



# GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 1 December 2023 at 10.00 am in the Bridges Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
<b>1</b>	<b>Apologies for Absence</b>
<b>2</b>	<b>Minutes</b> (Pages 3 - 16)
<b>3</b>	<b>Declarations of Interest</b>  Members of the Board to declare an interest in any particular agenda item.
<b>4</b>	<b>Updates from Board Members</b>  <b>Items for Discussion and/or Agreement</b>
<b>5</b>	<b>Asylum &amp; Migration Update</b> (Pages 17 - 20)  Report of Deborah Ewart and Claire Thew
<b>6</b>	<b>Health &amp; Wellbeing Strategy Implementation Plan and Health in all Policies Update</b>  Report of Louise Sweeney
<b>7</b>	<b>Consultation on creating a smoke free generation and tackling youth vaping</b> (Pages 21 - 38)  Report of Alice Wiseman and Gemma King
<b>8</b>	<b>Gateshead Cares System Board Update</b>  Report of Mark Dornan  <b>Items for Assurance</b>
<b>9</b>	<b>Safeguarding Adults Board Annual Report 2022/23</b> (Pages 39 - 78)  Report of Nicola Bailey
<b>10</b>	<b>Better Care Fund Quarter 2 Return 2023/24</b> (Pages 79 - 96)  Report of John Costello  <b>Any Other Business</b>

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**GATESHEAD METROPOLITAN BOROUGH COUNCIL**  
**GATESHEAD HEALTH AND WELLBEING BOARD MEETING**

**Friday, 20 October 2023**

- PRESENT:** Councillor L Caffrey (Chair)
- Councillor(s): W Dick, L Kirton, M Gannon, G Haley, M McNestry, J McCoid, J Wallace, P Elliott, Wiseman, M Adams and M Dornan
- IN ATTENDANCE:** M Adams; J Costello; Dr M Dornan; H Furgusson; A Wiseman; G Anderson.
- APOLOGIES:** Councillor(s): B Oliphant and Goodwin

**HW49 MINUTES**

The minutes of the meeting held on 8 September 2023 were approved as an accurate record with no matters arising.

**HW50 DECLARATIONS OF INTEREST**

Hassan Malek – Owner of Birtley Pharmacy, Haras Bank.

Sami Hanna – Owner of Lobley Hill Pharmacy.

No other declarations were made.

**HW51 UPDATES FROM BOARD MEMBERS**

- The launch of the ICB Women's Health Strategy was held on 19 October 2023 and was considered a brilliant event. It brought together women across the region to discuss the new government strategy for women's health and turn it into a reality with a focus for the North East.
- Sam Allen (Chief Executive of ICB) has been appointed Chair of the National Committee on Maternity and Neo Natal Services.
- The All-Party Parliamentary Group on Suicide and Self-harm Prevention is organising a data gathering trip to the North East. Liz Twist, Gateshead Member of Parliament, is the Chair of this Parliamentary Group.
- Extraordinary meetings of the 7 North East Local Authorities will be happening over the next two weeks regarding the creation of a new combined authority. A shadow Cabinet has been established for the Combined Authority

in advance to begin work on its agreed main priority area: poverty and inequality. Updates on this will continue to be given to the Board.

- Funding bids have been made for the following areas of work:
  - Women's health hub
  - Respiratory hubs
- A media announcement was made on 12 October 2023 regarding a consultation on smoking that the Board may wish to respond to.
- The number of pregnant people smoking have fallen to under 10% in Gateshead for the first time.
- Digital Transformation NHS has signed up to the Waiting Well Initiative, to ensure patients waiting for surgery are given advice and support through their waiting period.
- Gateshead Citizens Advice is now open 7 days a week and can provide emergency food parcels and fuel top ups over the weekend.
- A Great Northern Care Record event is scheduled to take place on the afternoon of 20 October 2023. Development of Badger Net is also continuing and NHS staff will now be able to access records from other practices and patients will have access to their medical history.
- £10,000,000 has been invested into the Healthy Homes Project, which helps people in the private rental sector who are living in unsuitable housing.

**RESOLVED:**

- i. To add a presentation on the Women's Health Strategy to the Board's work programme.
- ii. To invite the Chief Executive of Gateshead Health FT to give a presentation to the Board on plans to become a women's regional health organisation.
- iii. To circulate details of trip to the North East of the All-Party Parliamentary Group on Suicide and Self-harm Prevention.
- iv. Alice Wiseman to prepare a response to the national consultation on smoking to be circulated to the Board.

**HW52 COMMUNITY PHARMACY ROLES - SUPPORTING LOCAL COMMUNITIES**

The Board received a presentation from representatives of the Local Pharmaceutical Committee on community pharmacy roles and the various ways that pharmacies support local communities. An overview was provided of the range of pharmacies

within Gateshead, the different types of services they provide, how they interface with other local health and care services, the pressures and challenges facing the profession and options going forward.

The Board confirmed that it values the role of community pharmacy in supporting local communities across Gateshead. The Chair clarified that the Board is not a commissioning board although it acknowledged that the funding model for pharmacies needs to be reviewed.

The Board agreed that pharmacies are often undervalued and considered to solely dispense medication. There are concerns about making sure there is enough pharmacy provision. The Board was supportive of work being undertaken to investigate the scope to replicate the model being used in South Tyneside. The LCP works across South Tyneside and Gateshead and would like to implement some of the strategies in Gateshead.

The Board also felt that there needs to be a culture change regarding referrals, and how a majority of patients prefer to see doctors over other practitioners.

A discussion was had by the Board of how communication needs to be improved regarding the services that local pharmacies provide as many residents will not be aware of the full range of those services. Information is needed from the ICB on which pharmacies are signed up to pharmacy advance services so that the public can be informed.

There was also concern raised about members of the public being unable to afford their prescriptions. Some anecdotal evidence of this was discussed of examples of this issue occurring and how community pharmacies were able to provide support.

**RESOLVED:**

- i. Gateshead Citizens Advice and LCP to meet to further discuss poverty barriers to accessing prescriptions and pharmacy services and to put out communications to pharmacies on how to help patients and secure access to hardship funding.
- ii. To recommend adding support for community pharmacies to the agenda of an ICP North meeting to provide further support and to restate the commitment to community pharmacies.
- iii. To recommend that the application of elements of the community pharmacy model in South Tyneside to be considered by the Gateshead ICB Place Committee.
- iv. The Board noted the report.

**HW53 CUMBRIA, NORTHUMBERLAND, TYNE & WEAR NHS FT STRATEGY AND COMMUNITY HEALTH TRANSFORMATION**

The Board was given a report on the Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust 2023 strategy, With You in Mind.

The five ambitions highlighted in the strategy were as follows:

- Ambition 1: Quality care, every day
- Ambition 2: Person-led care, when and where it is needed
  - Community based care for adults and older people with mental ill-health
  - Inpatient care for adults and older people with mental ill-health
  - Children and young people
  - People with a learning disability
  - People with neurodevelopmental conditions
  - People who need support from secure services
  - People with neurodisabilities
  - People with problematic substance use or addictive behaviours
- Ambition 3: A great place to work
- Ambition 4: Sustainable for the long term, innovating every day
- Ambition 5: Working with and for our communities

It was reported that CNTW's strategy seeks to build relationships and to make decisions based on what matters to people. It sets out the Trust's commitments to its service users, families and carers, its staff and to its partners and communities. . An annual plan will be developed each year which explains what the Trust will do that year to deliver the strategy.

The Board queried who was consulted in developing the strategy as public health were not consulted as part of its development. It also queried what the timescales were for delivering the strategy, when progress would be seen in addressing the challenges relating to mental health services, including access to services, waiting times etc. and whether targets have been set to guide delivery of the strategy's ambitions.

It was also raised how we can prevent fragmentation and ensure continuity between hospital and community provision. It was reported that CNTW are looking at the clinical model and that this can come back to the HWB at a future date.

A brief update was also provided on the Trieste model of care and potential application of some components of this model to community service provision.

REVOLVED:

- i. The Board noted the report.

- ii. CNTW to come back to the Board with an update on its clinical model at a future date.

## **HW54 HEALTHWATCH PRIORITIES FOR 2023/24**

The Board was given a presentation on the Healthwatch Annual Report 2022-23. This report marks Healthwatch's 10-year anniversary.

Highlights of the 2022/23 report were set out quarterly and included the following:

- Spring
  - Worked to better understand how the COVID pandemic impacted on health and wellbeing.
  - Focused on refugees and asylum seekers to understand health and social care priorities for these local communities.
- Summer
  - Welcomed a new team tasked with helping to achieve a mission of engaging with local people to help improve health and social care services in Gateshead.
  - Engaged with young people aged 18-25 to understand their views and general experiences of loneliness and social isolation.
- Autumn
  - Commissioned by Gateshead Council to understand the experiences of unpaid carers emerging from the COVID pandemic. Healthwatch highlighted issues around communication, capacity, coordination, and competence.
  - Launched online monthly forums, inviting local health and social care organisations to share information about their services. Each month focuses on a specific topic area and welcomes local people along to learn more about what is available.
- Winter
  - Fed into the submission of evidence to the House of Commons Cross-Party Health and Social Care Committee Inquiry into Dentistry.
  - Made a targeted effort to engage with young people aged between 16-25 through the launch of phase one of Youthwatch Project.

Healthwatch Gateshead continually gathers information on local people's experiences of using health and/or social care services. Its annual survey informs

Healthwatch of the public's experiences; people's views are also collected at the Annual Meeting.

The following themes are being discussed to form the 2023/24 work plan:

- Hospital Discharge
- Access to GPs
- Mental Health
- Accessible Information Standards
- Health Literacy
- Youthwatch
- Social Care

Healthwatch highlighted that there tends to be higher engagement with older people, and that Healthwatch has had a heavy reliance on youth service partners, colleges and universities, and Gateshead's Youth Assembly to support the Youthwatch service.

The OSC discussed Healthwatch's role in promoting sexual health, and that Healthwatch representatives would be invited to have a place on the Children's Systems Board.

RESOLVED:

- i. The Board noted the report.

## **HW55 GATESHEAD CARES SYSTEM BOARD UPDATE**

The OSC was given a presentation updating on the work of Gateshead Cares, including the Integrated Adults and Social Care Services Living Thriving Lives Plan (2023-28), which was noted as supporting Gateshead's Thrive ambitions and aims to make accessing support and services as easy as possible.

Progress reviews have been held for Priorities 2 and 4 for the Gateshead Place Plan. Updates given are as follows:

### **Priority 2: Giving Children and Young People the Best Start in Life**

- A Family Hub steering group has been established; healthy relationships pathway is now live; an infant feeding co-ordinator recruited.
- Joined up pathways across the system from children to transition and to adults required; Pathway and MDT Stakeholder event 11/10/23.



- Review of crisis pathway for CYP underway.
- The Teenage Resource "The Little Book of Useful Stuff" has been distributed across the Gateshead System.
- Roll out of the Asthma and Allergies masterclasses have taken place.
- The GP Kitemark Children and Young People friendly practice has been developed by 7 local GP practices.

#### **Priority 4: Longer and Healthier Lives – Mental Health, Learning Disability, Autism and Aging Well**

- Integrated workforce plan established.
- Plan developed with Talking Therapies to increase awareness of the service offer and increase referrals.
- Autism hubs in Gateshead - Daisy Chain is the appointed provider and will work out of 5 hubs across Gateshead.
- Focus on Older Persons Dementia Beds and Pathway – work underway to appraise current offer in Residential and Nursing Care; options paper being developed; work underway to understand the pathway and where improvements can be made.
- Update provided on the work of the RISE Mental Health in Schools Team and plans for 2023/24 were discussed.
- Progress was considered in taking forward Generalist Home Care transformation as part of the Ageing Well programme of work:
  - LA have invested in Home Care to support Sustainability
  - Workforce has grown steadily since May 2023
  - Funding for Short-Term Services agreed and required services in place
  - New PIC to open end of Nov 23 (increased capacity)
  - Current waiting list is in single figures
  - Improved flow continues keep delayed discharges at low numbers

The OSC was updated that Gateshead Cares considered a report on asylum and migration in Gateshead. Updates have been sought from system partners to inform a future item on this issue.

An expression of interest was also discussed by the Gateshead Cares Board for a Women's Health Hub Investment opportunity. There was widespread support for the

bid which links to key programmes of work across Gateshead Place, our Health and Wellbeing Strategy and the DPH's most recent Annual Report which had a specific focus on Women and Health Inequalities. The ICB is currently evaluating the bids received; the first Women's Health Conference took place on 19th October to inform implementation plans; and further detail has been sought from those who submitted bids to get a better understanding of current gaps and opportunities.

The Board noted that it was important to quantify the needs of people seeking asylum and that it is important to ensure that their needs are met, including their housing needs.

REVOLVED:

- i. The Board noted the presentation.

**HW56 PHARMACY NOTIFICATIONS (CHANGE OF OWNERSHIP) FROM NENC ICB**

**HW57 LLOYDS PHARMACY AT PATTINSON DRIVE, CRAWCROOK, RYTON  
(TRANSFER OF OWNERSHIP TO PARKSIDE CRAWCROOK LTD)**

The OSC noted a letter expressing that effect from 25th September 2023 the Lloyds Pharmacy Ltd at Pattinson Drive, Crawcrook, Ryton, NE40 4US will be operated by Parkside Crawcrook Limited and the pharmaceutical list for the area of Gateshead Health and Wellbeing Board will be amended with effect from that date.

**HW57a L Rowland & Co at Former Five Star Batteries, Leam Lane (transfer of ownership to Gateshead Pharma Ltd)**

The OSC noted a letter expressing that with effect from 2nd October 2023, the L Rowland & Co (Retail) Ltd at Former Five Star Batteries, Meresyde, Leam Lane, Gateshead, Tyne and Wear, NE10 8PE, will be operated by Gateshead Pharma Limited and the pharmaceutical list for the area of Gateshead Health and Wellbeing Board will be amended with effect from that date.

**HW58 ANY OTHER BUSINESS**

No other business was raised.

**HW59 DATE AND TIME OF NEXT MEETING**

The next meeting of the Gateshead Health and Wellbeing Board will be held on 1 December 2023 at 10:00, in the Bridges Room.

**Chair.....**



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**GATESHEAD HEALTH AND WELLBEING BOARD  
ACTION LIST**

<b>AGENDA ITEM</b>	<b>ACTION</b>	<b>BY WHOM</b>	<b>COMPLETE or STATUS</b>
<b>Matters Arising from HWB meeting on 20<sup>th</sup> October 2023</b>			
<b>Updates from Board Members</b>	To invite the Chief Executive of Gateshead Health FT to give a presentation to the Board on its plans to relating to women's health	Presentation by Chief Executive of Gateshead Health FT	To feed into Forward Plan
	To add a presentation on the Women's Health Strategy to the Board's work programme	Presentation by Siobhan Brown	To feed into Forward Plan
	Prepare a response to the national consultation on smoking	Alice Wiseman	On the agenda for the 1 <sup>st</sup> December meeting
<b>Community Pharmacy Roles – supporting local communities</b>	Gateshead Citizens Advice and LCP to meet to further discuss poverty barriers to accessing prescriptions and pharmacy services and to put out communications	Alison Dunn and LPC representatives	
	To recommend adding support for community pharmacies to the agenda of an ICP North meeting and to restate the commitment to community pharmacies	ICP North Committee	
	To recommend that the application of	Gateshead ICB Place Committee	

<b>AGENDA ITEM</b>	<b>ACTION</b>	<b>BY WHOM</b>	<b>COMPLETE or STATUS</b>
	elements of the community pharmacy model in South Tyneside be considered by the Gateshead ICB Place Committee		
<b>Cumbria, Northumberland, Tyne &amp; Wear NHS FT Strategy and Community Health Transformation</b>	CNTW to come back to the Board with an update on its clinical model at a future date	Anna English	To feed into Forward Plan
<b>Matters Arising from HWB meeting on 8<sup>th</sup> September 2023</b>			
<b>SEND Inspection</b>	To bring an update to a future Board meeting on progress in taking forward the SEND Strategic Priority Action Plan	Andrea Houlihan	To feed into Forward Plan
<b>Trauma Informed Care</b>	To report back to the Board next year on progress in implementing the service, including some case studies	Lisa Wood	To feed into Forward Plan
<b>Matters Arising from HWB meeting on 21<sup>st</sup> July 2023</b>			
<b>Partner Updates</b>	Refresh of Voluntary Sector Compact to come to future Board meeting	Lisa Goodwin	To come to January Board meeting
<b>A New Home Improvement and Assistance Service for Gateshead</b>	To receive an update on progress being made in implementing the new service at a future meeting	Peter Wright	To feed into Forward Plan
<b>Matters Arising from HWB meeting on 21<sup>st</sup> April 2023</b>			
<b>Physical Activity Strategy</b>	To receive a further update report in the	Michael Lamb / Natalie Goodman	To feed into Forward Plan

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
	Autumn		
<b>Matters Arising from HWB meeting on 27<sup>th</sup> January 2023</b>			
<b>Family Hubs</b>	To receive a further update on plans at a future meeting	Gavin Bradshaw	To feed into Forward Plan
<b>Matters Arising from HWB meeting on 29<sup>th</sup> April 2022</b>			
<b>Climate Change Strategy for Gateshead</b>	To receive an update on progress in taking forward the Climate Change Strategy	A Hutchinson / L Greenfield	To feed into Forward Plan

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1 December 2023

## **TITLE OF REPORT: Update on asylum and refugee migration in Gateshead**

### **REPORT TO: Health & Wellbeing Board**

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#### **Purpose of the Report:**

To provide the Board with an interim report covering an overview and update on asylum and refugee migration and the implications for Gateshead.

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#### **Background**

A report was recently shared at the Gateshead System Cares Board where it was agreed to provide an overview report to the Health and Wellbeing Board on the current pressures in relation to asylum and refugee migration.

#### **What we currently do:**

Since 2015 the Council have previously made a commitment to support individuals who have come via formal refugee resettlement routes this includes the Syrian, Afghan and Ukraine resettlement programmes. All these programmes have been pre-arranged responses by the Home Office and have required engagement and planning with councils. Gateshead councils Refugee Resettlement Team are funded by the Home Office to provide resettlement support and as part of the response have working proactively with key partners to ensure we provide a holistic and robust response to new arrivals; this includes partnership working with:

- Health
- Education
- ESOL – language support
- DWP and Employment Services
- Community and Voluntary Sector
- Northumbria Police

This is a very specific and targeted response to those who are classed as entering the UK via safe and legal routes organised by the Home Office to provide formal relocation and international protection.

The asylum process is managed by the Home Office, and they contract companies to provide accommodation and some support to those who are claiming asylum, in the North-East this is Mears.

When a person's asylum claim is processed by the Home Office, and they receive leave to remain (refugee status) they can then access statutory services. Councils do not receive any formal funding for this group of people and as such there is no targeted support.

## **Emerging Pressures:**

### **Asylum Seekers**

In December 2022 the Prime Minister set a target to clear the legacy backlog of asylum seekers (175,000 people) by the end of 2023. This legacy backlog refers to asylum applications lodged before June 2022. Applications post June 2022 will be subject to the legislative changes under the Illegal Migration Bill.

If a person is granted asylum they have leave to remain and at this point can access statutory services including homeless services and have the right to claim benefits or work. Nationally councils are seeing an increase in the numbers of people who have been granted leave to remain presenting for support.

The accommodation provider will usually receive notification from the Home Office and then issue a 28-day Notice to Quit. At this point asylum seekers are no longer eligible for asylum support and become eligible for mainstream services. This process is now much shorter than the 28-day period as the Home Office is starting this process from when the leave to remain decision is issued and not from when the client is notified; the impact of this is that councils are seeing people present to homeless services with shorter timeframes to eviction and in more urgent need of support. The average eviction time in Gateshead has reduced from twenty-eight to seven working days.

The last publicly released asylum data in August 2023 identified Gateshead asylum numbers at 815 people, since August 2023 Gateshead have seen an increase in those granted leave to remain and presenting for support.

### **Unaccompanied Asylum-Seeking Children (UASC)**

The National Transfer Scheme (NTS) is a system designed to distribute the responsibility of caring for unaccompanied asylum-seeking children amongst local authorities nationally. It was created to prevent any single local authority becoming disproportionately responsible for a high number of individuals arriving into their care.

The specific calculation of the numbers of children allocated to a local authority within the national transfer scheme involves factors such as population size, capacity, resources, and the number of children already in the care of the local authority.

### **Refugee Resettlement**

Gateshead Council have supported refugee resettlement since 2015 when the Syrian resettlement scheme was launched by the Home Office. Currently two resettlement schemes are open these are Homes for Ukraine and the Afghan Assistance Scheme. Gateshead Council are supportive of both schemes. The Home Office are now seeking a commitment from local authorities to future resettlement from 2025.

### **Work undertaken to date:**

- Regionally councils are working with the Home Office to identify the numbers of people who will no longer be eligible for asylum support and may present to the Council.
- Information on asylum cessations will be shared with the relevant service areas.
- To have a continued overview of potential pressures, data is also being gathered on the number and demographic of those presenting to the Council.
- We continue to work closely with the Voluntary and Community Sector to offer advice and support and coordinate monthly meetings with over 30 VCS groups in attendance.
- Childrens Social Care are aware of the implications of the National Transfer Scheme and continue to work with the Home Office on this programme.
- Established partnership work will continue with key services such as education, employment, and health services.

### **Implications for the Local Authority**

Due to Immigration policy changes (Illegal Migration Bill) implemented by the Home Office there are several implications for the council to consider.

1. The increased volume of people via the asylum process granted positive decisions and presenting to the Council for support, this is predominantly for homeless support.
2. Not all who present as homeless will be considered in priority need for instance some single people, which may result in an increase in street homelessness/hardship.
3. The increased pressure on children's social care due to the allocation of unaccompanied asylum-seeking children.
4. The increased pressure on social care services due to the pace to receive a UASC within five days of a referral.
5. The wider implications/pressures due to the increased pace of cessations for other service areas /partnerships such as health and education.
6. Initial data indicates a higher level of single people than families being granted leave to remain and presenting to the council.
7. The increased pressures on the voluntary and community sector, more people are presenting with longer term support needs.
8. The Home Office requires a response to future resettlement programmes from 2025 by the 15 December 2023 and this will be subject to discussions with relevant Portfolio Leads.
9. The responsibility for future resettlement programmes (safe and legal routes) now rests on the commitment from councils.

### **Recommendations**

The Board are asked to:

- Note the contents of the report for information.
- To consider if a further report is required for the Gateshead System Cares Board and consideration of a Members Seminar.

Contact: Claire Thew Refugee and Migration Manager/Deborah Ewart Head of  
Housing Support  
Telephone: 4333649 /4336164

**TITLE OF REPORT: “Stopping the start- plan to create a smokefree generation” – DHSC consultation and new North East Declaration for a Smokefree Future.**

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## **Purpose of the Report**

1. To seek the views of the Health & Wellbeing Board on the proposed consultation response and given Gateshead Council's previous endorsement of both the APPG on Smoking and Health report and Khan Review seek **endorsement of the key recommendation around raising the age of sale of tobacco to those born after 1<sup>st</sup> January 2009 and new North East Declaration for a Smokefree Future.**

## **How does the report support Gateshead's Health & Wellbeing Strategy?**

2. Tobacco is the single most important entirely preventable cause of ill health, disability and death in the UK, responsible for 337 deaths each year in Gateshead and 2,707 smoking attributable hospital admissions in 2019/20. No other consumer product kills up to two-thirds of its users. Those who are unemployed, on low incomes or living in areas of deprivation are far more likely to smoke than the general population.

Smoking causes harm throughout people's lives. It is a major risk factor for poor maternal and infant outcomes, significantly increasing the chance of stillbirth and can trigger asthma in children. It leads to people needing care and support on average a decade earlier than they would have otherwise, often while still of working age. Smokers lose an average of ten years of life expectancy, or around one year for every 4 smoking years.

Most smokers know about these risks and, because of them, want to quit - but the addictive nature of cigarettes means they cannot. Three-quarters of current smokers would never have started if they had the choice again and more than 4 in 5 smokers start before the age of 20. In short, it is much easier to prevent people from starting smoking in the first place.

As estimated by ASH in their ready reckoner tool based on 2021 smoking rates in Gateshead it costs the locality: £79.6M including cost of healthcare, social care, productivity, and fire costs.

## **Background**

3. In October 2023, the Department of Health and Social Care (DHSC) published its policy paper, [Stopping the start: our new plan to create a smokefree generation](#), where the government set out an intention to create the first 'smokefree generation'.

The government introduced several proposals to reduce youth vaping, including restricting vape flavours, regulating vape packaging and point of sale displays, and

restricting the sale of disposable vapes. The Government also committed to funding several initiatives to improve smoking cessation support. Including increased funding for LA led stop smoking services and the national 'Swap to Stop' scheme, supporting people to stop smoking with the free provision of a vape kit and behavioural support.

An 8-week consultation has been launched on the proposals inviting responses until 6 December 2023. Specifically, seeking views on introducing new legislation to raise the age of sale for tobacco, further regulating vaping to reduce its appeal to children, and introducing new powers for local authorities to issue fixed penalty notices to enforce age of sale legislation for tobacco products and vapes.

Finally, on September 27<sup>th</sup> a new North East [Declaration](#) for Smoke Free Future was launched by Fresh, the Association of Directors of Public Health North East and the North East and North Cumbrian NHS Integrated Care Board. This is a UK first for any regional to have such a clear statement of intent and to demonstrate the scale of commitment and collaboration.

### **Proposal**

4. It is proposed that Gateshead Health and Wellbeing Board responds to this important consultation and given Gateshead Council's previous endorsement of both the APPG on Smoking and Health report and Khan Review supports the key recommendation around raising the age of sale of tobacco to those born after 1<sup>st</sup> January 2009 and new North East Declaration for a Smokefree Future.

### **Recommendations**

5. The Health and Wellbeing Board is asked to consider the proposed consultation response as outlined in appendix 1. Consultation responses have been prepared to align with the views of key recommendations from the Association of Directors of Public Health North East, the summer 2023 youth vaping evidence review and the key recommendations from Fresh, the North East Tobacco Control Programme.
6. Formally support the key recommendation around raising the age of sale of tobacco to those born after 1<sup>st</sup> January 2009.
7. Provide Gateshead HWB endorsement of the new North East Declaration for a Smokefree Future.

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Contact: Gemma King [gemmaking@gatehead.gov.uk](mailto:gemmaking@gatehead.gov.uk)

## Appendix 1

### Creating a smokefree generation

1. Do you agree or disagree that the age of sale for tobacco products should be changed so that anyone born on or after 1 January 2009 will never be legally sold (and also in Scotland, never legally purchase) tobacco products?

- **Agree**
- Disagree
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach.

We welcome the proposal to raise the age of sale for tobacco products.

Tobacco is a uniquely lethal product which, when used as intended, kills up to two in three long term users. Smoking is a driver of health inequalities and causes 16 types of cancer, heart disease, COPD, strokes and a myriad of other health harms. As such, the North East of England has developed a [declaration for a Smokefree Future](#), calling for an end to the death and disease caused by tobacco.

Smoking places a significant burden on society, [costing the North East £2.5 billion every year](#) including health care (£93.7 million), social care (£797.3 million) and costs through lost productivity (£1.6 billion).

Smoking is a childhood addiction rather than an adult choice: North East survey data (NEMS 2023) suggests six out of ten people who have ever smoked started during school age, typically between 14-16 years old. Only one in four began at or above the legal age.

Among those who try smoking, 70% go on to smoke daily. Raising the age of sale, and introducing mandatory age verification to aid enforcement, is likely to both delay and reduce smoking uptake, sending a strong message to society about tobacco's uniquely lethal nature. When the age of sale in England rose from 16 to 18 in 2007, and in some states in the US from 18 to 21, smoking in the relevant age group reduced by around a third.

There is already significant levels of public support for raising the age of sale to 21, including among retailers.

Gateshead Council have previously endorsed The APPG on Smoking and Health report in June 2021 and the Khan review, in June 2022 and welcomed the associated recommendations including increasing the age of sale of tobacco by one year each year.

2. Do you think that proxy sales should also be prohibited?

- **Yes**
- No

- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach.

Yes, it will be important for proxy sales laws to be in line with age of sale laws to ensure consistency.

3. Do you agree or disagree that all tobacco products, cigarette papers and herbal smoking products should be covered in the new legislation?

- Agree

- Disagree
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach.

We believe that all tobacco-containing products as well as cigarette papers should be covered by the new legislation, mirroring current age of sale laws.

The tobacco industry has been shown to find ways to subvert laws which are not comprehensive. If certain tobacco products are not included, it will make enforcement more challenging and create opportunities for the industry to find loopholes, as has been the case in other regulations where exemptions exist e.g. cigarillos being excluded from laws relating to menthol flavouring, minimum pack sizes and standardised packaging.

4. Do you agree or disagree that warning notices in retail premises will need to be changed to read 'it is illegal to sell tobacco products to anyone born on or after 1 January 2009' when the law comes into effect?

- Agree

- Disagree
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach.

It would make sense initially for the warning notices in retail premises to be updated to reflect the new legislation so that retailers and customers are aware of the changes. However, as smoking rates continue to decline along with the market for tobacco products and the public acceptability of smoking also declines, it may seem unnecessary for retailers to display such a notice. We therefore recommend that the requirement to display such a notice is kept under review in order to prevent prolonging the normality of tobacco sales.

We also recommend this is discussed with Trading Standards colleagues who will be responsible for enforcing the legislation as well as with retail groups that are not affiliated to tobacco manufacturers. A key issue to discuss is the interface between new age of sale laws and other tobacco laws where age is a factor e.g. the Tobacco Advertising and Promotion (Display) (England) Regulations 2010 which permits tobacco and price lists to be displayed on request to anyone aged 18 or



over. We are pleased that there will be refreshed national illicit tobacco strategy and as such, it will be vital that this funding for enforcement is sustained to support the implementation of regulations.

### **Tackling the rise in youth vaping**

5. Do you agree or disagree that the UK Government and devolved administrations should restrict vape flavours?

- **Agree**
- Disagree
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach.

We do not think that there is sufficient evidence to restrict the number of vape flavours currently on the market but we do support restricting how flavours are described.

We support the introduction of evidence-based measures to reduce youth vaping while supporting smokers to quit tobacco using whichever means is most appropriate for them, including through the use of vapes. Our responses to the vaping questions reflect the positions of the [Association of Directors of Public Health North East](#) and the [North East and North Cumbria ICB Smokefree NHS/Treating Tobacco Dependency Taskforce](#), both of which have clear position statements on nicotine vaping.

As highlighted in the 2022 OHID-commissioned [evidence update on nicotine vaping in England](#), the role of flavours in youth vaping remains unclear though flavours have a clear function in ensuring that vapes are appealing and utilised by adult smokers. Vaping rates were low among teenagers for many years when the range of available vaping flavours rapidly increased.

The role of flavours requires urgent further research in order to establish the most appropriate policy response which strikes the right balance between reducing appeal to children while also preserving the appeal to adults who want to quit smoking tobacco. A disproportionate approach could lead to unintended consequences with [research from the United States, outlined at the November 2023 E-Cigarette Summit](#), showing that rather than nudging people away from vapes, such measures to restrict vape flavours drive users to instead buy conventional cigarettes and that instead of reducing harms, they may instead be magnifying them.

With any new regulations on vapes, we urge the Government to include an appropriate review period to enable any refinements to be made.

6. Which option or options do you think would be the most effective way for the UK Government and devolved administrations to implement restrictions on flavours? (You may select more than one answer)

- **Option 1: limiting how the vape is described**

- Option 2: limiting the ingredients in vapes
- Option 3: limiting the characterising flavours (the taste and smell) of vapes
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach.

As a minimum and as a priority, we recommend the Government urgently explores regulatory options to limit the ways in which flavours are described in order to limit their appeal to children. This could include regulating how vape products are named, described and portrayed and limiting the descriptors known to appeal to children.

Limiting how the vape is described, while not removing flavours from the market, would enable a range of flavours to be made available to support adults in their quit attempt while reducing the appeal to children. An acceptable example of improved restrictions would be a vape described as 'blueberry flavour' rather than 'berry blast.'

This would also create time to conduct further research into whether flavours should be further restricted in ways that reduce their appeal to children without diverting adults away from vaping and back to smoking.

Vapes have played a crucial role in supporting many smokers to quit using combustible tobacco. A colleague from a mental health trust in the North East explained: *"Vapes need to be accessible to and appropriate for our patients: they need to have a choice of flavours and strengths. A 'one size fits all' approach does not always fit into mental health settings where our patients are more heavily nicotine dependent... Patients report enjoying a choice of flavours to choose from."*

Separately, in the North East, [Claire Oldfield](#) has told her story publicly about how vaping has helped her to stop smoking after being diagnosed with lung cancer. [Davey Bratton](#) has shared his story on how a vape has helped him to quit, fulfilling a promise he made to his late mother who herself had suffered smoking-related mouth cancer. Videos of these powerful stories are available online and both Claire and Davey want their stories to be shared

7. Which option do you think would be the most effective way for the UK Government and devolved administrations to restrict vape flavours to children and young people?

- Option A: flavours limited to tobacco only
- Option B: flavours limited to tobacco, mint and menthol only
- Option C: flavours limited to tobacco, mint, menthol and fruits only

Please explain your answer and provide evidence or your opinion to support further development of our approach.

We do not currently recommend any of the above options. Instead, as a priority, we are calling for urgent restrictions on how vape flavours are described before any decisions are made on restricting the number of vape flavours available.

The [2022 OHID-commissioned evidence update on nicotine vaping in England](#) contains a specific chapter on flavours. The main findings presented in this chapter are that fruit flavours are the most popular e-liquid among adults and young people who vape in England, followed by menthol/mint, and that there is some evidence to suggest that non-tobacco flavours, particularly sweet flavours, may play a positive role in helping people switch from smoking to vaping. This is reflected in discussions we have had with people in the North East.

Furthermore, a systematic review of the evidence on youth use of e-liquid flavours concluded that existing research does not yet provide a clear understanding of how flavours in vaping products are associated with young people taking up or stopping smoking. Until further research is carried out to determine the most appropriate policy response, the priority needs to be restrictions on flavour descriptors.

However, if Government were to proceed with flavour restrictions then it should ensure that fruit flavours remain available given their popularity among adults.

The OHID-commissioned report recommends that surveys in England should include detailed questions on the use of flavours (including mixing different flavours) in vaping products annually, to track use over time.

From a broader perspective, we also recommend that, where data on youth vaping is collected at a local authority level, that this is standardised to enable trends to be observed, for example making clear the distinction between regular vaping and experimental vaping. Robust data on smoking also needs to be collected routinely.

8. Do you think there are any alternative flavour options the UK Government and devolved administrations should consider?

- Yes
- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach.

As outlined above flavour descriptors should be limited through regulations.

9. Do you think non-nicotine e-liquid, for example shortfills, should also be included in restrictions on vape flavours?

- Yes
- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach.

As outlined at Q5 and Q6 above, restrictions should be placed on the ways in which vapes are described rather than on the flavours themselves. If rules are in place to restrict how flavours are described, then similar rules should be in place for all vaping products to avoid the risk of companies finding loopholes in the law to continue to promote products inappropriately.

10. Which option do you think would be the most effective way to restrict vapes to children and young people?

- Option 1: vapes must be kept behind the counter and cannot be on display, like tobacco products
- Option 2: vapes must be kept behind the counter but can be on display

Please explain your answer and provide evidence or your opinion to support further development of our approach.

There are currently too many examples of inappropriate displays of vape products in shops leading to increasing awareness of vape promotion among children and young people. To address this, we believe that vapes should only be kept behind the counter but can still remain on limited display with no other instore or externally visible promotion and providing that regulations have been implemented to remove child-friendly packaging and labelling (see our responses to later questions on this issue).

This policy measure would reflect the different levels of risk between tobacco products and vape products: if vape products are subject to all of the same regulations as tobacco (i.e. behind the counter and out of sight such as with point of sale display rules for tobacco products) then this could add to the existing misperceptions among the public that vapes are equally as, or more, harmful than tobacco.

However, once implemented, if this measure is not found to be sufficient, then there should be powers in the primary legislation to allow the regulations to be strengthened to ensure vape products are both behind the counter and out of sight.

It is also worth noting that placing vapes behind the counter, and the customer needing to ask to purchase one, provides the retailer with an additional opportunity to assess the customer's age thereby supporting enforcement efforts.

Restrictions around the ways in which vapes can be displayed may help to limit the number of outlets who sell vaping products. While it would not be desirable for vapes to be less available than tobacco, having fewer retailers selling products will also aid enforcement.

11. Do you think exemptions should be made for specialist vape shops?

- Yes
- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach.

However, we believe that there should still be some regulations around vape displays in specialist vape shops, particularly those in shop fronts that are visible from the street. Restrictions should also be considered for any on-street marketing boards etc.

It may be appropriate to consider some level of age restrictions for entry to specialist shops to ensure they are primarily accessed by adults, though not exclusively: for example we want to ensure access for parents with children.

We would also recommend that the Government liaises with Trading Standards and other relevant parties (in line with Article 5.3 of the FCTC) to determine an appropriate definition for 'specialist vape shops' in order to aid enforcement should they become exempt to certain regulations.

12. If you disagree with regulating point of sale displays, what alternative measures do you think the UK Government and devolved administrations should consider?

Please explain your answer and provide evidence or your opinion to support further development of our approach.

Not applicable – we agree that point of sale displays need to be regulated.

13. Which option do you think would be the most effective way for the UK Government and devolved administrations to restrict the way vapes can be packaged and presented to reduce youth vaping?

- Option 1: prohibiting the use of cartoons, characters, animals, inanimate objects, and other child friendly imagery, on both the vape packaging and vape device. This would still allow for colouring and tailored brand design
- Option 2: prohibiting the use of all imagery and colouring on both the vape packaging and vape device but still allow branding such as logos and names
- Option 3: prohibiting the use of all imagery and colouring and branding (standardised packaging) for both the vape packaging and vape device

Please explain your answer and provide evidence or your opinion to support further development of our approach.

We recognise that there is compelling evidence in favour of introducing restrictions on how vapes are packaged and we are confident that such restrictions can reduce the appeal to children while still appealing to adults who want to quit smoking. Some of the current imagery and branding is highly inappropriate and deemed to be too child appealing.

We recognise that there is compelling evidence in favour of introducing restrictions on how vapes are packaged and we are confident that such restrictions can reduce the appeal to children while still appealing to adults who want to quit smoking. Some of the current imagery and branding is highly inappropriate and too appealing to children.

[Research from King's College London and ASH, outlined at the November 2023 E-](#)

[cigarette Summit](#), looked at how packaging affects the appeal of vaping to teenagers and adults. It found that those in the teenage group were more likely to report that their peers would have no interest in vapes when marketed in standardised packaging, in contrast to the adult group whose interest in using vapes was not reduced by the standardisation of packaging.

We recommend that the Government commits in the first instance to restricting brand imagery – and to consider prescribing the size and type face of any branding which does remain, as per tobacco packaging regulations – and then to undertake more detailed research to inform the development of effective regulations.

We have some hesitancy at this stage to go down a fully standardised packaging route until more research is undertaken with smokers to understand any potential unintended consequences on public perceptions of harms of vaping versus smoking which we know kills up to two in three.

We would also point out that some tobacco products, including cigarillos, remain exempt from tobacco standardised packaging regulations which should be addressed given the difference in relative risk between vapes and combustible tobacco products

14. If you disagree with regulating vape packaging, what alternative measures do you think the UK Government and devolved administrations should consider?  
Please explain your answer and provide evidence or your opinion to support further development of our approach.

Not applicable – we agree that there needs to be improvements in the way that vape packaging is regulated.

15. Do you agree or disagree that there should be restrictions on the sale and supply of disposable vapes?

That is, those that are not rechargeable, not refillable or that are neither rechargeable nor refillable.

- **Agree**
- Disagree
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach.

It would be desirable from an environmental and youth vaping perspective to reduce the use of 'disposable' vapes. We think that restricting the promotion and marketing of all vapes (as set out above) will reduce the demand for disposable vapes but that further action will also be needed.

As such, we call for an excise tax on vape products that would be zero rated for refillable/rechargeable devices but set at such a level for disposable vapes to increase their price by at least £5 per unit. This should make products less



affordable for young people and incentivise adults to use more sustainable (and ultimately cost saving) refillable products.

We would also recommend consideration be given to how these products are described: the term 'disposable' suggests that they can be discarded when in fact we need to be encouraging the recycling of these products. 'Single use' may be a preferred term. We also recommend that more consideration is given to promoting recycling and vape manufacturers and retailers need to be reminded of their obligations under the WEEE regulations and held to account for non-compliance including the issuing of penalties.

16. Do you agree or disagree that restrictions on disposable vapes should take the form of prohibiting their sale and supply?

- Agree
- **Disagree**
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach.

We need to monitor the evidence on disposable/single use vapes. However, a ban on disposable vapes may have several unintended consequences. These are set out in detail in [a joint paper from ASH, the Chartered Trading Standards Institute and Material Focus](#) and include: increasing the size of the already developed illicit market; creating additional pressures on already over-stretched Trading Standards services; removing the legal obligation on manufacturers to fund recycling solutions, and inadvertently reinforcing misperceptions about the harms from vapes compared to tobacco (which would remain legal). There are also complexities about how 'disposable' vaping products could be defined, presenting challenges for implementation and enforcement of any proposed ban.

Furthermore, a ban would limit the use of products with vulnerable groups of smokers such as those in mental health and custodial settings and individuals with dexterity issues such as older smokers. Colleagues in mental health trusts in the North East have told us how important single use vapes are to their patients who are trying to quit and how using refillable/rechargeable devices is challenging. It should also be noted that many stop smoking services remain keen to have access to single use vapes as part of the Government's 'Swap to Stop' programme specifically because of the benefits to some groups of smokers.

In the North East, research with smokers and vapers shows that most vapers are using a disposable vape (57%) with a significant minority using rechargeable and refillable options (27%). Given that North East vapers are more likely than those who don't vape to really want to quit smoking, there will be unintended consequences of removing the availability of single use vapes. Importantly, vapers are more than twice as likely as non-vapers to be trying to quit or cut down.

17. Are there any other types of product or descriptions of products that you think should be included in these restrictions?

Please explain your answer and provide evidence or your opinion to support further development of our approach.

Once the priority regulations are in place around promotion, marketing and the introduction of an excise tax to increase the price of single use products, the Government may wish to consider regulating the shape and form of such devices and seek to standardise these. This could be beneficial from both an environmental and enforcement point of view, with the likely result that devices would not take the form of toys or gadgets that may be appealing to children.

Careful consideration would need to be given to any policy development in this area to ensure that it doesn't result in unintended consequences.

We also want to highlight the impact of misinformation in the media on the public perceptions of vapes which suggest that too many people, including smokers, think that vaping is as harmful, or more harmful, than smoking. This is leading to a reluctance in smokers to switch to vapes as a less harmful form of nicotine delivery, thus undermining the public health benefits that schemes such as 'Swap to Stop' can bring. This was outlined in research presented at the 2023 E-Cigarette Summit and there are several useful guides available to support the delivery of evidence-based messaging on vapes including the a Fresh/Association of Directors of Public Health North East communications guide and the [ASH myth buster](#).

We recommend the Government delivers evidence-based awareness-raising campaigns to highlight the health harms of tobacco and the many ways by which smokers can quit, including through the use of vapes. Our Smoking Survivors campaign tells the stories of real people from the North East who have suffered from a smoking-related disease and whose lives have improved after quitting. The campaign points to [www.freshquit.co.uk](http://www.freshquit.co.uk) which outlines all of the different evidence-based ways to quit and the support that is available. .

18. Do you agree or disagree that an implementation period for restrictions on disposable vapes should be no less than 6 months after the law is introduced?

- Agree
- **Disagree**
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach.

The loophole which enables free distribution of any vape to anyone of any age needs to be closed urgently and we have been calling for this for quite some time.

19. Are there other measures that would be required, alongside restrictions on supply and sale of disposable vapes, to ensure the policy is effective in improving environmental outcomes?



Please explain your answer and provide evidence or your opinion to support further development of our approach.

As with many single use products, there are concerns about the environmental aspect of single use vapes that need to be addressed urgently. Vape companies are currently not complying with their environmental obligations and we support the recommendations of Material Focus who are calling for a revision of regulations. The full environmental costs of collecting and recycling vapes – including raising public awareness – should be met by industry and not by public finances with appropriate penalties being issues for non-compliance. Full details can be found in their [joint policy position paper](#) with ASH and the Chartered Trading Standards Institute.

We also need action to address the negative impact on the environment caused by discarded tobacco products and in particular cigarette butts which are the most littered item worldwide and which can't be recycled, do not biodegrade and which leach toxic chemicals into the environment. In 2021 DEFRA and DHSC announced they were introducing an extended producer responsibility scheme for cigarette butts in England under the Environment Bill to require the tobacco industry to pay the full disposal costs of tobacco waste products. This should be implemented to ensure the sector takes sufficient financial responsibility for the litter its products create.

20. Do you have any evidence that the UK Government and devolved administrations should consider related to the harms or use of non-nicotine vapes?

- **Yes**
- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach.

ASH monitor the use of non-nicotine vapes and, among young people in 2023, their [survey](#) showed the following: 51% of 11-17 year olds who currently vape said that the e-cigarette they used most often always contained nicotine; 30% said it sometimes contained nicotine; 9.5% that it never contained nicotine; with 10% saying they didn't know.

According to the ASH/ YouGov survey around 10% of current vapers report using zero-nicotine products and these vapers are twice as likely to be ex-smokers than smokers.

Further restrictions on non-nicotine vapes are needed to ensure that they are not accessed by teens nor exploited by industry to avoid regulations. However, they also have a function in supporting some adults and should be kept on the market in line with the regulations for nicotine containing products.

21. Do you think the UK Government and devolved administrations should regulate non-nicotine vapes under a similar regulatory framework as nicotine vapes?

- Yes

- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach.

We believe that non-nicotine vapes should be regulated in the same way as nicotine containing vapes. This will prevent industry from using them to promote vaping in ways that they aren't allowed to communicate with nicotine-containing vapes.

22. Do you have any evidence that the UK Government and devolved administrations should consider on the harms or use of other consumer nicotine products such as nicotine pouches?

- Yes

- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach.

We are aware that some local authorities in the North East have been contacted by agencies acting on behalf of companies – including Japan Tobacco International – promoting nicotine pouches. These approaches have included requests to hand out free promotional nicotine pouches in areas of high footfall. To date, we understand that no local authority has granted such a request for reasons including Article 5.3 and also the lack of a regulatory framework for these products.

Overall in 2023 adult use of nicotine pouches remained low despite heavy marketing by industry including on social media. However, there are currently limited marketing restrictions and product requirements and no age of sale laws. Their use among those under 18s is undesirable but they may have a value for adult smokers looking to switch away from tobacco, therefore they should be regulated in a similar way to vaping products. The Government should not wait until a market has been established in those under 18 to take action particularly in relation to advertising and age of sale laws.

23. Do you think the UK Government and devolved administrations should regulate other consumer nicotine products such as nicotine pouches under a similar regulatory framework as nicotine vapes?

- Yes

- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach.

As we outlined in our 2021 response to the post-implementation review of tobacco regulations, we need regulations to cover all nicotine products. Currently, for novel nicotine products, there are:

- No age of sale regulations so they can be sold to anyone, as well as being handed out free
- No standardised regulatory requirement for information on packaging to provide information to consumers
- No controls on their advertising, promotion and sponsorship
- No limits on nicotine content
- No regulation of contents or ingredients.

The regulations need to be revised to include not just nicotine pouches but any novel nicotine products, as this is a market which is likely to continue to evolve.

We also believe that more independent research is needed to determine what, if any, role such products can play in tobacco control and for broader public health.

Heated tobacco products (HTPs) are tobacco products and as such should be included in the new legislation. While available data, including from a Cochrane review, suggest that HTP reduce exposure to harmful combustion products, indirect comparisons from published data and a direct comparison based on an unpublished lab study by academics from UCL suggest that HTPs have a more limited harm reduction role than e-cigarettes, providing lower reductions in biomarkers of harm such as nitrosamines. There are also very limited data available on the impact of HTP on successful smoking cessation, with most published work finding an impact on cigarette sales rather than on smoking behaviour, and with some analysis (e.g. from the International Tobacco Control study Japan data) indicating that HTP primarily lead users to dual use with cigarettes rather than complete cessation

24. Do you think that an increase in the price of vapes would reduce the number of young people who vape?

- **Yes**
- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach.

Young people are particularly price sensitive and increasing the price of single use vapes through taxation would reduce the number of young people vaping. This should be implemented in the form of an excise tax for vaping products which is zero-rated for refillable/rechargeable products – to maintain their affordability in comparison to tobacco – and, for single use products, set at a level which increases their price by at least £5. This is one of the [ASH high impact interventions](#) to address youth vaping.

As well as deterring youth vaping, this should also help nudge adult smokers looking to switch towards re-usable products which will be less damaging to the environment. An excise tax would also give greater powers to enforcement officers to take action against non-compliant products.

It is important that vaping remains more affordable for adults than smoking. Any new tax needs to be calibrated to ensure that tobacco remains the most expensive product.

### Enforcement

25. Do you think that fixed penalty notices should be issued for breaches of age of sale legislation for tobacco products and vapes?

Powers to issue fixed penalty notices would provide an alternative means for local authorities to enforce age of sale legislation for tobacco products and vapes in addition to existing penalties.

• **Yes**

- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach.

In principle, we welcome the proposal to increase the enforcement options available to Trading Standards to take action against those who breach age of sale regulations, particularly in light of the challenges of taking forward prosecutions. We would recommend that non-payment of a Fixed Penalty Notice can be enforced via the Magistrate's Court rather than becoming a civil debt to the local authority, given that the resources needed to pursue non-payment can often be greater than cost of the penalty itself. We recommend that Trading Standards colleagues are involved in policy development from the outset to ensure that all relevant factors are taken into account.

We would also welcome broader consideration of the tools and penalties available for breaches of other tobacco and vape regulations to ensure that they provide a sufficient level of deterrent.

From a broader perspective, enforcement and regulatory partners are crucial in the journey towards creating a smokefree generation and enforcement of tobacco legislation is crucial. We welcome the commitment from the Government to increase funding for tobacco enforcement and we look forward to the publication of the refreshed national illicit tobacco strategy. It will be vital that this funding for enforcement is sustained.

There are additional regulatory options that we would encourage the Government to consider in its plan to 'Stop the Start' including introducing a tobacco licensing scheme for retailers and placing a levy on tobacco manufacturers, given the vast profits they make each year, to help fund prevention and enforcement measures. We would also support exploration of pooling budgets at a supra local or regional level for Trading Standards services in order to support cross-boundary working and to maximise diminishing resources..

26. What level of fixed penalty notice should be given for an underage tobacco sale?

- £100

- £200
- Other

Please explain your answer and provide evidence or your opinion to support further development of our approach.

The level at which a fixed penalty notice is set needs to be sufficiently high to provide a deterrent against underage sales. We would also recommend an appropriate sliding scale and/or the ability to take alternative enforcement action for persistent offenders.

Trading Standards engagement in policy development is vital to ensure that the regulations are appropriate, effective and enforceable.

27. What level of fixed penalty notice should be given for an underage vape sale?

- £100
- £200
- Other

Please explain your answer and provide evidence or your opinion to support further development of our approach.

The level at which a fixed penalty notice is set needs to be sufficiently high to provide a deterrent against underage sales. We would also recommend an appropriate sliding scale and/or the ability to take alternative enforcement action for persistent offenders.

Trading Standards engagement in policy development is vital to ensure that the regulations are appropriate, effective and enforceable

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**Gateshead  
Safeguarding Adults  
Board**

# **Annual Report**

## **2022/23**



# Contents

	Page
<b>Introduction from our Chair</b> .....	3
<b>Safeguarding in Gateshead</b> .....	5
Gateshead Safeguarding Adults Board (SAB) .....	6
SAB Structure .....	7
SAB Subgroups .....	8
Partner Governance Arrangements and Scrutiny .....	8
Strategic Plan 2019/24 .....	9
<b>Key Activities 2022/23</b> .....	10
<b>Our Performance</b> .....	22
<b>Learning from Safeguarding Adults Reviews (SARs)</b> .....	25
<b>Partner Updates</b> .....	28





# 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.



Phil Conn, Chair, Gateshead SAB (2019-2023)

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](http://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).

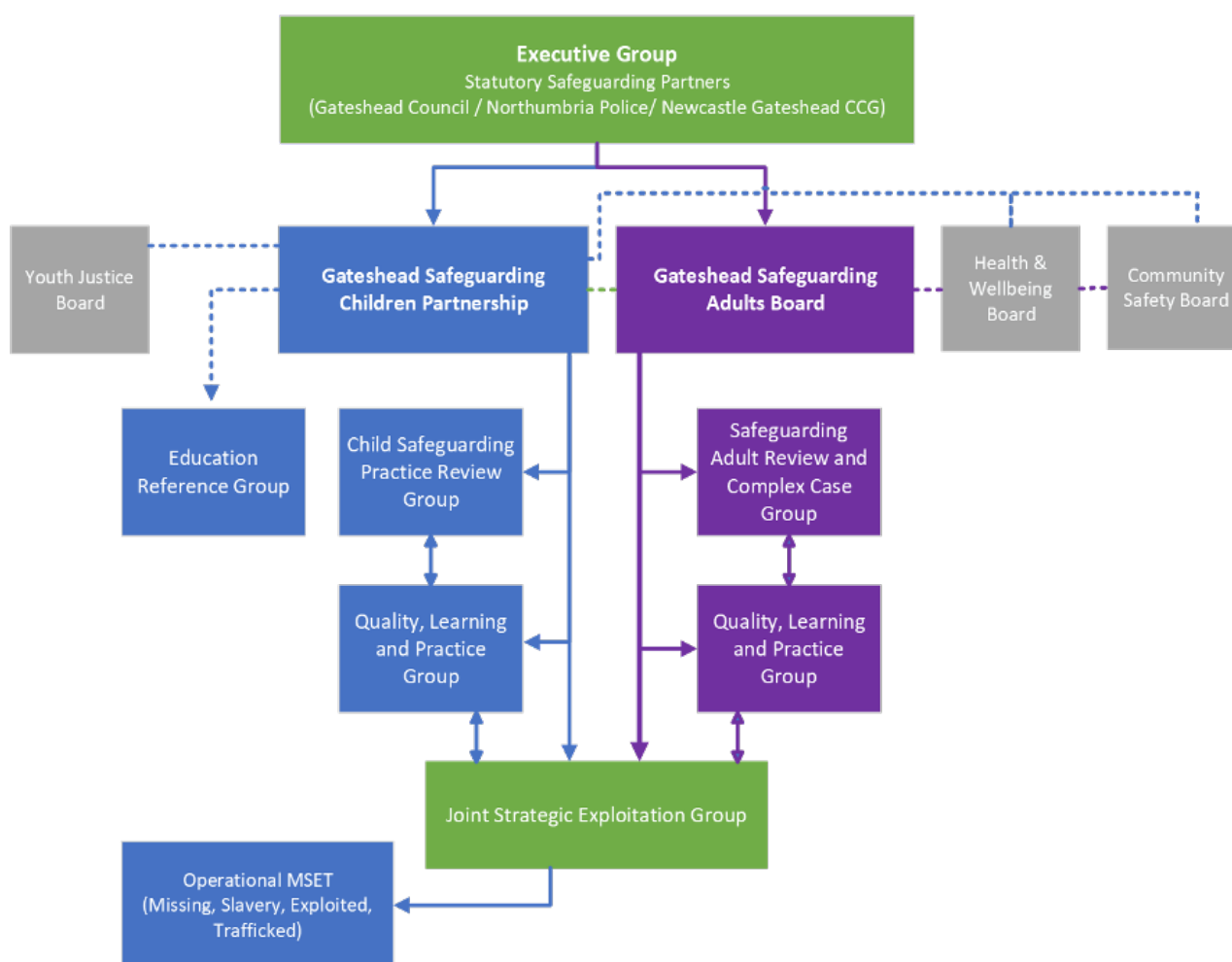
In Gateshead, we recognise the importance of the contribution made by all our partner agencies and this is reflected by the wider Board membership (correct as of June 2023):

- 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.

# 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.

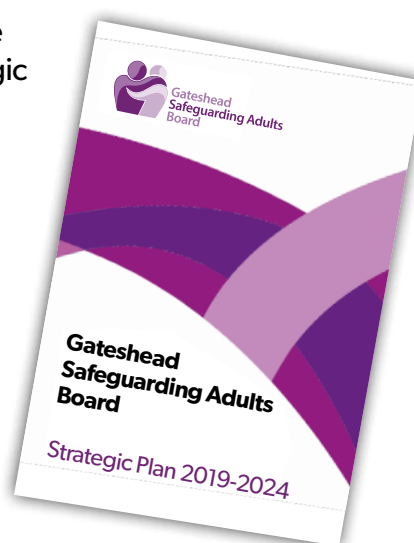
**Northumbria Police** – All learning from national and local serious case reviews are scrutinised through the Organisational Learning Board and the organisational learning log. The organisational learning log is focused on the importance of identifying learning opportunities and drivers, embedding the 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.

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.

***"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".***

## 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.

*"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."*

*"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."*

*"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."*

## Self-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.

*"Great information for cases currently working on and ways of implementing this in future cases."*

(Practical Application of MCA)

*"Excellent session will have a significant impact on my skills of intervention with clients, and in report writing."*

(Executive function and MCA)

*"Really beneficial hearing from service users and not just professionals."*

(Lads Like Us, Professional Curiosity and Trauma Informed Practice)

*"Really detailed interactive training very helpful!"*

(SAR Interactive Workshop)

*"I will use the knowledge from this training in my practice to identify risk and support people with care needs".*

(Safeguarding Adults Reporting Concerns, Level 2)

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](http://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.



## 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 a work plan to provide the requested support, this is progressed and monitored through the QLP sub group.



## Regional SAR Champions

Gateshead continues to contribute 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 successful 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

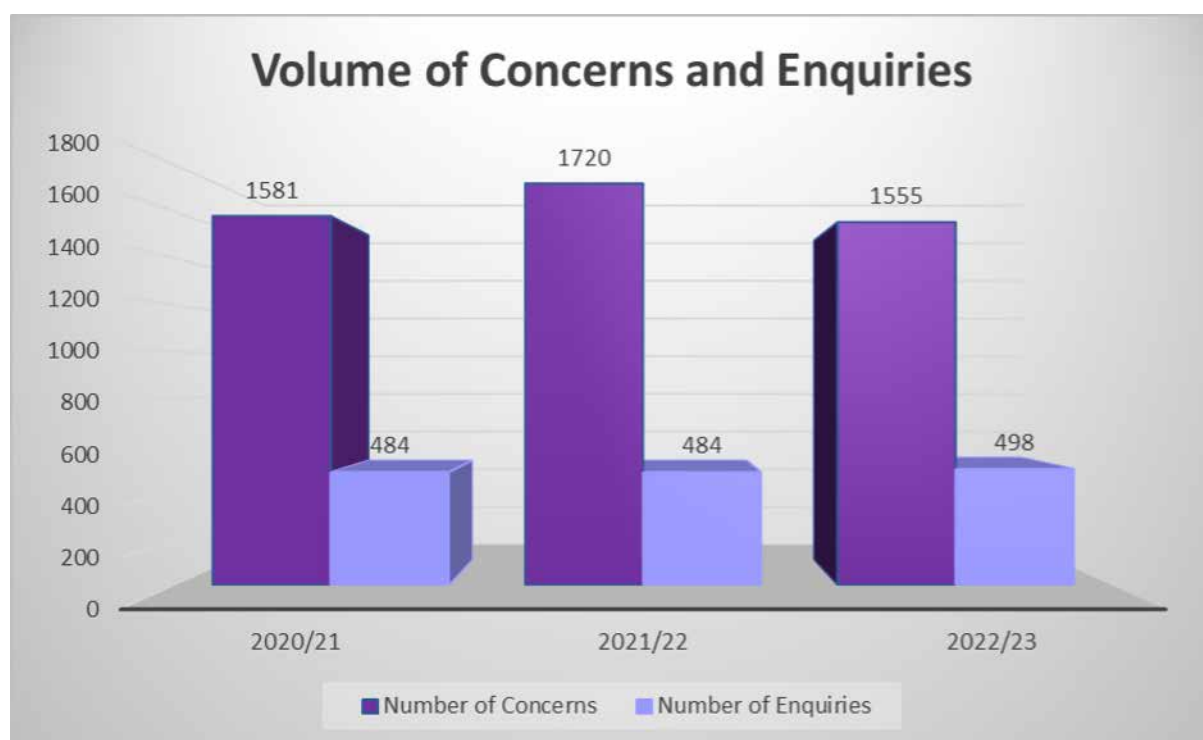
A summary of the headline performance information is provided below.

### 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.

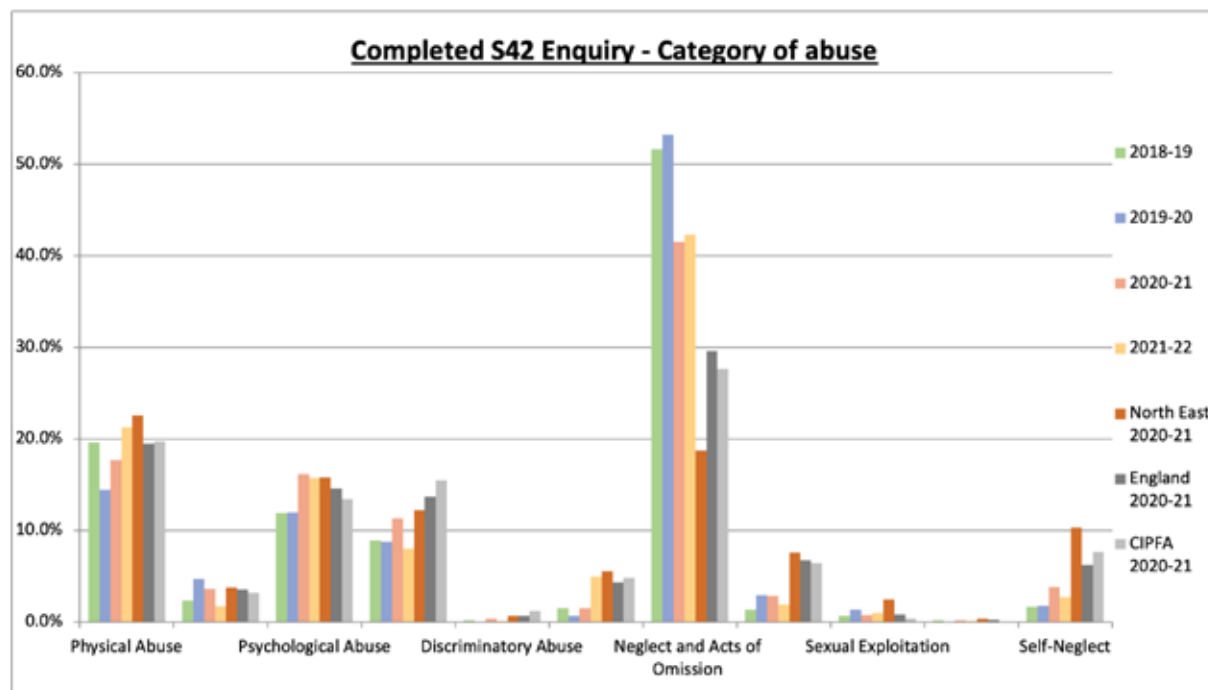


In percentage terms, 32% of Concerns led to a Section 42 Enquiry. The number of concerns progressing to an enquiry is lower than the 2020-21 NE (42.5%) and slightly higher than the England (30.6%) averages.

## 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%).

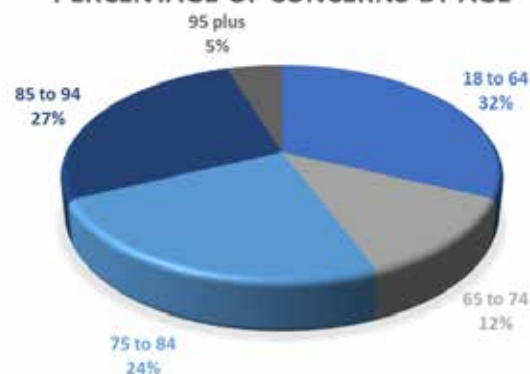
The percentage of Financial and Material Abuse cases has increased by 4.5% from the 7.5% in 2021/22. This information has prompted the QLP sub-group to prepare to undertake a case file audit to understanding the reasons behind this increase.



## 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.

**PERCENTAGE OF CONCERNS BY AGE**



## 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 his 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 raised 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 Abbey Moor 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 Abbey Moor, 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 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 was recognised by the SAB as 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. **See Case Study on page 33.**

## Mental Capacity

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 through 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.

# 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.



# 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 developed 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 a 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 39 and 40.

## 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 D's 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.

*Continued on next page*

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 D's 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.

## Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

### 1. Guidance for Quarter 2

#### Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

#### Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

#### Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

The details of each sheet within the template are outlined below.

### Checklist ( 2. Cover )

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submitting to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) and copying in your Better Care Manager.

### 2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

### 3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.



<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer

National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

#### 4. Metrics

The BCF plan includes the following metrics:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.

Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

## 5. Capacity & Demand Refresh

Please use this section to update both capacity and demand (C&D) estimates for the period November 2023 to March 2024.

This section is split into 3 separate tabs:

### 5.1 C&D Guidance & Assumptions

Contains guidance notes including how to calculate demand/capacity as well as 6 questions seeking to address the assumptions used in the calculations, changes in the first 6 months of the year, and any support needs and ongoing data issues.

### 5.2 C&D Hospital Discharge

Please use this section to enter updated demand and capacity related to Hospital Discharge in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. expected capacity and demand from your original planning template has been populated for reference. If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

In Capacity and Demand plans for 2023-24, areas were advised not to include capacity you would expect to spot purchase. This is in line with guidance on intermediate care, including the new Intermediate Care Framework. However, for this exercise we are collecting the number of packages of intermediate/short term care that you expect to spot purchase to meet demand for facilitated hospital discharge. This is being collected in a separate set of fields. You should therefore:

- record revised demand for hospital discharge by the type of support needed from row 30 onwards
- record current commissioned capacity by service type (not including spot purchasing) in cells K22 to O26
- record the amount of capacity you expect to spot purchase to meet demand in cells P22 to T26.

Spot purchased capacity should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

### 5.3 C&D Community

Please use this section to enter updated demand and capacity related to referrals from community sources in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. The same period's figures has been extracted from your planning template for reference.

If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

Data from assured BCF plans has been pre-populated in tabs 5.2 and 5.3. If these do not match with your final plan, please let your BCM and the national team know so that we can update our records and note the discrepancy in your response to question 1 on tab 5.1. Enter your current expected demand and capacity as normal in tabs 5.2 and 5.3.



HM Government



## Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

### 2. Cover

Version 3.0

#### Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Gateshead
Completed by:	John Costello on behalf of Gateshead Cares
E-mail:	<a href="mailto:johncostello@gateshead.gov.uk">johncostello@gateshead.gov.uk</a>
Contact number:	0191 4332065
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No
If no, please indicate when the report is expected to be signed off:	Fri 01/12/2023

<< Please enter using the format,  
DD/MM/YYYY

#### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

**Question Completion** - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes

5.2 C&D Hospital Discharge	Yes
5.3 C&D Community	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

## Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

### 3. National Conditions

Selected Health and Wellbeing Board:

Gateshead

Has the section 75 agreement for your BCF plan been finalised and signed off?	No
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	31/10/23

Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

#### Checklist

Complete:

Yes

Yes

Yes

Yes

# Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

## 4. Metrics

Selected Health and Wellbeing Board:

Gateshead

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

**Challenges and Support Needs** Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

**Achievements** Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4				
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	298.7	284.1	300.9	331.5	327.9	On track to meet target	Q1 data shows a rate above the planned levels although July data shows a marked reduction.	Q1 performance noted above target although July data shows that there has been a reduction in the rate of unplanned hospitalisation and using July data alone this would suggest that the Q2 plan would be
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.5%	93.5%	93.5%	93.5%	94.37%	On track to meet target	Although currently on track to meet the target, performance has remained fairly static over recent years and remains a challenge. Significant pressures remain in the system in relation to discharge.	Q1 performance was above target and this position has continued to July. The Council continues to prioritise services which support discharge, including reablement at home (PRIME) and bed based
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,416.7	543.7	On track to meet target	Community staff understand that the guidance around conveyancing for Falls is changing to enable more of these to be managed within the Community.Await changes to NICE guidance for further	Q1 performance is ahead of target and the July data suggests a continued downward trend. Utilisation of same day emergency care (SDEC) Rapid Response will deliver the Falls
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				781		On track to meet target	Our main challenge will come over the winter period and we will need partners to continue to hold the focus on home first and community based services, rather than defaulting to bed based services when there	The impact of the allocation of BCF funding to support home based reablement can clearly be seen in the improved metrics.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				89.0%		Not on track to meet target	Both the PICs of Southernwood and Eastwood have continued to predominantly accept many Hospital Discharge referrals of service users with higher levels of dependency (high levels of frailty and many	Within September 2023, the PRIME service has reverted back to its true Enablement model and accepted more community 'step up' referrals than HD referrals in the last 6 weeks. From this change of approach,

**Checklist**  
Complete:

Yes

Yes

Yes

Yes

Yes

## Better Care Fund 2023-24 Capacity & Demand Refresh

### 5. Capacity & Demand

Selected Health and Wellbeing Board:

Gateshead

#### 5.1 Assumptions

##### 1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?

CAPACITY - Plans were agreed in June 2023 to increase capacity for various services, but this depended on successful recruitment and retention. We are pleased to see an improvement in recruitment and retention and have most posts, therefore we have been able to increase the capacity figures previously stated. There are limitations to these figures, as whilst we have factored in normal sickness levels, this may change if we see challenges such as Covid/Flu resulting in a larger proportion of staff being absent. Lastly, the investment into Home Care markets following the additional MSIF for the LA, has resulted in an increased Capacity,

##### 2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g how have you accounted for demand over winter?)

###### Demand:

In developing our refreshed projections, we have retained the previously applied broad assumptions which were stated in our plan of no significant increase or impact in levels of Covid, winter pressures remaining, including increased demand for services and Flu pressures being similar to last year, therefore impacting on the acuity of patients and workforce capacity and provider fragility. However, as stated above, there has been some improvements in workforce retention and recruitment, which has allowed us to reduce the demand vs capacity deficits in some areas. As explained above, the refreshed demand over winter continues to

###### Capacity:

Capacity numbers have been reflected to show the positive changes to Recruitment and Retention for both short term provision as well as the long term Social Care Market. As we now have a better flow between the system, the average stay within short-term services has reduced allowing for more people to be supported. Length of stay in bed based services has also reduced which is enabling more people going back to home instead of remaining in long term residential care. Capacity in the community is now more reflective of the volume of patients being supported through Community Response teams, which can be better evidenced

##### 3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?

The overall changes has seen a positive change for Gateshead with a reduction in projected short-fall between demand and capacity of services being available. We now also have the option to spot purchase a small number of beds should we need them, but this may be limited due to the budget envelope available for the rest of 2023-24. MSIF has made a major difference as we are now seeing a more stable Home Care Market, but we are aware this could change with impact from other sectors, but at this stage we are planning assumptions that we are in a stronger position than this time last year.

##### 4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?

Not at this stage based on current projections and, as stated, we have a small allocation to spot purchase should it be needed. Our only major concern is the impact on the workforce if sickness levels increase due to Covid.

##### 5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).

Issues with regards data provided remain relatively consistent with our plan drafted earlier in the year. Case/patient management systems along with data reporting systems do not always align with the nature of the data.

##### 6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?

Our plans show we should have enough capacity to meet demand, however, for the small gaps we are relying on spot purchasing as already outlined. Hospital avoidance is already planned and we have focusses on communication to all partners to ensure referrals are made to services to avoid admission where possible. We also have a new Promoting Independence Centre due to open at the end of November 23 and should be operating at full capacity in January 24, giving and additional 10 beds of capacity to support hospital avoidance/discharge.

#### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and question & answer document

#### 5.1 Assumptions



The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or following the Market Sustainability and Improvement Fund announcement
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

#### 5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the demand and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populated from the previous template as well as calculating new refreshed figures as you complete the template below. **Negative figures show insufficient capacity and positive figures show that capacity exceeds demand.**

#### 5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed expectations of monthly demand for supported discharge by discharge pathway.

Data from the previous capacity and demand plans will be auto-populated, split by trust referral source. You will be able to enter your refreshed number of expected discharges from each trust alongside these. The first table may include some extra rows to allow for areas who are recording demand from a larger number of referral sources. If this does not apply to your area, please ignore the extra lines.

This section in the previous template asked for expected demand for rehabilitation and reablement as two separate figures. It was found that, by and large, this did not work well for areas so the prepopulated figures for these service types have been combined into one row. Please enter your refreshed expectations for rehabilitation and reablement as one total figure as well.

Virtual wards should not be included in intermediate care capacity because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list.

From the capacity and demand plans collected in June 2023, it emerged that some areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By social support, we are referring to lower level support provide outside of formal rehabilitation and reablement or domiciliary care. This is often provided by the voluntary and community sector. Demand estimates for this service type should only include discharges on Pathway 0 that require some level of commissioned low-level support and not all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 rather than defaulting to all Pathway 0 discharges.

#### 5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

The recently published Intermediate Care Framework sets out guidance on improving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF Capacity and Demand plans.

As with the 2023-24 template, please consider the below factors in determining the capacity calculation. Typically, this will be  $(\text{Caseload} \times \text{days in month} \times \text{max occupancy percentage}) / \text{average duration of service or length of stay}$ .

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

The template now asks for the amount of capacity you expect to secure through spot purchasing. This should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it may impact on people's outcomes and is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

### 5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. As with the previous template, referrals are not collected by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning Requirements.

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-populated into this section.

### 5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services. You should input the expected available capacity across health and social care for different service types. As with the hospital discharge sheet, data entered in the assured BCF plan template has been prepopulated for reference. You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on why the capacity and demand estimates for rehabilitation and reablement services is now being collected as one combined figure. Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload\*days in month\*max occupancy percentage)/average duration of service or length of stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

"Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services."

**Better Care Fund 2023-24 Capacity & Demand Refrresh**

## 5. Capacity & Demand

Selected Health and Wellbeing Board:	Gateshead
--------------------------------------	-----------

Gateshead
-----------

Hospital Discharge	Previous plan					Refreshed capacity surplus. Not including spot purchasing					Refreshed capacity surplus (including spot purchasing)				
Capacity - Demand (positive is Surplus)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	33	35	35	32	35	33	34	34	31	34	33	34	34	31	34
Reablement & Rehabilitation at home (pathway 1)	-12	-11	-12	-12	-11	6	7	6	6	7	6	7	6	6	7
Short term domiciliary care (pathway 1)	-3	-3	-3	-2	-3	0	0	0	1	0	0	0	0	1	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	-34	-10	-10	-10	-10	-15	-4	-4	-4	-4	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	0	0	0	0	0	-17	-18	-18	-17	-18	0	0	0	0	

Capacity - Hospital Discharge		Prepopulated from plan:					Refreshed planned capacity (not including spot purchased capacity)					Capacity that you expect to secure through spot purchasing capacity				
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	Monthly capacity. Number of new clients.	330	341	341	319	341	330	341	341	319	341	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new clients.	146	148	166	176	145	149	145	167	181	142	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new clients.	61	63	63	59	63	61	63	63	59	63	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new clients.	11	35	35	35	35	24	35	35	35	35	15	4	4	4	4
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new clients.	17	18	18	17	18	0	0	0	0	0	17	18	18	17	18

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### Checklist

Complete:

Yes

Yes
No

Yes
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Yes
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## Better Care Fund 2023-24 Capacity & Demand Refresh

### 5. Capacity & Demand

Selected Health and Wellbeing Board:

Gateshead

Community	Previous plan					Refreshed capacity surplus:				
Capacity - Demand (positive is Surplus)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	-67	-71	-68	-51	-57	110	114	113	101	105
Reablement & Rehabilitation at home	0	0	0	0	0	5	5	5	7	5
Reablement & Rehabilitation in a bedded setting	-8	-4	-2	0	0	1	2	2	3	2
Other short-term social care	0	0	0	0	0	0	0	0	0	0

Capacity - Community		Prepopulated from plan:					Please enter refreshed expected capacity:				
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly capacity. Number of new clients.	679	718	681	512	570	2016	2106	2086	1846	1926
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	266	253	293	295	302	371	353	404	405	414
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	3	12	12	12	12	11	15	15	15	15
Other short-term social care	Monthly capacity. Number of new clients.	5	5	5	5	5	3	3	3	3	3

Demand - Community		Prepopulated from plan:					Please enter refreshed expected no. of referrals:				
Service Type		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)		0	0	0	0	0	0	0	0	0	0
Urgent Community Response		746	789	749	563	627	1906	1992	1973	1745	1821
Reablement & Rehabilitation at home		266	253	293	295	302	366	348	399	398	409
Reablement & Rehabilitation in a bedded setting		11	16	14	12	12	10	13	13	12	13
Other short-term social care		5	5	5	5	5	3	3	3	3	3

#### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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