependent drinkers. This work is being progressed via a task and finish group who have agreed the terms of reference for the review. An independent author will be appointed, and this work will feed into the development of services specifically to support vulnerable dependent drinkers.

Partner Updates

Adult Social Care

Quality Assurance

In October 2022 in preparation for the CQC Assurance inspections Gateshead Adult Social Care took part in a sector led improvement exercise. The CQC draft assurance framework allowed the service to assess themselves on how well they were performing against their duties under Part 1 of the Care Act 2014. This included Sections 42-43: Safeguarding enquiries and Safeguarding Adults Boards. The evidence was reviewed by an independent consultant who provided feedback on the areas of good practice and areas for improvement. ASC has developed an action plan to provide a structured approach to the areas which require improvement and is supporting actions for the SAB within this plan.

Prevention

The Gateshead Safeguarding Adults Team continue to support the delivery of multi-agency safeguarding training on behalf of the Board alongside representatives from partner agencies. (See page 18 & 19 for further information). The team have been instrumental in reviewing and refreshing the Level 1 and 2 training courses and reinstating the Level 3 course on undertaking enquiries which has been missing from the programme for several years.

The Safeguarding Team Manager and Asset Team Manager have developed training in Mental Capacity and Executive Dysfunction and piloted the course early in 2023. This provided with further insight into factors to consider in relation to mental capacity assessments when working with people with multiple complex needs often linked to alcohol or substance misuse. The success of the pilot session has led to further session being planned for the coming year.

Gateshead's ASSET Team worked in partnership with Tyne and Wear Fire and Rescue Service on a case (See page 38) involving a gentleman who was involved in 3 home fires and required dedicated, consistent and a multi-agency approach to ensure he was kept safe. This is an excellent example of multi-agency working.

Communication and Engagement

The Safeguarding Adults Team actively supported Safeguarding Adults week in November 2022. The team staffed the safeguarding stall in the Civic Centre foyer during the week and supported the SG Champions session which focused on organisational abuse and learning from SARs.

Northumbria Police

Quality Assurance

Northumbria police have robust systems in place to ensure quality, including a triage system within the Multi Agency Safeguarding Hub.

Force wide “Vulnerability Matters” training was rolled in 2022 and continues with all new recruits and ongoing refresher training to our front-line staff. This training supports our officers to take a trauma informed approach to dealing with vulnerability and assist officers to identify vulnerable adults in the community. The force ensures a focus on vulnerability and that Protecting the vulnerable is front and centre of our force response. In addition, we are providing bespoke training sessions to our force control room call takers to ensure they can recognise and respond to vulnerability at the first point of contact and get it right. All our leadership courses for newly promoted Sergeants and Inspectors also includes an input on the strands of vulnerability which includes vulnerable adults.

Right Care Right Person

Northumbria Police are following national best practice and implementing Right Care Right Person (RCRP). This will reduce longer term demand by ensuring the public are directed to the right agency at the first point of contact. Since implementing the initial stages and triage process in January 2023 445 missing incidents have not been deployed to, freeing up officer's time to focus on higher risk incidents.

This will continue over the next year where we look to roll out a consistent version of RCRP nationally. We are currently awaiting a national partnership agreement at government level which will agree the threshold of risk for calls for service which police need to attend.

Throughout this implementation we have maintained close working relationships with our partner agencies including our mental health trusts, hospitals, and social care to ensure that we will only withdraw from some of these calls for service when they are ready and equipped to step in to support the individuals involved.

The second phase of RCRP is our [hostel policy](#) which went live on 12th June after partnership consultation. This again should reduce demand by ensuring we are responding to missing reports where there is a critical concern for the person. This policy has a robust triage system and a quality assurance follow up.

Communication and Engagement

We continue to work closely with the multi-agency partnerships and have shared learning and training over the last year in relation to the growing concerns of children and young people in the transitional period involved in serious youth violence. Our multi agency exploitation hub has attended partnership CPD days to

deliver inputs on exploitation and this offer continues to be extended to support the understanding and identification of exploitation.

Through Operation Pecan we have delivered inputs on urban street gangs and continue to work with our partners to develop a focussed deterrence approach.

Operational Practice

Throughout 2022 our professional standards department delivered inputs to partners on abuse of position, relating to officer's relationships with victims and witnesses and encouraged partners to consider their own protocols and processes in relation to their own staff.

Mental capacity

Northumbria police continue our close working relationship with Cumbria Northumberland Tyne and Wear NHS Foundation Trust (CNTW) to operate the Street Triage team which is a mixed team of police and mental health nurses. Over the course of the last 12 months with the implementation of RCRP we have utilised the expertise of the street triage officers to spend more regular time within our control room to offer live time advice to call handlers.

We continue to offer regular training to our frontline staff regarding the application of the Mental Capacity act.

North-East and North Cumbria Integrated Care Board (NENC ICB)

The Newcastle Gateshead Clinical Commissioning Group (CCG) transitioned to NENC ICB on 1st July 2022 with the structure and governance arrangements being formalised at Executive Board Level. Richard Scott was appointed as Director of Nursing for the North Integrated Care Partnership (ICP) in December 2022. There is now a Safeguarding Executive meeting chaired by the Chief Executive Nurse which facilitates escalation of safeguarding issues to the ICP. Several additional posts have been appointed to, including an Assistant Director of Nursing for Newcastle Gateshead, having oversight of safeguarding for the North. This development will support the safeguarding agenda throughout the region.

Quality Assurance

The Safeguarding Professionals Network continues to provide a forum for safeguarding health staff from both commissioning and providers to develop safeguarding practice and share learning across the Integrated Care System (ICS). A recent review of members by survey, to continue with the forum as an established network for health professionals had a positive outcome, the forum is well attended from all areas.

Prevention

Training for Primary Care staff has continued with sessions being provided online and available as a resource on the GP Team net, this includes sharing of learning from Case Reviews and promoting good practice from recommendations. Several requests are now being received from individual GP practices for Face-to-face sessions which is being reviewed in line with resource availability.

Communication and Engagement

The ICB Safeguarding Team continue to provide support and work collaboratively with multi-agency partners, including attendance at the Safeguarding Adult Broad subgroups and promotion of shared learning from reviews. The Designated Nurse for Safeguarding Adults is currently Chair of the Safeguarding Adults Review and Complex Case Subgroup (SARCC). Partnership working includes involvement with projects supporting asylum seekers, hate crime prevention, Prevent and Safer Community Boards and Domestic Abuse Local Partnership Board.

Operational Practice

Given the significant increase in the number of care home concerns and issues identified during Covid the ICB Safeguarding, and Quality Teams have also been working with the Local Authority in Gateshead to develop an approach to organisational safeguarding which is intended to pick up concerns at an earlier point so that homes can be supported without the need to escalate concerns through the Serious Provider Concerns process. Linked to this work the ICB has scoped out an approach which builds on the multi-agency approach with GPs and will aim to strengthen communication between the care home link GP and Local Authority Safeguarding.

Mental Capacity

Liberty Protection Safeguards (LPS) were due to be implemented from April 2022, following further delays it was announced on 5th April 2023 by the Department of Health and Social Care that the implementation of the Liberty Protection Safeguards (LPS) The Mental Capacity (Amendment) Act 2019 will be "delayed beyond the life of this Parliament" (therefore likely beyond Autumn 2024) The ICB will continue to support the improvement of and training in Mental Capacity Assessment for the current DoLs (Deprivation of Liberty) system.

Gateshead Health NHS Foundation Trust (GHNFT)

GHNFT is committed to ensuring safeguarding is part of its core business and recognises that safeguarding young people and adults at risk is a shared responsibility with the need for effective joint working between partner agencies and professionals.

Managing Demand

The trust has faced some challenges during 2022/ 23, including an increase in activity and complex referrals, an increase in care needs, and a lack of care packages and placements within residential and nursing homes. This has resulted in delays in discharges and not being able to discharge patients. Despite these challenges we have still managed to prioritise and maintain a high-quality service for the Trust.

Staff have continued to raise concerns on 1152 occasions relating mainly to domestic abuse, neglect, self-neglect, physical abuse, and financial abuse. Of these concerns 700 were shared with the local authority. The concerns that were not shared with the local authority were managed and addressed within the hospital, working closely with wards and departments, including Patient Safety, the Children's Safeguarding Team, Housing, Psychiatric Liaison and Security.

Domestic abuse remains a high priority with 314 domestic abuse concerns raised between April 2022 and April 2023, compared to 374 the previous year with an increase in the number of complex cases. The domestic abuse concerns included 30 staff referrals, which is lower as the 37 received in the previous year.

Communication and Engagement

Working in partnership remains an important part of the Safeguarding Teams work with such complex cases including self-neglect, substance misuse and complex health needs. The team continue to play an active role and contribute to various multi-agency meetings, Safeguarding Adult Reviews, Domestic Homicide Reviews, MARAC, MAPPA and MATAC. Focusing on Sharing information, any key learning and implementing any recommendations made, which is vital in continuing to improve safeguarding practice within the Trust.

Operational Practice

Over the past year we have focused on the level 3 safeguarding training, working closely with the learning and development team, and departments to improve our training compliance and raise the profile of safeguarding. Training will continue to be priority and working in partnership with our partner agencies.

Neglect and self-neglect Case Study Gateshead Health NHS Foundation Trust

Miss A lived at home with her father and her brother, she has a diagnosis of a learning disability and ongoing health concerns. A safeguarding concern was raised whilst in A&E on her admission into hospital due to:

- Learning Disability.
- Vulnerable adult.
- Patient arrived in A&E with Cellulitis.
- Patient denied having any contact with her GP.
- Patient appears to be unkempt, strong-smelling odour, incontinent of faeces, excoriated skin.
- Concerned for patients' wellbeing, health, and her dignity.
- Father and brother helping to care and support patient.

During hospital admission, there was joint working between the Safeguarding Team and the Learning Disability Specialist Nurse to establish vulnerability and care needs to facilitate safe discharge and identifying any emotional and physical support.

During admission Miss A began to refuse to mobilise; choosing to be doubly incontinent which then resulted in further moisture damage. Capacity was assessed in relation to her hospital admission. It was agreed that a DOLs was not required, however when Miss A began to refuse treatment, her capacity was re-assessed adapting communication to suit her needs.

It was established that Miss A did not have capacity to retain information in relation to treatment but understood why she was in hospital. Therefore MCA 1&2 for treatment was put in place; guidance from the MHA Lead in relation to frameworks was advised.

A best interest decision was made for all treatment to be given. Collaboration with Miss A was key to help her understand why intervention was needed. It was agreed that two hourly positional changes were to be implemented to prevent any further pressure damage; the tissue viability nurse (TVN) provided support.

Occupational Therapy and Physiotherapy were involved to support Miss A with encouragement to mobilise. Emotional support was provided in relation to low mood and to identify her wishes. Multi-agency working took place to discuss appropriate discharge plans to ensure a safe discharge.

At the point of writing, Miss A is ready for discharge and is awaiting a suitable care package and equipment. A referral to the community Learning Disability Team has been made to support with her emotional and physical health. This is a positive outcome and professionals worked together to ensure her needs were met and a safe discharge was arranged.

The Trust continues to raise awareness of the application of the Mental Capacity Act and continues to recognise the challenges in the use of the act for practitioners. There remains a focusing on training compliance though the E-learning package of learning which is available across the trust.

The Mental Health Legislation service within the Safeguarding Adults team works to ensure that professionals are working in accordance with legislation and ensuring patient safeguards are met by educating staff on the legal frameworks of the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), and the Mental Health Act (MHA). The team supports practice with the provision of training, advice, support, and policies, to ensure the rights of our patients are supported and upheld.

The Safeguarding team review, monitor and report all uses of the DoLS throughout the Trust. Between April 2022 and March 2023 the Trust had 698 DoLS applications submitted. The submission of applications has seen a year-on-year increase with 548 applications in 2021-2022 and 420 applications in 2020-2021.

Probation

Prevention

Safeguarding training is a priority for the Probation Service with mandated training now being linked to staff pay progression via the annual competency-based framework. Records indicate >85% of staff have completed the training, the remaining deficit is made up of staff on long-term sick, maternity or new staff recently joining the service who have not reached that section of their training.

Quality Assurance

In addition to ensuring staff of all grades have completed relevant Safeguarding and Domestic Abuse training, all cases where there are relevant flags raising concern are subject to additional checks. This is an area of high interest for Probation Service, with regular management oversight to ensure this practice is both completed in a timely manner and is being embedded within teams.

Operational Practice

Staff completed relevant referrals to Safeguarding Services where concerns are raised, attend Section 47 meetings as required, ICPC and ongoing child-safeguarding meetings whether this is child protection or child in need.

In October 2022, South Tyneside and Gateshead Probation Delivery Unit underwent HMIP inspection where 100% of cases at sentencing stage had relevant safeguarding enquiries undertaken. Partnership working and safeguarding were highlighted as an area of strength within the PDU.

Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust

Prevention

Significant effort has been made in delivering the Level 3 Safeguarding Training across the organisation. Training sessions now run three times per week and substantial progress has been made. CNTW Academy continues to offer this training via the Microsoft Teams Platform on a weekly basis to ensure consistent compliance. A Vulnerability not age, awareness session will be developed and delivered. There has been a sustained increase in safeguarding reporting demonstrating an increased awareness of safeguarding and public protection issues in Trust staff.

MCA learning themes have been shared with Trust MCA lead.

CNTW Domestic Violence training package was development by Named Nurses utilising learning from local reviews. This so far has been delivered to 300 plus staff and will continue to be rolled out via the SAPP team. CNTW have shared the learning from Domestic Homicide Reviews undertaken within the year with particular focus on addiction services who have received the Trust DV training.

Quality Assurance

Reviewed the learning from Joanna, Jon and Ben SAR and developed a Quality assurance document to provide assurance against the recommendations of the report. The assurance document will be provided to SAPP group in 2023-2024 by locality groups.

A review of the demand and capacity of the SAPP team has been undertaken and the team structure and activities reviewed leading to additional resource at Named Nurse level. Continue to review demand and capacity in light of sustained increase in reported incidents and review processes and approaches as necessary to ensure this demand can be met whilst maintaining quality.

Further work is to be undertaken to support accurate safeguarding reporting and data capture to better inform CNTW and external partners of our Safeguarding activity and allow targeted improvement work to take place.

Continue to engage with the PSIRF Implementation group and Safer Care / Safety leads who are reviewing and embedding the National Patient Safety strategy including the new incident reporting and review systems, to ensure that the classification of incidents retains relevant safeguarding Information to enable incidents to be reviewed, clinicians supported, and patients safeguarded.

Gateshead Housing

Operational Practice

Hoarding disorders feature heavily in self-neglect case both regionally and nationally. The links between hoarding and increased fire risk have been identified within SARs and learning reviews.

Hoarding Cases

Within the Housing Support service, we have supported 17 council tenants with a hoarding disorder within the last 12 months. 10 cases carried over from previous year, 7 new cases and 8 have been resolved through joint work with Adult Social Care and Housing.

The average length of time taken to resolve hoarding cases is 629 days, due to the time required to build trust with the customer and engage the right type of support to help them address their fears of disposing of collected items.

The main type of hoarding we have experienced relates to rubbish hoarding, with the main customer group being middle aged single men, who have never married or remained in the family home following the death of their parents.

'Less is More' – Hoarder Support Group

In collaboration with Northumbria University Gateshead Council has established a group of customers identified as having a hoarding disorder, from across the region to share personal experiences and help professionals to understand what type of support helped them to identify that they had a disorder and needed help and ultimately helped them to stop hoarding.

The group, which has adopted the name 'less is more' has met twice this year and a third meeting is scheduled in July. With four current group members, supported by staff from Northumbria University and Gateshead Council's Housing Support Service the group intends to establish terms of reference and encourage new members to join and share their experiences. Longer term the group would like to play an influential role in policy and procedural change within local authority services across the region, to support those with hoarding disorders.

South Tyneside and Sunderland NHS Foundation Trust (STSFT)

Quality Assurance

The rigorous programme of safeguarding audits have continued throughout 2022-23 to monitor safeguarding practice across STSFT. These have included MCA/DoLS policy adherence, MCA policy compliance for patients with a learning disability, safeguarding policy compliance (inclusive of routine & selective enquiry), procedural self-neglect guidance and threshold tool compliance and chaperone

policy compliance. A safeguarding team service review was conducted via Survey monkey in December 2022. Findings were extremely positive.

A new model for safeguarding visibility has been implemented to increase face to face presence on wards and departments to further support staff and offer safeguarding supervision. This includes daily attendance at Emergency Department (ED) huddles (Monday-Friday).

The safeguarding team continue to complete a daily audit of ED attendances to ascertain if there are any missed opportunities. Any learning to arise from missed opportunities are Incident reported. The Named Nurse attends ED Clinical Governance meetings to discuss any reported missed opportunities. The annual audit of ED attendance activity forms part of the safeguarding annual audit cycle.

The safeguarding team have undertaken joint working with ED staff to expand the asking of the safeguarding mandatory questions from initial triage and make them mandatory within Same Day Emergency Care (SDEC) documentation and within the speciality transfer letter.

Safeguarding training compliance has continued to exceed the 90% organisational target and this has been maintained throughout 2022-23. The Trust continues to exceed NHS England's 85% compliance target for WRAP Prevent training and Basic Prevent Awareness training (BPAT)

Prevention

The safeguarding team have continued to work in collaboration with multi-agency partners throughout the recovery phase and longer-term impact of the COVID-19 pandemic to ensure safeguarding measures are in place and learning is shared to support and protect adults at risk and their families. Main emphasis has been around MSP, self-neglect, fire safety awareness, trauma informed practice, mental capacity and professional curiosity. These themes have been shared via 7- minute briefings, quarterly Safeguarding Champions forums and bi-monthly safeguarding newsletters.

Safeguarding supervision sessions have been reviewed to ensure that delivery remains impactful and meaningful. A new model for safeguarding visibility has been implemented to increase face to face presence in areas to further support staff in their safeguarding practice and offer safeguarding supervision.

All levels of safeguarding training have been reviewed to ensure they are aligned to both adult and children intercollegiate document. Level 3 face to face "Think family" training has been amended to reflect learning from recent scoping's, SAR's, DHR's, CSPR's and learning reviews. Slido is now being used to ensure that face to face sessions are more interactive and those delivering training can obtain training evaluations in real time.

MCA training has been reviewed and STSFT now utilise the National E-Learning package resulting in MCA training now being a stand-alone package.

Communication and Engagement

A bi-monthly newsletter is shared with all STSFT employees via both the team brief and through the safeguarding champion's forum. This newsletter highlights learning from SARs/DHRs & CSPRs and incorporates any regional / local updates inclusive of 7-Minute Briefings. The newsletter is held on the Trust intranet site.

STSFT Safeguarding Team continue to be active members of local partnerships ensuring representation and contribution across all meetings & groups.

The Safeguarding Team are active participants within the Complex Adult Risk Management (CARM) meetings within the Sunderland locality and Safeguarding in Partnership (SIPT) meetings in South Tyneside.

The Safeguarding Team has worked closely with the Local Authority to understand the impact and prepare for the forthcoming implementation of LPS.

STSFT safeguarding team actively participated in Elder Abuse Day (15th June 2022), attending wards and departments to raise awareness of elder abuse.

Operational Practice

The Domestic Abuse Health Advocates (DAHA) continue to work alongside the safeguarding team to support staff in the identification and response to any disclosure of DA. The DAHA's are specialists working with victims of DA, targeting ward areas, ED and community in supporting staff to recognise and respond to DA. The increased visibility of the DAHA's across the Trust has resulted in increased DA referral activity. Recent DAHA feedback from both patients and staff include:

- "Thank you, I do not know what I would have done if you had not been here to support me".
- "Thank you so much you have been amazing in supporting me".
- "The DAHA on duty came down to ED and was so kind and helpful and just offered to help with anything we needed. This was so kind, thoughtful and really welcomed".

The safeguarding team have worked alongside STSFT staff to further develop body map documentation to record marks, bruises and pressure damage on admission and discharge from hospital. The body maps are now incorporated into STSFT documentation, alongside a SOP to support practitioners accessing the document.

Mental Capacity

An MCA/ LPS lead, alongside an MCA Corporate Lead have been appointed to further embed MCA into practice alongside having the skills and expertise to robustly implement LPS once finalised. Improvements have been made to the MCA recording pathway on Meditech to support staff to re-consider MCA assessment and whether a DoLS is required or needs withdrawn. Community EMIS systems have been amended to incorporate MCA assessment within community records.

Connected Voice

During 2022/23 Connected Voice undertook the following in support of the SAB Strategic Plan:

- Delivered advocacy awareness session to Safeguarding team to improve referral pathways.
- Provided training to the VCSE in Gateshead on the role of Advocacy in Safeguarding 4 times in the year.
- Provided a briefing to the SAB on Nice Guidance and duties.
- Reported on safeguarding numbers throughout the year, leading to prevention and education for individuals on reporting concerns.
- Discussed safeguarding enquiries with Safeguarding team reducing alerts made that do not meet threshold Tyne and Wear Fire and Rescue Service.

Tyne and Wear Fire and Rescue Service

Prevention

Following the rise in the number of fire deaths across the region during 2022/ 23 TWFRS have been proactive in their approach to raising awareness of fire risk. TWFRS have taken over chairing of the Regional Fire Risk Task and Finish group which is looking at the provision of information advice and guidance and highlighting the risk factors in relation to age, mobility, smoking, alcohol use, use of paraffin-based emollient creams, self-neglect, hoarding, mental health, living alone and isolation. The proposal is to develop a suite of resources and an video outlining the risks and how to keep safe.

The Safe and Well visits continue to be promoted and with the launch of the new "When to Refer" card with QR code, this is now easier than ever. The Safe and Well visits are free and will cover fire escape plans, kitchen and cooking safety, electrical safety, smoking safety and candle safety but are also used as a mechanism to build engagement with hard to reach and "at risk" people. Operatives carrying out the visits are often made aware of safeguarding issues and concerns and can be an essential link to raising concerns and supporting people during the safeguarding process. Some of the excellent work between TWFRS and the local authorities ASSET team are detailed in the case study below. The Safeguarding Champions also received a fire risk briefing in March to highlight the risks and promote the Safe and Well visits.

Operational Practice

See Case Study on page 46.

Draft

Joint Working (Fire Risk) – Case Study Tyne and Wear Fire and Rescue Service and Gateshead Council

In September TWFRS received a 999 call to a house fire in Gateshead resulting from a Carecall monitored alarm activation. Mr D was rescued from the property and conveyed to hospital suffering from breathing difficulties. The cause of the fire was accidental, and a safeguarding referral was submitted to the local authority due to concerns for Mr D including self-neglect, alcohol issues, hoarding and mental health issues.

In October fire crews were called to a second house fire at the same address. Mr D was rescued by fire crews and required hospital treatment for breathing difficulties due to smoke inhalation. A further safeguarding referral was made with the same concerns. Due to the extensive fire damage following the second fire, the property was deemed uninhabitable. Discussions were held with the Gateshead Housing Company and Mr D was relocated to a hotel following his discharge from hospital, until a new property was secured for him. He successfully moved to his new address a short time later.

On 21 December fire crews were mobilised to a fire at Mr Ds new address. Mr D was rescued and taken to hospital for treatment which resulted in a lengthy admission. Another safeguarding referral was submitted, and a request was made for an emergency meeting to be held due to the fact this was an extremely vulnerable individual; elderly, lived alone, smoker, alcohol issues. Mr D had been involved in three significant house fires over a three-month period, on every occasion he had to be rescued by fire crews and required hospital treatment.

An urgent multi-agency safeguarding meeting was held on 22 December, further meetings led to agreements by partner agencies to carry out the following action:

- As Mr D was known to smoke in bed the existing monitored alarm was extended to include the bedroom.
- Installation of a misting system (TWFRS Ultimate Protection model) within the property.
- Joint visit by Housing and TWFRS to conduct a Safe and Well check:
 - Fire retardant bedding, throw and mat issued.
 - Referral to befriending services for Mr D due to feelings of isolation.
 - Offer of referral to address alcohol dependency, this was declined by Mr D.
 - Referral to the fall's clinic.
 - Daily welfare calls from Housing Warden.

Between January and February Mr D withdrew his engagement with housing and refused daily calls from the warden. He also refused to engage with the Gateshead Recovery partnership for support with his alcohol dependency and withdrew consent for the installation of the monitored smoke alarm in the bedroom.

Further safeguarding meetings were held to discuss the ongoing and increasing concerns from partners, particularly the high fire risk. Partners worked together to re-engage Mr D and because of hard work and persistence from all partners the misting system and smoke alarm were installed.

A further fire incident has occurred in Mr Ds home, however the heat detector activated causing the misting system to deploy preventing both serious damage to the property but most importantly injury to the occupier.

This case study shows how a high risk and vulnerable occupier can be protected by partner agencies working towards a common goal. Working together with determination and drive. This is an excellent example of partnership working by multiple partners to achieve a positive outcome and highlights potential best practice moving forward. Following this latest incident Mr D is currently engaging with his social worker and other partner agencies.



Gateshead Safeguarding Adults Board

Strategic Plan 2019 - 2024

2023 Refresh

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Introduction

This is the second Strategic Plan for the statutory Gateshead Safeguarding Adults Board (SAB) post implementation of the Care Act (2014) on April 1st 2015. This plan has been reviewed and updated in June 2023. This is with the recognition that the Covid-19 pandemic has resulted in unprecedented challenges placed upon our services and is expected to have a long-lasting detrimental impact upon our communities from a socio-economic and health perspective.

The Gateshead SAB remains committed to making Safeguarding in Gateshead person-led and outcome focussed whilst ensuring that there is an underpinning ethos of prevention. The Board have worked hard to ensure that they are Care Act compliant and have demonstrated via internal and independent scrutiny that we deliver quality services.

The Gateshead SAB continues to provide strategic leadership for our approach to responding to statutory duties detailed within the Mental Capacity Act. As such we are preparing for changes to legislation introduced via the Mental Capacity (Amendment) Act 2019 which includes the abolition of the Deprivation of Liberty Safeguards (DoLS) and the subsequent introduction of Liberty Protection Safeguards.

The challenges faced by the Board are evolving. Since the commencement of our last Strategic Plan in 2016 we have seen challenges in relation to the stability of the care market, a growth in mechanisms for responding to complex cases and extensive learning from national, regional and local Safeguarding Adult Reviews. This is combined with uncertainties caused by continued austerity and Brexit.

As part of the consultation process for this Strategic Plan an anonymous responder said:

'In this very challenging economic climate keep up the good work as a lot of what you do goes unnoticed, but it is vital to the individuals that are being safeguarded'

The national and local policy landscape is constantly changing, and we will review the Strategic Plan on an annual basis to ensure that the Strategic priorities remain right for Gateshead. We have a strong commitment from its members to implement the Strategic Priorities identified within this plan. This

five-year Strategic Plan is supported by annual Business Plans to enable the Board to prioritise and focus activity.

Policy Context

The Care Act 2014 has enshrined in law the principles of Safeguarding Adults, which will ensure that the most vulnerable members of society are afforded appropriate support and protection, and help them to live as independently as possible, for as long as possible. Chapter 14 of the Care and Support Statutory Guidance issued under the Care Act replaces the No Secrets document as the statutory basis for all safeguarding activity. The Care Act sets out the Safeguarding Adult responsibilities for Local Authorities and their partners and places a duty upon Local Authorities to establish SABs.

A corner stone of the Care Act is the general responsibility placed on all local authorities to promote wellbeing. The Care Act emphasises the assumption that individuals are best placed to judge their own wellbeing, and that protection from abuse and neglect is fundamental.

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

Empowerment – people being supported and encouraged to make their own decisions and give informed consent

Prevention – it is better to take action before harm occurs

Proportionality – the least intrusive response appropriate to the risk presented

Protection – support and representation to those in greatest need

Partnership – local solutions through services working with their communities

Accountability – accountability and transparency in safeguarding practice

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

Gateshead Safeguarding Adults Board

Our Vision

Our vision for Adult Safeguarding in Gateshead is:

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

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

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

Governance Arrangements

The Gateshead SAB became a statutory body in April 2015, assuming the strategic lead and overseeing the work of Adult Safeguarding arrangements in Gateshead. We have an Independent Chair to enhance scrutiny and challenge. The Board has a comprehensive Memorandum of Understanding, which provides the framework for identifying roles and responsibilities and demonstrating accountability. We have developed strong links with the Local Safeguarding Children's Board, Health and Wellbeing Board and the Community Safety Board.

In law, the statutory members of a SAB are defined as the local authority, the local police force and the relevant clinical commissioning group. However, in Gateshead, we recognise the importance the contribution made by all of our partner agencies, and this is reflected by the wider Board membership (correct as of June 2022):

- Gateshead Council
- Northumbria Police

- North East and North Cumbria Integrated Care Board (on behalf of NHS England, North East Ambulance Service and incorporating GP lead for Adult Safeguarding)
- Lay Members
- Gateshead Health NHS Foundation Trust
- South Tyneside and Sunderland NHS Foundation Trust
- Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
- Gateshead College
- Tyne and Wear Fire and Rescue Service
- Probation Service
- Oasis Community Housing
- Connected Voice Advocacy
- Healthwatch Gateshead
- Department for Work and Pensions

The SAB is supported by three Sub-Groups:

Quality, Learning and Practice Group (QLP) (Chaired by a senior manager from Gateshead Council)

The Quality, Learning and Practice Group was established in March 2021 following a restructure of the SAB Sub-Groups. The group is responsible for monitoring and reviewing performance data and driving forward quality via the quality assurance framework, case file audits and monitoring inspection recommendations. The QLP collate and review recommendations from statutory Safeguarding Adult Reviews and discretionary reviews and has oversight of multi-agency safeguarding training. The QLP aims to ensure that the Multi-Agency Safeguarding Adults policy and procedures and supporting practice guidance continue to be fit for purpose. The Group has responsibility for keeping up to date with national policy changes that may impact upon the work of the SAB. The Group also has responsibility for the development and implementation of the Communication and Engagement strategy.

Safeguarding Adult Review and Complex Case Group (SARCC) (Chaired by a senior manager from North East and North Cumbria ICB)

The Safeguarding Adults Review Group (SARCC) will consider Safeguarding Adult Review (SAR) referrals, commission reviews and subsequently monitor their progress. The SARCC may also oversee discretionary reviews into cases

that do not meet the criteria for a SAR, where the group feel there are multi-agency lessons to be learned. It will collate and review recommendations from SARs and other reviews, ensuring that achievable action plans are developed and that actions are delivered. The SARCC also provides a forum to discuss complex Safeguarding Adult cases that require additional scrutiny and support.

Strategic Exploitation Group (Chaired by a senior officer from Northumbria Police)

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

Developing the Strategic Plan

The Gateshead SAB Strategic Plan 2019-24 has been developed in consultation with a variety of stakeholders. It is underpinned by performance information, learning from reviews and feedback from members of the general public and safeguarding adult service users. Targeted consultation includes:

- Board member consultation
- Online survey which was circulated to all Sub Group members, key stakeholders, commissioned providers and members of NCVS who support voluntary organisations within Gateshead
- Face to face consultation with:
 - Shared Lives carers
 - Young women in supported housing provision
 - Gateshead Council tenants

Strategic Priorities and Key Actions

The consultation process identified that the five SAB Strategic Priorities that had been in place since 2016 remained fit for purpose for 2019-24, those are:

- Quality Assurance
- Prevention
- Communication and Engagement
- Operational Practice
- Mental Capacity

1. Quality Assurance

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

Key Actions 2019 - 24 include:

- Develop training for front line practitioners that is guided by learning from reviews and inquiries
- Develop and implement annual Quality Assurance challenge event
- Enhance our multi-agency approach of sharing learning with front line practitioners
- Revise the Safeguarding Adults Review Policy and Practice Guidance to include a strengthened approach to practical application of learning
- Prepare our SAB for the new CQC regulatory model and assessment framework which is expected to commence in April 2023.

2. Prevention

Prevention is one of the six Principles of Safeguarding. Within Gateshead we have prioritised preventative work and have produced a range of practice guidance notes and bespoke training courses to support our front-line practitioners. The Board would like to see Prevention at the forefront of all Policies, Procedures and Practice Guidance and woven into practice.

Key Actions 2019 - 24 include:

- Develop and implement a Multi-Agency Risk Management (MARM) framework as a mechanism for supporting vulnerable residents who do not meet the statutory criteria for Safeguarding Adults.
- Support closer integration of public services across the wider Gateshead System, including the work of Public Sector Reform and the Gateshead Care Partnership. Understand and respond to potential safeguarding implications of the Health and Social Care Integration White Paper.
- Become Adverse Childhood Experiences (ACE) / Adult Attachment / trauma informed.
- Revise the Self-Neglect Practice Guidance note and deliver updated multi-agency practitioner training.
- Revise the Financial Abuse Practice Guidance note, taking into account the issues arising from implementation of Universal Credit.
- Strengthen multi-agency arrangements for Modern Slavery in Gateshead; to include awareness raising, responding to pre-planned and unplanned incidents and quality assurance.
- Raise awareness about Gateshead pathways and provision for all aspects of exploitation, and work in partnership with the new regional Victim Hub.
- Build community resilience so that our residents are better equipped to keep themselves safe from harm.
- Develop a more flexible training programme, to include more e-learning and virtual learning opportunities.
- Develop and implement organisational abuse policy and procedure.
- Improve partnership working to safeguard people who experience homelessness.
- Understand the impact of Mental Health Act reform upon the wider safeguarding agenda. Support the Gateshead community mental health transformation programme.

3. Communication and Engagement

The Safeguarding Adults Board has made significant improvements in Making Safeguarding Personal to ensure that those adults involved within the safeguarding process have their wellbeing promoted and, where appropriate, that regard is given to their views, wishes, feelings and beliefs when deciding any action. Consultation has demonstrated that there continues to be a lack of understanding about Safeguarding within the wider

community, which can impact upon the effectiveness of Safeguarding Adults as a whole.

Key Actions 2019 - 24 include:

- Effectively communicate and champion our good practice.
- Enhance communication and engagement with partners and providers who are not routinely engaged with the Board and Sub-Groups.
- Promote Safeguarding Adult key messages within our communities.
- Widely promote our Safeguarding website and social media presence.
- Implement our Safeguarding Adult Champion Scheme and develop Safe Reporting Centres.
- Develop a safeguarding adult resource library which includes communication and engagement tools, including visual media aids.
- Develop mechanisms to ensure that the views of adults at risk and carers inform the work of the SAB.

4. Operational Practice

Whilst this is a Strategic Plan, the SAB must ensure that operational practice is fit for purpose. Whilst significant improvements have been introduced by the SAB and our key partners, we know from our quality assurance processes and the sharing of best practice nationally and regionally that further improvements can always be made.

Key Actions 2019 - 24 include:

- Work with the Health and Wellbeing Board and Community Safety Board to improve how our partner organisations identify and respond to complex cases.
- Refresh the SAB Multi-Agency Policy and Procedures by enhancing accessibility and simplifying the procedures.
- Enhance our approach to managing risk, to include:
 - Understanding perpetrator motivations
 - Person centred approach v managing risk
 - Identifying and responding to coercive and controlling behaviour
- Improve communication flow with referrers, providers and Adult at risk after a concern has been submitted.
- Strengthen multi-agency safeguarding transition arrangements, including procedures for responding to child to parent violence.

- Develop a shared approach to missing adults, including consideration of the use of 'vulnerability markers'.
- Further embed Making Safeguarding Personal throughout Safeguarding Adults practice.
- Work in partnership to manage levels of demand. This will include the development of an Adult Concern decision making tool.
- Develop a Gateshead Safeguarding Adults Board People in a Position of Trust (PIPOT) Policy

5. Mental Capacity

Understanding and applying the Mental Capacity Act is central to the Safeguarding Adults process. It remains one of our most common areas for improvement in Gateshead, and beyond. Legislative changes are again on the horizon with the proposed Mental Capacity (Amendment) Bill which will reform the Deprivation of Liberty Safeguards (DoLS) and replace them with Liberty Protection Safeguards. The agenda will continue to evolve as new ways of working and case law is embedded into practice. Practitioners need tools and guidance to support them with the practical application of the Mental Capacity Act within everyday safeguarding, assessment, and care provision.

Key Actions 2019 - 24 include:

- Understand, and effectively respond, to changes within the Mental Capacity Act (Amendment) Act.
- Monitor the development of the revised Code of Practice for the Mental Capacity Act and develop a mechanism for assuring that the changes within the Code of Practice are effectively implemented within Gateshead.
- Develop and implement a programme of awareness raising for front line practitioners, providers, partners and the wider public about the application of the Mental Capacity Act.
- Explore how a health diagnosis supports the practical application of the Mental Capacity act.
- Continue to ensure that referrals for advocacy are made in accordance with the Care Act 2014

TITLE OF REPORT: **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 2023/24.

1. The Committee's provisional work programme was endorsed at the meeting held on 13 June 2023 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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Draft Care, Health and Wellbeing OSC Work Programme 2023-24	
13 June 2023	<ul style="list-style-type: none"> • Performance Management and Improvement Framework- Year End Performance 2022-23 • Work to Attract and Retain a multi professional Workforce /Access to GP Appointments (<i>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 / update to include patient satisfaction data broken down to each surgery if possible / information on whether younger GPs coming into the profession in Gateshead prefer to be directly employed NHS Workers/ salaried GPs or the traditional GP business model</i>) • PH update on the £5m grant to research inequalities • OSC Work Programme
12 September 2023	<ul style="list-style-type: none"> • Departmental Strategy and Delivery Plan • Demand pressures on social care services • Social Services Annual Report on Complaints and Representations – Adults • Annual Report of Local Adult Safeguarding Board and Business Plans & emerging priorities • OSC Work Programme
24 October 2023	<ul style="list-style-type: none"> • Social Care Recruitment • Health and Wellbeing Board / Better Care Fund –Update • CQC Maternity Inspection Report • CQC Assurance • OSC Work Programme
5 December 2023	<ul style="list-style-type: none"> • Performance Management and Improvement Framework – Six Month Update – 2023-24 • Care Home model • Extra Care/Supported Living models • The Newcastle and Gateshead Persistent Physical Symptoms Service (PPSS) • OSC Work Programme
23 January 2024	<ul style="list-style-type: none"> • <i>Hospital discharge and residential care numbers [Deferred from October]</i> • Healthwatch Gateshead – Annual Update • Home Care Model • Strengths Based Approaches • OSC Work Programme
12 March 2024	<ul style="list-style-type: none"> • Update on work to tackle Health Inequalities in Gateshead • Support with the menopause, menstrual cycle problems and post-partum mental health issues: access to specialist support and variations of approach across Gateshead GP practices – • CQC Assurance

	<ul style="list-style-type: none"> • OSC Work Programme
16 April 2024	<ul style="list-style-type: none"> • Co Production • Health and Wellbeing Board – Update • OSC Work Programme

Issues to slot in –

- **The new LPS (Liberty Protection Safeguards) Update**
- **Sister Winifred Laver Promoting Independence Centre (Visit in Autumn 2023)**