Gateshead Council

Public Document Pack

HEALTH AND WELLBEING BOARD AGENDA

Friday, 9 September 2016 at 10.00 am in the Whickham Room - Civic Centre

From the Acting Chief Executive, Mike Barker

Item	Business
1	**Apologies for Absence**
2	**Minutes** (Pages 3 - 12)
3	**Declarations of Interest**
	Items for Discussion
4	**Gateshead JNSA 2016 Update/Refresh and Needs Assessment of Particular Groups - Iain Miller & Other representatives** (Pages 13 - 44)
5	**HWB Forward Plan & Meetings Schedule 2016/17 - John Costello** (Pages 45 - 52)
6	**National Joint Review of Partnerships and Investment in VCS in Health & Care Sector - Sally Young** (Pages 53 - 66)
	Performance Management Items
7	**Better Care Fund: Quarter 1 Return for 2016/17 to NHS England - John Costello/All** (Pages 67 - 84)
	Items for Assurance
8	**Local Safeguarding Children Board Annual Report 2015/16 - Louise Gill** (Pages 85 - 146)
	Items for Information
9	**Updates from Board Members**
10	**GSP Review Verbal Update - John Costello**
11	**A.O.B**

Contact: Sonia Stewart; email; soniastewart@gateshead.gov.uk, Tel: 0191 433 3045,
Date: Thursday, 1 September 2016

This page is intentionally left blank

GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 15 July 2016

PRESENT

Councillor L Caffrey (Chair)	
J Green	Gateshead Council
M Graham	Gateshead Council
M McNestry	Gateshead Council
M Foy	Gateshead Council
D Ball	Healthwatch Gateshead
B Westwood	Federation of GP Practices
H Patterson	South Tyneside Foundation Trust
Alice Wiseman	Gateshead Council

IN ATTENDANCE:

Susan Watson	Gateshead NHS Foundation Trust
Joe Corrigan	Newcastle Gateshead CCG
Alison Dunn	Gateshead Citizens Advice Bureau
John Costello	Gateshead Council
Catherine Horne	Newcastle Gateshead CCG
Jan Thompson	Gateshead Council
Peter Wright	Gateshead Council
Adam Lindridge	Gateshead Council
Nicola Johnson	Gateshead Council
Joy Evans	Gateshead Council
Emma Gibson	Gateshead Council

HW49 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mark Dornan, Mark Adams, Emma Nunez, Councillor R Beadle, Elizabeth Saunders and Sally Young.

HW50a Minutes

RESOLVED - That the minutes of the meeting held on 10 June were agreed as a correct record, subject to it being noted that Emma Nunez had submitted her apologies and they were not recorded.

Matters Arising

Members of the Board were invited to attend a workshop on the Development of a 10 Year Plan for Tobacco Control. The workshop had a very disappointing turnout. It was noted that if we are going to create a vision for Gateshead we need to work together. The Chair advised the Board that she would ask Iain Miller, Public Health, to re-organise a meeting as we all need to work together to tackle the issues and achieve our ambitions.

At the last meeting we looked at the STP and the analysis of the gap in funding led to the discussion that leadership meetings need to take place. The Chair informed the Board that she had met with leaders of Newcastle and Gateshead Council and they did agree that we need to work more closely around key challenges, including public health and that a system leadership meeting is needed.

Chief Executives have been tasked with organising a meeting and this will be fed into the Health and Wellbeing Board. It was also noted that the Association of Directors of Social Care have put together a toolkit of integration of health and social care which it may be useful to look at.

HW51 ACTION LIST

RESOLVED - That the Action List incorporating actions from 10 June meeting be noted.

HW52 DECLARATIONS OF INTEREST

There were no declarations of interest.

HW53 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) AND WAITING TIMES FOR GATESHEAD

The Board received a presentation on Child and Adolescent Mental Health Services. The Board were informed that Newcastle and Gateshead Council are working collaboratively with the CCG. In February 2015 consultations were undertaken with professionals and key stakeholders. It had been identified that waiting lists nationally for Tier 2/3 treatments was 26 weeks. In Gateshead, waiting list times were 15 weeks and that has been brought down to 9 weeks. NTW has a target to receive 70% of children and achieved 86% of their target re: referrals.

The scope of the project was to look at Tier 2 and Tier 3 services and it was an opportunity to come together as partners to improve services.

A baseline was established and case for change transformation document was produced. Work is currently ongoing looking at the data. This led to the Expanding Minds/ Improving Lives Project with a listening exercise taking place involving children, young people and parents. Several consultation events took place involving schools and multi-agency partners. An online survey was also developed. There are still some focus groups taking place over the next few weeks.

The key messages (and National Policy) are telling us that we need to develop a model that:

- Is focused on prevention and early intervention
- Responds to the needs of children and young people
- Has clear routes to the right support at the right time in the right place
- Has a recovery focus
- Has a shared care approach - “No Bounce”
- Allows for ease of access and choice
- Provides appropriate escalation when necessary
- Has clear roles and responsibilities
- Has integrated working at its heart

Further work is to be undertaken to develop the model and by the end of August is it anticipated that a half day workshop will be held. Engagement with governing bodies is planned for September, with testing out of the model to take place between December and March. It is important that this is done over a phased approach.

RESOLVED - That the current position be noted and the Board receive further updates as required.

HW54 SUBSTANCE MISUSE STRATEGY FOR GATESHEAD

The views of the Health and Wellbeing Board were sought on the Draft Substance and Alcohol Misuse Strategy 2016-2021. Gateshead currently has the 7th highest rate of alcohol related admissions to hospital in England. Though recent figures show early indicators of a positive downward trend in recent years. However, despite this overall decrease the rate of admissions for women has increased by 30.3% since 2008/09.

For young people the rate of admissions for under 18s has decreased by 54% to 58.8 per 100,000, since the 2006/07 to 2008/09 period.

The Vision is to reduce the harms caused by substance misuse and make Gateshead, a safer and healthier place where less alcohol and no substances are consumed, and where:

- Recovery is visible, bringing about enduring change to local communities
- Substances are no longer a driver of crime and disorder
- Professionals are confident and well-equipped to challenge behaviour and support change
- There is a reduction in the health inequalities between socio-economic groups

As previously reported to the Board, there has been a spike in drug related deaths in recent years with 17 in 2015 and 15 deaths so far this year. The local figures however, do mirror the national trend.

This is the first combined strategy for several years. The strategy has joined these two issues due to the many similarities in the actions required to address this agenda. The joint approach is highlighted by the proposed shared aims and objectives below.

REDUCE DEMAND / PREVENTION ACROSS THE LIFE COURSE
Aim: to ensure that a coordinated 'whole family' approach is taken for initiatives working with children, young people, working age, older people, individuals, families and communities, protecting those most affected by substance misuse.

REDUCE SUPPLY PROTECTION AND RESPONSIBILITY
Aim: to ensure all sections of the trade promote responsible retailing to support a reduction in substance misuse-related harm. To mitigate the role of substance misuse in fuelling Crime, Anti-Social Behaviour, Violence and Domestic Abuse.

BUILD RECOVERY / HEALTH AND WELLBEING SERVICES
Aim: to ensure an evidence based 'health and wellbeing' focussed prevention, treatment and recovery approach is employed to address the needs to service users and their families experiencing alcohol related issues.

Despite the integrated strategy it is acknowledged that some distinctively different approaches are also required to address drug and alcohol harm. Alcohol required a population approach to address availability, acceptability and safer use. Substance misuse relates to a more specific client group and has a greater crime and disorder focus. This strategy therefore has two chapters, one for alcohol and one for drugs., to outline the specific work relating to each area.

The strategy also identifies the need for high level, strategic action. It is proposed that the work to address these objectives and actions is led by the Health and Wellbeing Board and the Community Safety Board and activity at both strategic and operational levels is reported at the Substance Misuse Strategy Group.

RESOLVED - (i) That the comments of the Board be noted.
(ii) That the Strategy be presented to the Community Safety Board and relevant portfolio holders for comments.

HW55 LIVE WELL GATESHEAD EVALUATION

The Board received a presentation on the evaluation of Live Well Gateshead. A researcher post was funded by Gateshead Council Public Health Team to undertake a qualitative evaluation of Live Well Gateshead, focusing on what works and for whom, identifying which elements of the LWG model are effective in improving Health and Wellbeing.

The underpinning principles of Live Well were that it fitted with the Council Plan, it was a mixture of group work and 1:1 work and it targeted the 35% of the most deprived communities.

The research identified areas which hinders access including, awareness of the programme, embarrassment and fear (lack of confidence), privacy and dignity and gender sensitivity.

The Live Well Gateshead project increased knowledge and skills including changes of habits and attitudes, it improved mental and physical health and physical activity, it reduced social isolation and increased connectivity and access to funding and resources; however, there was some fragmentation.

The evaluation has highlighted some recommendations, including:

- Make use of the evaluation findings
- Address gaps in monitoring data
- Overcome fragmentation in the model to ensure co-ordination
- Links with 'Achieving More Together' (AMT) / transformation agenda / adult social care model
- Use what we know works – collaboration

RESOLVED - That the presentation be noted.

HW56 PRIMARY CARE CO-COMMISSIONING UPDATE

A report was presented to the Board to provide a briefing on the next steps for primary care co-commissioning.

Primary care co-commissioning is one of a series of changes set out in the NHS Five Year Forward View. Co-commissioning aims to support the development of high quality integrated out of hospital services based around the needs of local people.

In November 2014 NHS England released 'Next Steps towards primary care co-commissioning' offering CCGs the opportunity to take on additional responsibilities for the commissioning of primary care services. There were three levels that CCGs could assume from 1 April 2015:

- Level 1: Greater CCG Involvement in NHS England decision making
- Level 2: Joint Decision Making (Joint Commissioning) by NHS England and CCGs
- Level 3: CCGs taking on delegated responsibilities from NHS England

Newcastle Gateshead CCG undertook a process by which member practices voted for their preferred option. The result of this vote was that the CCG would enter into Joint Decision Making with NHS England on 1 April 2015. Since then, the Joint Committee has been established and business is being conducted via that forum. A subsequent practice vote to move to level 3 was undertaken in October 2015. Member practices voted to remain at level 2.

The CCG Executive are now seeking to move to co-commissioning level 3 with a member practice vote by 20 September 2016 after a members meeting on 13 September. This will ensure sufficient time to engage member practices in the

process.

RESOLVED - That the comments of the Board be noted and further updates be made available as and when they are required.

HW57 HEALTH AND WELLBEING BOARD FORWARD PLAN AND MEETINGS SCHEDULE FOR 2016/17

The Board was presented with an initial draft Forward Plan and meetings schedule to steer the work of the Board during 2016/17.

The Health and Wellbeing Board is in its fourth year as a statutory Board. A draft forward plan has been developed to guide and shape the work of the Board during 2016/17. It reflects issues which have been identified by the Board to-date and relates to 5 key areas of focus:

- Strategy, policy development and commissioning intentions
- Transformation agenda, integration and ways of working
- Health and care service developments and reviews
- Performance Management
- Assurance Issues

An indicative timetable has been produced for these issues to come to the Board. It also sets out potential items for consideration which have not been slotted into the meetings schedule. These items are to be discussed with partners prior to the next meeting.

It is proposed by the September Board meeting to:

- Confirm the 'big issues' which should form the core of the Board's business during 2016/17, when they should come to the Board and the lead organisations
- Identify any preparatory work that will need to be undertaken and/or arrangements put in place to facilitate this

A final draft 2016/17 Forward plan and supporting timetable will then be brought to the Board for endorsement on 9 September.

RESOLVED - (i) That the comments of the Board be noted;
(ii) That the final draft Forward Plan 16/17 be brought to the Board on 9 September.

HW58 HEALTHWATCH GATESHEAD ANNUAL REPORT 2015/16 AND PRIORITIES FOR 2016/17

The Board received a presentation from Douglas Ball, Chair of Healthwatch Gateshead. He set out the vision and role of Healthwatch and how they give residents of Gateshead a voice by conducting research, asking for views, empowering communities, ~~and~~ providing information, undertaking consultations and

representation as well as working with partners.

Healthwatch Gateshead encourages residents to input their views, and seeks to create good relationship with partners and stakeholders in order to work with them to ensure better health outcomes for residents.

Healthwatch Gateshead have held some major consultation events and produced reports from these to highlight any issues raised.

The team are small but also carry out signposting activities, including volunteers programmes.

Some issues for residents include the number of consultations which are web based, as this can disenfranchise some people.

Gateshead Healthwatch future strategy is to:

- Continue to promote prevention
- Encourage commissioners and service providers to focus on the recipients
- Represent residents views/concerns
- Deliver agreed contractual obligations
- Work with the North East Commission for health and social care integration
- Work with Joint Integrated Care Programme Board to try and make the Sustainable Transformation Plan less institutional based
- Promote wellbeing and self-responsibility

Healthwatch have some plans for future research to look at:

- Housing and its impact on health and wellbeing
- Issues around hospital discharge and social care provision
- End of life practices in hospitals and care homes
- Barriers to improving the health of children

RESOLVED - (i) That the presentation be noted.
(ii) That Healthwatch Gateshead bring back to the Board a more detailed forward/business plan for 2016/17.

HW59 PERFORMANCE REPORT FOR HEALTH AND CARE SYSTEM

The Board received an update report on performance within health and social care to enable the Health and Wellbeing Board to gain an overview of the current system and to provide appropriate scrutiny.

An initial Performance Report was considered by the Board on 17 July 2015. That report proposed a suite of indicators to form the basis for a Performance Management Framework for consideration by the Health and Wellbeing Board on a regular basis.

Because of the diverse range of indicators included in the Framework, the frequency with which metrics are updated varies. The report included the latest available data for each indicator.

The Board should be re-assured that where there are areas which are showing as under-performing, there are plans in place to address this.

RESOLVED- That the information contained within the report be noted.

HW60 UPDATES FROM BOARD MEMBERS

It was noted that there has been a decision regarding the outcome of the Deciding Together consultation, there will be in-patient beds in Newcastle which is a good outcome as opposed to patients and their families having to travel to Morpeth or Sunderland.

HW61 ANY OTHER BUSINESS

Congratulations were given to John Costello and all of those who have worked on the BCF.

HW62 DATE AND TIME OF NEXT MEETING

The next meeting will take place on Friday 9 September 2016 at 10am.

Item 2b

GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from 15th July 2016 meeting of the HWB			
Gateshead Substance Misuse Strategy	That the Strategy be presented to the Community Safety Board and relevant portfolio holders for comments.	Alice Wiseman/ Adam Lindridge	On-going
Primary Care Co-commissioning – Next Steps	That further updates be brought to the Board as required.	Joe Corrigan	To feed into the Board's Forward Plan
Draft 2016/17 Forward Plan & Meetings Schedule for the HWB	That an updated Forward Plan be brought back to the September Board meeting.	John Costello/All	On agenda of September Board meeting
Healthwatch Gateshead Annual Report 2015/16 and Priorities for 2016/17	That Healthwatch Gateshead bring back to the Board a more detailed forward/business plan for 2016/17.	Douglas Ball	To feed into the Board's Forward Plan
Matters Arising from 10th June 2016 meeting of the HWB			
Smoking Still Kills	A 10 Year Tobacco Control Delivery Plan to be brought to the Board.	Iain Miller	To feed into the Board's Forward Plan
Drug Related Deaths in Gateshead	A report to go to the Adults Safeguarding Board An update report to be brought to the December Board	Alice Wiseman	Actioned To feed into the Board's Forward Plan

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
	meeting.		
Learning Disability Joint Health & Social Care Self-Assessment Framework	A report to be brought back to the Board when the Learning Disability Partnership Board has set its objectives for the coming year.	Lisa Phillipskirk	On September 2016 Board Agenda
Matters Arising from 22nd April 2016 meeting of the HWB			
Social Prescribing in Gateshead: Update and Next Steps	That a joint report with the CCG be brought to the Board.	Alice Wiseman/ CCG	To feed into the Board's Forward Plan
Personal Health Budgets	Further updates on Personal Health budgets to be brought to the Board as necessary.	Julia Young/Gail Bravant	To feed into the Board's Forward Plan

Item 4

HEALTH AND WELLBEING BOARD
9 September 2016

TITLE OF REPORT: **Gateshead Joint Strategic Needs Assessment (JSNA) Update/ Refresh**

Purpose of the Report

1 To update the Health and Wellbeing Board (HWB) on progress made in the development of the Gateshead Joint Strategic Needs Assessment (JSNA) and seek the views of the Board on priority areas for the JSNA based on progress on the 10 priorities set in May 2015.

Background

2 Guidance[1], developed as a result of the Health and Social Care Act (2012), highlighted the 'equal and joint' duty of the Clinical Commissioning Group (CCG) and Local Authorities, in preparing the JSNA. The guidance also endorses the JSNA's key role in informing joint health and wellbeing strategies, to be developed by Health and Wellbeing Boards.

3 The Joint Strategic Needs Assessment (JSNA) is the process and document(s) through which local authorities, the NHS, service users and the community and voluntary sector research and agrees a comprehensive picture of health and wellbeing needs and helps guide commissioning decisions in the locality.

4 A multi-agency steering group continues to oversee the development of this work-stream thus enabling the HWB to discharge its duties outlined under the Health and Social Care Act 2012.

5 This briefing paper to Gateshead HWB will update on progress over the past financial year (2015 – 2016) and explore progress against the forward direction as outlined in a paper to Gateshead HWB in May 2015 "Joint Strategic Needs Assessment 2015: Prioritisation of Need in Gateshead". There will be particular reference to the use of intelligence and evidence, enabling an 'intelligence offer' to help shape future health and social care services, incorporating the wider determinants of health.

[1] DH (2013) 'Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. Published online at: http://healthandcare.dh.gov.uk/jsnas-jhwss-guidance-published/

Work to date - Developments during 2015 / 2016

Intelligence Offer

6 One of the key issues discussed in the report to the HWB in May 2015 concerned how to maximise the effectiveness of intelligence gathered for the JSNA. This considered:

6.1 How the information is stored and retrieved, presented, communicated and translated for different audiences.

6.2 How to ensure information from other sources (e.g. voluntary sector) is fed into the JSNA and informs the identification of priorities.

6.3 How to ensure the community voice is considered and influences priorities.

7 Part of developing the Intelligence offer has been work on a number of Health Needs Assessments (HNA), including:

- Homeless HNA, looking at those with multiple and complex needs through the lens of homelessness.
- HNA of Black and Minority Ethnic Communities.

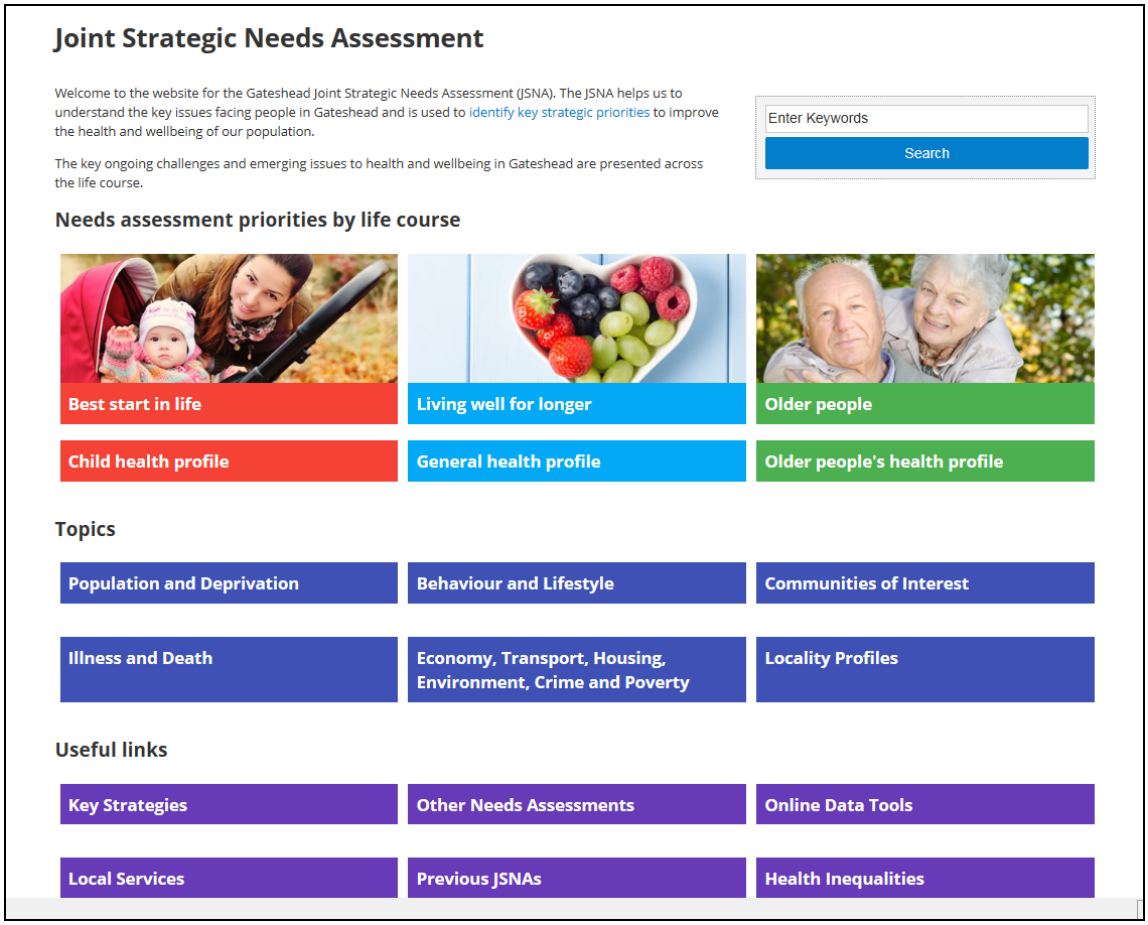
Presentations on these HNAs will be given to the HWB as part of this meeting. These follow the recent HNA's on Ex-Service Community and Suicide Prevention; a piece of work on Carers is also being conducted to feed into the Carers review.

Development of new JSNA web pages

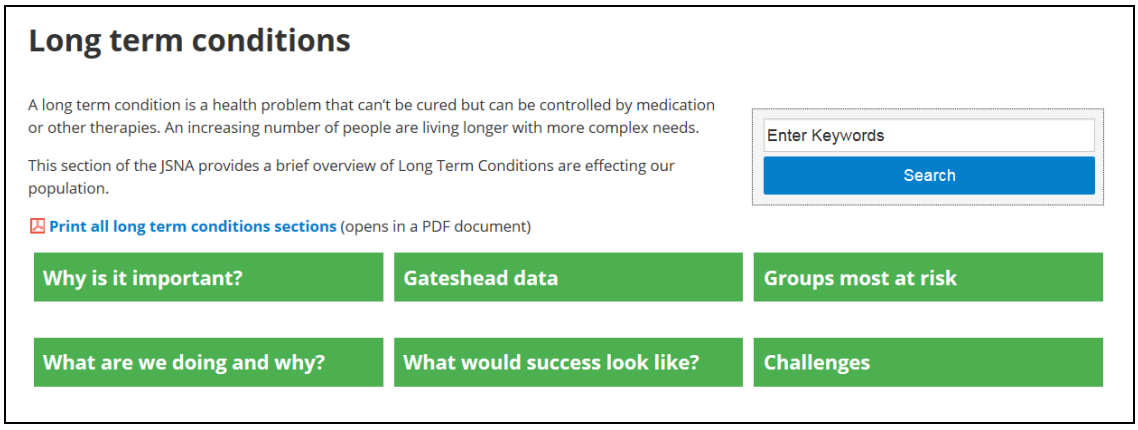
8 The JSNA web pages have been totally redesigned to improve access to the intelligence (data, information and analytical narrative) used to assess health and wellbeing needs in Gateshead.

9 The web pages present the assembled intelligence by topic area. This includes contextual information about population and deprivation, together with detailed information about illness, life expectancy, causes of death and lifestyle behaviours. There is also a strong focus on the wider determinants of health, including the economy, transport, housing, environment, crime and poverty, as well as designated communities of interest.

10 The JSNA web pages are fully searchable using keywords to enable information to be retrieved easily from across different sections. Headline data is presented for all topic areas and links have been embedded to online data maintained in Public Health England's 'fingertips' tool. This enables benchmarking against other areas and analysis of trends.



11 Expert authors either volunteer or are nominated by their managers to create the narrative for identified topic areas. The narrative incorporates six sections (shown below), which forms the basis for a consistent approach to the assessment of needs.



12 Guidance for expert authors was prepared and circulated in 2015 by the Public Health Programme Lead responsible for the JSNA. Expert authors for some topics still need to review content and advise on any new data/evidence that needs to be added.

13 Ten strategic priorities were identified in JSNA 2015 taking into account:

- the severity and scale of the issue
- how it impacts on Gateshead

- an understanding of what can be changed through local action and how that action is related to other issues (impact) and
- having a strong evidence base for action (see Appendix 1)

These were agreed by the HWB and are grouped by life course as follows:

Best start in life
- Education and skills
- Emotional health and wellbeing
- Starting and staying healthy and safe

Living well for longer
- Economic factors
- Mental health and wellbeing
- Tobacco control and smoking
- Alcohol misuse
- Healthy weight and physical activity

Older people
- Frailty
- Long term conditions
- Mental health and wellbeing

14 These priorities have been reviewed for the updated JSNA and remain relevant to the work of the HWB.

JSNA Website usage statistics

15 Google analytics have been used to analyse usage statistics of the JSNA web pages for the 9 month period from November 2015 to July 2016. Some of the key points are:

- 19,310 page views or hits and 11,356 unique sessions
- Average of 70 page views per day and 41 unique sessions
- 51% of page views from users within the council (49% external)
- 46% of unique sessions from users within the council (54% external)
- Only 4% of users view the JSNA using a mobile device (57% for the Council website as a whole).
- Only 1 in 3 visitors to the site go in via the JSNA homepage. This would indicate that people are either aware how to get to the area of the site they are interested in or searching via web browser and landing on specific pages.
- The most popular section within the detailed narrative topics are ‘Gateshead Data’, ‘Groups most at risk’ and ‘What are we doing about it and why’
- The ‘Why is it important’, ‘What would success look like’ and ‘Challenges’ sections attract much fewer views.
- The needs assessment priorities narrative sections aren’t as popular as the other topic or data sections – this may reflect the way people use the JSNA as a resource to find specific data

- The Communities of Interest topic is the most popular with 698 hits, closely followed by the Illness and Death topic with 673 hits

Third sector involvement – bringing Community users voices to the JSNA

16 In parallel to the work of the JSNA steering group a third sector forum was established with the aim of bringing together the input of the third sector into the JSNA, and to begin to engage community voices. This group will contribute to the JSNA in a range of ways, including developing qualitative "life story" information in order to feed into the JSNA process.

17 Work is underway with three key VCS providers and a summary of progress is shown below.

- User-led outreach consultation with the **Gateshead learning disability community** was completed in June 2016. During the consultation the Involvement Now team (5 volunteers with learning disabilities) were supported to consult with a wide range of people with learning disabilities in Gateshead, including younger people, those with more profound learning disabilities, and those who are not in receipt of a health and social care budget. They explored; what issues are most important to people? What makes a happy and healthy life for people with learning disabilities? What makes it hard for people to have this sort of life? What helps? and What needs to change?

  This has been facilitated by accessible user-led workshops, using roleplay and case studies to explore issues, using a range of methods to gather people's views and capture people's personal stories, including film and easy-read case histories.

- **Gateshead Older People's Assembly** is bringing a user voice to the JSNA, exploring what it's like growing older in Gateshead. The group used a range of ways of chronicling information, including video, images and diaries. This video, images, diaries or other medium can be uploaded to the JSNA under any section that discusses older people's issues. This work was completed in June 2016.

- **Gateshead Carers Creative Writing.** Work is being undertaken with group of Carers supporting someone affected by substance misuse. They are exploring what substance abuse is all about and what the group's opinions are on the causes and the effects. Workshops were facilitated using one-to-one and group sessions. They have covered specific areas to enable the group to tell their individual stories via diary entries, peer-to-peer interviews and Letter writing.

  The outcome of the workshops are being developed into a brochure and will be included on Gateshead Carers website, used for blogs or developed into a book.

Next steps

18 There was a good level of engagement at the Steering Group meeting on 14 April 2016. Continuing support from all HWB partners is essential to ensure that the JSNA remains a relevant and current tool, providing a comprehensive understanding of needs for those involved in securing and improving the health and wellbeing of the Gateshead population.

19 Through 2015/16, the Council's plans for the future have begun to focus more on a shift towards shared responsibility with communities and partners, and developing solutions within local communities, through the 'Achieving More Together' programme. This values the capacity, skills, knowledge, connections and potential across the whole community and partners, with a changing role for the Council, and is sometimes described as an "asset-based" approach. However, we recognise that the JSNA does not yet provide intelligence that can support this.

20 Taking this forward the next steps for the Steering Group will be:

- To review and update the 'expert authors' list. The Steering Group will contact partners as necessary to ensure the list is up to date and complete, and to secure the outstanding updates required;
- To build on the qualitative work undertaken by a range of voluntary sector providers, in order to bring additional richness to the JSNA;
- To consider how to integrate intelligence on Gateshead's assets into the JSNA in line with "Achieving More Together"; and
- To keep the topic areas covered by the JSNA under review.

Recommendations

21 : It is recommended that the HWB Board:

- Note the progress on the continuing development of the JSNA;
- Note and support the planned next steps in developing the JSNA;
- Agree to retain the existing strategic priorities for September 2016 onwards; and
- Receive an update report in September 2017.

Contact: Alice Wiseman, Director of Public Health. Telephone (0191) 4332777
alicewiseman@gateshead.gov.uk

Evidence and rationale for prioritisation

A. Best Start in Life

Education and skills

1. The JSNA recognises the need for education and skills to be viewed across the life course, underpinning the future life chances of each individual. A high percentage of young people and adults who are out of work in Gateshead lack basic employment skills. These include a lack of motivation, self-confidence, communication and interpersonal skills and employability skills.

2. Educational inequality starts early, before a child even starts school. Figures show a one year gap in 'school readiness' between 3-year-olds, and a 15 month gap in vocabulary development between 5-year-olds, in the richest and poorest families.[2]

3. Although young people in Gateshead are below the national average when entering primary school, the progress they make throughout the school system, both primary and secondary, means that they outperform the national average when they leave school. This is demonstrated by the fact that 58.1% of pupils achieve 5 or more A*-C grade GCSEs or equivalent including English and Maths, above the national average of 53.8%.[3]

4. However, there are still too many young people progressing to post-16 without the necessary standards in Maths and English. This is particularly the case amongst vulnerable learners.

5. In the last few years the number of children with a statement of Special Educational Needs (SEN)/ Educational Health & Care (EHC) Plan has increased and was 891 in 2016[4]. This is similar to the national and regional average.

6. The percentage of pupils with SEN but without a statement has steadily decreased and now stands at 3,496.[4] This is similar to the national but lower than the regional average.

7. There is a growth trend in Gateshead in the following categories of need (children and young people with either a statement/EHC Plan or at School Action Plus):

    - Autistic Spectrum Disorder
    - Speech, Language and Communications Needs (whole school and primary mainstream)
    - Behaviour, Emotional and Social Difficulties (whole school population and primary mainstream)

[2] www.teachfirst.org.uk/why-we-exist/what-educational-inequality
[3] School Performance tables, DfE 2014/15 (DfE KS4 School Performance Tables website)
[4] Special Educational Needs in England, DfE, Jan 2016 (GOV.uk website)

There is a downward trend in the category of Moderate Learning Difficulty.

8. Gateshead adults are performing similar to the national average in terms of attainment of level 2 qualifications. However, only 53.3% of Gateshead adults attained level 3 qualifications compared to 57.4% nationally and 32.3% attained level 4 compared with 37.1% nationally[5].

9. The local economy is continuing to undergo a number of challenges, one being unemployment in young people. Post 16 learning and training is an important stepping stone into the world of work. We need to ensure that the skills developed, the choices made, and the pathways followed are realistic and effective at preparing young people for an increasingly competitive jobs market. Progress is being made as the number of young people completing apprenticeships is increasing - since 2013 Gateshead (8% of 16-18 year olds in 2015) has moved ahead of the national average (4.9%).

10. It is also recognised that people are now working into their older age and that many need to reskill to be able to compete in a changing workplace. In particular there is a need to build digital skills in older people as communication methods are changing.

11. The JSNA focus on the need for education and skills across the life course is as much about securing the individuals economic future as it is about building the Gateshead community and links strongly into economic wellbeing.

Emotional Health and Wellbeing

12. Giving every child the best start in life is crucial to reducing health inequalities across the life course. Research shows that emotional wellbeing in childhood and young adulthood is one of the most important factors in predicting whether an individual will be socially mobile and experience good mental health in later life' .

13. Children who live in poverty are significantly more likely to experience poor mental as well as physical health. Living in poverty can make it difficult for children to sleep and eat well, which in turn makes it difficult for them to concentrate at school. Research found that children in poor households are three times as likely to have mental health problems as children in well-off households[6].

14. Good emotional health is the result of who we are and what happens to us in our lives. For children, this may be impacted on by poor attachment, poor parenting, traumatic experiences, physical ill health or negative environment. Children have different levels of resilience. Risk factors limiting resilience are:

    • Parental death, illness or mental illness
    • Repeated early separation from parents

[5] Adult Skills, Annual Population Survey, ONS 2015 (NOMIS website)
[6] Meltzer, H et al (2000) The Mental Health of Children and Adolescents in Great Britain

- Overly harsh or inadequate parenting, abuse or neglect
- Parental criminality
- Parental job loss and unemployment.
- Discrimination on grounds of ethnicity, race, gender, sexuality or disability

15. There are specific groups of children who may be more vulnerable and in need of safeguarding, such as looked after children, young Carers and children in poverty, and these children may have needs across more than one of these areas.

16. The emotional health and wellbeing of young people is fundamentally linked to child poverty and the economic factors which impact on their family. We know that positive emotional health builds resilience and helps to secure a young persons future health.

Starting and staying healthy and safe

17. From the moment of conception, through to birth and the first year of life every aspect of a baby's environment influences its physical, emotional and social development. The importance of the first 1001 days has been clearly highlighted. [7]

18. Lifestyle choices at an early age are a good predictor of lifestyle choices later in life. It is very important that young children are encouraged and supported to lead active lifestyles, built into their daily lives, and that this continues across the life course. Gateshead continues to face challenges around obesity, healthy eating, low physical activity, sexual health and risky behaviour in some young people. The needs of our most vulnerable children and young people warrant particular attention.

    Levels of early years development is improving, with 63.7% of children achieving a good level of development at age five, this is just below the national average of 66.3%. For children who receive free school meals, 49.5% achieved a good level of development. The gap to the national average (51.2%) has narrowed significantly in recent years[8].

19. The JSNA recognises the ongoing need to prioritise child health and work with parents and families to improve health outcomes and reduce inequalities. Child poverty is a recurring issue and links into other priority topics such as economic factors, lifestyle choices and adult mental health and wellbeing.

[7] http://www.1001criticaldays.co.uk/buildinggreatbritonsreport.pdfc
[8] Early Years Foundation Stage Profile, DfE 2014/15 (PHOF website)

B. Living Well For Longer

Economic Factors

20. The UK is experiencing radical welfare reform amid a period of recession and austerity. There are concerns about the impact this may be having on the physical and mental health of vulnerable people.

21. Gateshead is the 73rd most deprived local authority in England, out of 326 local authorities. 23,571 (12%) people in Gateshead live in one of the 10% most deprived areas of England. 49,790 (25%) live in the 20% most deprived areas.

22. The most recent data on local levels of child poverty available is from 2013, when there were 8,195 or 20.5% of children in Gateshead in poverty; this was significantly higher than the England average of 18%. The North East average was 22.2%.[9] The JSNA workshops in 2015 identified that there is a strong perception that poverty has increased in recent years due to the austerity measures and welfare reform. There is a concern that the increase in zero hours and part time contracts (in work poor) is having a negative impact on Gateshead families. The Income Deprivation Affecting Children Index (IDACI) ranks Gateshead as 78th out of 326 local authorities in England. 28% (9,991) of dependent children aged 0-15 live within one of the 20% most deprived areas in England in terms of IDACI[10].

23. Economic wellbeing is the priority need for a large number of people in Gateshead, there is a strong association between wealth and health. People on low incomes are more likely to experience poor health compared to those on higher incomes, and research shows that a range of conditions have a strong relationship with deprivation, including: chronic respiratory disease, and alcohol related conditions, diabetes, heart disease and mental illness. [11] The reasons for these relationships are complex and linked to wider societal issues such as employment type and status, housing, transport, education, and access to health services. The number of claimants receiving Jobseekers Allowance has more than halved in the last four years and is now 2,660. However, there are still a further 10,450 residents claiming Employment Support Allowance or Incapacity Benefit, with another 1,420 claiming Disability benefits[12].

24. The Gateshead Local Economic Assessment 2014 demonstrates the need to prioritise economic wellbeing. The issue is not just about employment and income but extends to our ageing population, the changing skills required of our future workforce, the number of people with long term conditions who cannot access suitable employment, the impact of zero hours contracts, transport and access issues and the need to attract business and cultural investment into Gateshead to improve the economic outlook for the whole population.

[9] Personal Tax Credits Related Statistics, Children in Low-Income Families Local Measure HMRC 2013 (PHOF website)
[10] Income Deprivation Affecting Children Index (IDACI), DCLG 2015
[11] Health inequalities and determinants in the physical urban environment: Evidence briefing.
Marcus Grant, Caroline Bird and Penny Marno, March 2012.
[12] DWP Benefit Claimants Feb 2016 (NOMIS website).

Mental Health and wellbeing

25. As already identified our mental health and wellbeing is fundamentally linked to our socio economic position. The benefits of positive mental health and well-being are wide ranging and significant both for individuals and for society as a whole. Positive mental health is associated with an increase in life expectancy, improved quality of life, improved physical outcomes, improved education attainment, increased economic participation, and positive social relationships.[13]

26. Mental ill health represents up to 23% of the total burden of ill health, and is the single largest cause of disability in the UK. It covers a wide range of conditions such as depression, anxiety disorders and obsessive compulsive disorders, through to more severe conditions like schizophrenia. The cost of mental ill health to the economy in England have been estimated at £105 billion (of which 30 billion is work related), and is the single largest area of spend in the NHS, accounting for 11 per cent of the NHS secondary health care budget. It is predicted that treatment costs will double in the next 20 years.[14]

27. Just over 7% of people in the NewcastleGateshead CCG area had a diagnosis of depression in 2014/15.[15] In 2012 it was estimated that in Gateshead there were 22,447 people with a generalised anxiety disorder or mixed depression and anxiety disorder.[16]

28. The NewcastleGateshead CCG area has a very high rate of antidepressant prescribing compared both with the England average and with areas of similar deprivation and characteristics.[17]

29. The Improving Access to Psychological Therapies (IAPT) programme offers evidence based interventions to treat people with depression and anxiety disorders. In Gateshead only 39.1% of people who are engaged with IAPT are recorded as moving to recovery at the end of their treatment, this is significantly lower that the England value of 45.9%.[18] Local people are also experiencing delays in accessing services

30. Both the rate of emergency psychiatric admissions and the rate of admissions for self-harm are significantly higher in Gateshead than in England overall.[19]

31. The groups with a greater risk of developing mental health problems in Gateshead include people from BME communities, children from troubled families, carers, offenders, those who have been subjected to sexual assault or domestic abuse, the homeless, asylum seekers and some veterans and their family members.

[13] Royal College of Psychiatrists (2010) No Health without public mental health: The case for action.
[14] Department of Health (2011) No health without mental health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages.
[15] HSCIC. Compendium of population health indicators. Quality Outcomes Framework (QMAS Database). Prevalence: depression, 2014/15.
[16] PHE. Common Mental Health Disorders (estimated prevalence), 2012.
[17] PHE Community Mental Health Profiles, 2014/15.
[18] Community Mental Health Profile 2014.
[19] North East Commissioning Support (NECS). Provider data, 2013/14.

32. The JSNA recognises the need to prioritise mental health and wellbeing for our population and its link to health inequalities in Gateshead.

Tobacco Control and Smoking

33. It is estimated that 18.3% of Gateshead's adult population smoke. This increases to 25.6% for those adults in routine and manual occupations.[20] There is a general downward trend in smoking prevalence.

34. Smoking is the single largest cause of preventable mortality in England. Approximately 8.5 million people in England smoke and about half of all long-term smokers will die from smoking with half of those in middle age. Tobacco use is one of the Government's most significant public health challenges and causes over 80,000 premature deaths in England each year, of which 463 will be in Gateshead.[21]

35. Smoking is estimated to cost the NHS in England £2.7 billion a year and £13.7 billion in wider costs to society through sickness, absenteeism, the cost to the economy, social care, environmental pollution and smoking-related fires.[22] This burden impacts on every GP surgery and hospital, every local authority and every family whether they smoke or not.

36. Over a quarter of all cancer deaths can be attributed to smoking. These include cancer of the lung, mouth, lip, throat, bladder, kidney, stomach and liver.[23]

37. Chronic obstructive pulmonary disease (COPD) is the second most common cause of emergency admission to hospital and one of the most costly diseases in terms of acute hospital care.[24] This is primarily a 'smokers' disease.

38. Parents who smoke in front of their children significantly increase their child's risk of disease and ill-health through passive smoking and also increase the potential risk of the child becoming a smoker themselves.

39. The JSNA recognises the continued need to focus on tobacco control and smoking due to its health and economic impact on Gateshead.

Alcohol Misuse

40. Harmful use of alcohol results in 3.3 million deaths each year worldwide and affects not only the physical and psychological health of the drinker but the health and well-being of people around them. [25].

[20] Annual Population Survey 2015 (PHOF website)
[21] Gateshead Health Profile. PHE. 2014
[22] http://www.ash.org.uk/files/documents/ASH_774.pdf
[23] Smoking Statistics ASH June 2016
[24] NHS Information Centre - Hospital Episode Statistics & QMAS database, 2010/11. (PHE North East England Respiratory Profile: Gateshead CCG
[25] World Health Organisation, February 2011, Alcohol Fact sheet available at: http://www.who.int/mediacentre/factsheets/fs349/en/index.html

41. The harmful use of alcohol is a causal factor in more than 200 disease and injury conditions including alcohol use disorders and epilepsy, cardiovascular diseases, cirrhosis of the liver and various cancers. Other issues associated with alcohol are violence, child neglect and abuse and absenteeism in the workplace[26].

42. Harmful alcohol consumption causes death and disability relatively early in life. Approximately a quarter of deaths worldwide in those aged 20-39 years are alcohol-attributable. [26]

43. The (age-standardised) rate of alcohol-related hospital admissions in Gateshead is 927 per 100,000 population (DSR). This is significantly higher than both the regional average (830) and the England average (641). The general trend in alcohol related hospital admissions is up. [27]

44. Liver disease is the only major cause of mortality and morbidity that is increasing in England (including in Gateshead), whereas it is decreasing in many European neighbours. Major causes include obesity, undiagnosed hepatitis infection and harmful alcohol use. [28] Between 2012 and 2014 there were 135 deaths from liver disease among people aged under 75 in Gateshead, with 9 in 10 considered to be preventable.[29]

45. There is a causal relationship between harmful use of alcohol and a range of mental and behavioural disorders, other non-communicable conditions, injuries, incidence of infectious diseases such as tuberculosis as well as the course of HIV/AIDS.[26]

46. The JSNA is prioritising alcohol, not only due to its link with so many negative health consequences but because the harmful use of alcohol also brings significant social and economic losses to individuals and society at large.

Healthy weight and physical activity

47. Maintaining a healthy weight and being physically active on a regular basis both have positive effects on physical and mental health and life expectancy. These effects are achieved mainly through the prevention of premature mortality and/or disability due to preventable disease and improving an individual's sense of purpose and feeling of happiness.

48. The impacts of healthy weight and physical activity are so great that the World Health Organisation (WHO) currently ranks physical inactivity and obesity as the fourth and fifth leading risk factors for global mortality[30]. Globally, physical activity is becoming a

[26] World Health Organisation, February 2011, Alcohol Fact sheet available at: http://www.who.int/mediacentre/factsheets/fs349/en/index.html
[27] Hospital Episode Statistics, HSCIC, 2014/15 (Local Alcohol Profiles for England website)
[28] Alcohol Cancer - Statistics on alcohol (alcoholconcern.org.uk website
[29] HSCIC, Under 75 mortality from liver disease - all and preventable, 2012-14 (PHOF website)
[30] World Health Organisation Fact Sheets 2009

priority as a method of health improvement and disease prevention and models of social prescription are being adopted by GPs and health professionals.[31]

49. Healthy weight and physical activity amongst adults also affects the health of children and wider family. Children are likely to inherit the health behaviours of their parents in relation to food and physical activity.

50. In Gateshead 68.9% of adults are obese or overweight according to survey data.[32] A wide range of health conditions may result from being overweight or obese; these include heart disease, diabetes, hypertension, breast and prostate cancer, arthritis, physical disabilities, stress, anxiety and depression.

51. Local survey data highlights wide variations of adult obesity across Gateshead with the highest levels in the most deprived wards. For example in the most deprived areas of Gateshead the proportion of obese adults is almost double that in the least deprived areas.[33]There were also variations across age groups, with highest levels of obesity in those aged 55 to 64 and lowest levels among 18 to 24 year olds.

52. Of children attending Gateshead schools, 23.1% of 4-5 year olds and 34.0% of 10-11 year olds were classified as overweight or obese (excess weight). [34] This compares to the England averages of 21.9% and 33.2% respectively. A high percentage of those children are likely to become obese and overweight adults unless they can access sufficient support to make lifestyle changes for themselves and their families.

53. It is recognized that by encouraging our population to become more physically active there are a range of mental and physical health benefits. By encouraging individuals to make active travel choices i.e. walking, cycling or using mass transport options, we may also benefit from reduced traffic congestion and improvements in air pollution.

54. The JSNA is prioritising healthy weight and physical activity as it will have an impact across a range of health and social / economic factors.

C. Older People

Frailty

55. The population of Gateshead (around 201,000 people) experiences wide variations in health outcomes across different groups and communities. The Gateshead

[31] Halpin HA, Morales-Suárez-Varela MM, Martin-Moreno JM. Chronic disease prevention and the New Public Health. Public Health Reviews 2010;32:120-154.
[32] Active People Survey, Sport England, 2012-14 (Health Profiles website)
[33] SoTW Healthy Lifestyle Survey, 2012
[34] NCMP, HSCIC, 2014/15 (PHOF website)

population is ageing and by 2039 there will be an additional 14,400 people aged 65 years or older in Gateshead, an increase of 38%.[35]

56. Much of the debate about our ageing society has focused on the costs of ageing in respect of pensions, healthcare, welfare payments or social care. This has reinforced the idea that as people get older, they become more of a burden or drain on society and the cost of supporting them outweighs the financial and social contribution they make to our community.[36]

57. Research shows that older people make a positive contribution to the UK economy and as the number of people over 65 increases and people remain healthier for longer, opportunities to make a positive contribution through work or volunteering are growing.[36] This is demonstrated by the Gateshead commitment to community capacity building and its engagement with older people.

58. The key challenges facing older people in Gateshead are outlined in the Gateshead Strategy for Older People 2014-2017. The themed work in the strategy focuses on promoting wellbeing and helping people to stay healthy and engaged.

59. Social isolation is associated with poor physical, mental and emotional health including increased rates of cardio-vascular disease, hypertension, cognitive decline and dementia. Individuals who are socially isolated are between two and five times more likely to die prematurely than those who have strong social ties. [37] The risk of social isolation increases with age.

60. People with stronger social networks are more likely to be healthier and happier. Those with weaker social networks can become isolated, and as a result, more likely to suffer from malnutrition, have an increased risk of hospital admission, and require more support and intervention from the local health and care services.

61. After adjusting for age, the rate of emergency admissions for injuries due to falls in people 65 years of age or older is significantly higher in Gateshead than in England overall.[38] It is predicted that there will be a 40% increase in the number of people affected by falls and the number of hospital admissions for falls in 2030.[39]

62. The rate of hip fractures in people 65 years of age or older is significantly higher than the England average; there were 259 admissions for hip fracture in this age group in 2014/15.[40]

63. The JSNA is prioritising the needs of older people because they are a large section of the population and have much to offer our future community health and wellbeing. A focus on housing, community, transport, education and skills and access to safe and good quality health and social care services will help to reduce social isolation

[35] ONS Mid-Year Population Estimates (2015) and ONS 2014-based Sub-National Population Projections (ONS website)
[36] Valuing the Socio-Economic Contribution of Older People in the UK March 2011
[37] Marmot M (2010), Fair Society, Healthy Lives. The Marmot Review.
[38] HES/ONS, 2014/15 (PHOF website)
[39] Projecting Older People Population Information System 2014 (POPPI website)
[40] HES/ONS, 2014/15 (PHOF website)

and increase opportunities for older people. There is recognition of the need to focus on residents' capabilities, not their dependencies, and a commitment to prolonging independent living as they age.

Long term conditions

64. Around 1 in 4 people in Gateshead have one or more long term conditions.[41] People with long term conditions account for about 70% of the total health and care budget in England, equating to £7 out of every £10 spent. [42]

65. We are seeing an increasing number of individuals with multiple and complex needs, who are being identified earlier, at the same time as our population is becoming older.

66. Gateshead has a higher than average number of unplanned admissions into hospitals and care homes and there is an identified over reliance on hospital care.[43] The rate of presentations at primary and secondary care services is putting pressure on the health and social care system with associated risks to patients, staff and Carers.

67. Of the 52,679 people with a long term condition in Gateshead, 8,274 have three or more long term conditions[41]. The risk of an unplanned hospital or social care admission increases if an individual has more than one long term condition.

68. Early intervention and effective care management for those with long term conditions can prevent flare-ups and reduce the number of acute episodes that may result in hospital admissions.

69. The JSNA is highlighting the need to focus on long term conditions and promote self-care, screening and early identification in order to ensure the best quality of life and care for those with long term conditions and alongside ensuring that the health and social care system can support the increasing demand for services.[43]

Mental Health and Wellbeing

70. The changes that often come in later life – retirement, the death of loved ones, increased isolation, medical problems – can lead to depression, which can impact on a person's energy, sleep, appetite and physical health.

71. The estimated number of those aged 65+ with depression in 2015 was 3,316. It is predicted that this will increase by 26% (869) over the next 15 years. Similarly, the number with severe depression (1,051) is predicted to increase by 28% (299) over the same period.[44]

[41] NECS, Kings Fund Combined Predictive Model risk of unplanned hospitalisation, Mar 2014
[42] Long Term Conditions Compendium of Information 3rd edition, Department of Health
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134486.pdf
[43] Long Term Conditions Strategy. Gateshead CCG 2013-18.
[44] POPPI Estimates 2014

72. It is estimated that there were 2,603 people aged 65+ with dementia in 2015. This is predicted to increase by 43% over the next 15 years. 1,099 of those with dementia were aged 85+ in 2015, and this is predicted to increase by 63% over the same period.[45]

73. The JSNA recognises that while a significant number of people do develop dementia or depression in older age, decline in mental wellbeing should not be viewed as an inevitable part of ageing. Many factors affecting mental health and wellbeing for older people are the same as for the general population.

[45] POPPI Estimates 2014

This page is intentionally left blank

Health issues of asylum seekers and refugees

in Gateshead and Newcastle 2016

healthwatch Gateshead

RBF north east
REGIONAL REFUGEE FORUM
The Collective Voice Of The Region's Refugee Community

healthwatch Newcastle

Contents

Healthwatch nationally and locally

Healthwatch was established under the Health and Social Care Act 2012 and came into existence on 1 April 2013. It is the independent local consumer champion across communities.

Healthwatch provide an opportunity for local residents to have a stronger voice to influence and challenge how health and social care are provided locally.

They bring together residents' views and experience of local health and social care services and use this feedback to build a picture of where services are doing well and where they can be improved. They also provide residents with information about the choices they have and what they can do if things go wrong.

Nationally the Healthwatch network is made up of 148 local Healthwatch with Healthwatch England in place to offer leadership, guidance and support to the network.

Regional Refugee Forum

The Regional Refugee Forum is the independent membership organisation of the North East region's Refugee-led Community Organisations (RCOs), enabling their collective voice to be heard by decision makers, so as to influence the way that policy and services are designed and delivered.

Each one of their member organisations supports the settlement and integration of communities in exile from across the world.

As new members of the regional community, they want to participate in and contribute to the social, economic and cultural vitality and future of the North East, as active citizens.

Through the Regional Refugee Forum they work together to:

- Gather evidence about specific and additional challenges faced by asylum seekers and refugees
- Identify what works best in securing social and economic inclusion
- Present a collective voice to local and regional policy makers and service providers, to inform the development of evidence-based policy and practice that will promote integration and equality for the region's community of asylum seekers and refugees

Why health issues of asylum seekers and refugees in Newcastle and Gateshead?

On 3 June 2015, Healthwatch Newcastle and Healthwatch Gateshead teamed up with the Regional Refugee Forum (RRF) to hold an event for asylum seekers and refugees resident in Newcastle and Gateshead.

The event was designed to give RRF members the opportunity to tell us about the unique and distinctive health and wellbeing issues affecting them.

Asylum seekers and refugees are a community of shared experience in relation to fleeing from countries of origin, lives framed by UK asylum policy and the legacy that has for individuals and families who are granted protection.

This means asylum seekers and refugees face challenges that are not shared by the non-refugee BME and white community. Even when issues are shared with the non-refugee BME and white community they are set in the very different context of the refugee and asylum seeker experiences.

We followed this very successful initial event with a second gathering that brought together members of the refugee and asylum seeker communities with the people that plan, pay for and provide health and care services in Newcastle and Gateshead.

Methodology

The RRF is an independent regional membership organisation of refugee-led community organisations. It provides a mechanism for directly hearing the voiced experience of the refugee and asylum seeker community so that their voice can influence the policy and practice which impacts on their lives.

The two issues identified as priority concerns by the RRF's membership prior to the event were:

1. Mental health
2. Healthy living

The event was held in Brunswick Methodist Church in central Newcastle as it is easily accessible by public transport and is a well-known venue to the local refugee and asylum seeker community.

The RRF advertised the event to members in the Newcastle and Gateshead area and were able to bring people along to the event where necessary. HWN and HWG covered the direct costs of the event, including venue hire, catering, travel and childcare costs of participants. The RRF has successfully used this format to hold similar events with other local Healthwatch in the North East.

The event began with an overview of local Healthwatch and the role of the RRF in enabling the refugee community to advocate for improvements in the interests of all refugees and asylum seekers.

People then took part in two 30 minute workshop discussions with a facilitator and note taker for each table. The workshop discussions covered mental health and healthy living. This was followed by lunch and an opportunity for people to socialise informally.

Twenty three (23) RRF members attended the event, from eight (8) refugee community organisations. Fifteen (15) were women and eight (8) were men. The majority of people identified themselves as either African (10) or Asian (12). Five (5) people identified themselves as being carers and one (1) person identified themselves as having a disability.

Findings – mental health

Mental health

What are the unique barriers and problems that face refugees and asylum seekers when trying to access mental health services?

Stigma of mental health

The stigma surrounding mental health was a common theme. People commented that in their cultures mental health was seen as shameful and so wasn't discussed within families. Members from African nations also commented that in their countries the label of 'mental health' doesn't exist and it was often seen as a spiritual problem.

The use of the term 'mental health service' puts people off accessing these services because of the cultural stigma associated with it. The approach of some family doctors (GPs) is off-putting when they use language that the community is uncomfortable with around mental health support.

Fear of repercussions

Many members talked about the fear of repercussions if they admitted having a mental health problem. Women worry that their children will be taken away as they fear they will be judged incapable of looking after them. People are fearful that when the GP asks about their past history that it is linked to their Home Office interview and may count against their asylum claim.

Staff attitude

RRF members felt that the attitude of some health professionals often did not help when people were already feeling low. People commented that GPs were too quick to diagnose depression and prescribe medication, even when they were being told that the medication wasn't working. There seemed to be an automatic assumption that asylum seekers and refugees have a mental health problem. They felt more GPs should recognise symptoms as post-traumatic stress disorder, arising from events and situations which caused people to flee their countries, and so pro-actively consider referral to psychological counselling,

talking therapies or social and therapeutic activities rather than rely on medication. People also felt some GPs appeared to doubt the credibility of the medical needs they present. They thought this was because some GPs think asylum seekers are merely trying to back up their asylum case.

Many people were concerned that some medical staff had a negative attitude towards asylum seekers as they see them as a cost burden on the service. They felt they are not always treated with dignity and respect by medical staff and admin staff. People do not know where or how to report their concerns. People also wanted reassurance that all medical staff act solely on the basis of medical diagnosis and need, and that their decisions and actions are not linked to Home Office objectives.

Interpreting services

Many members commented that they encountered barriers when using the interpreting service. Interpreters from the same culture can be a barrier in some cases, as can the use of male interpreters for female patients. Miscommunication due to differences in dialect was also raised as an issue.

"I speak English and went with my mother to her doctor's appointment – the interpreter got the location of the pain all wrong just because of dialect."

People also spoke of the problems when spouses or family members are used as interpreters, because this does not allow the privacy necessary to disclose or seek help.

Causes of mental health problems

Members spoke a lot about the causes of mental health problems for asylum seekers and refugees. Many experience or witness progressive mental health deterioration after arrival in the UK. The stress of the asylum process itself was mentioned frequently and the associated lack of right to work which isolates people from the wider community and undermines their sense of self-worth.

Members from African countries also highlighted that in Africa men have more power and status in their community and family. When they come to the UK this power is taken away which can lead to frustration, feeling undervalued and in some cases domestic abuse. More generally members spoke about people trying to change their culture which they found very stressful.

Findings – healthy living

Healthy living

What healthy messages and information do you think refugees and asylum seekers would like to receive to stay healthy? Are there any barriers and issues to receiving information?

Asylum policy

Forced inactivity: asylum policy itself was cited frequently as barrier to being healthy. As people are not allowed to work while awaiting a decision on the asylum claim, they spend a lot of time indoors being inactive.

> **"In our home country we work and maybe walk to work. In this country we can't work."**

Financial support

Every asylum seeker supported by the government while their claim is being decided, and each family member, receives £36.95 per week in support. To make money stretch further people tend to buy cheaper brands and multi-buy offers, which tend to be more processed and unhealthy. This is in stark contrast to how they prepare food in their home countries where most people said they cooked food from scratch and tended to grow their own produce. They also find it hard to afford simple things like paracetamol.

> **"We can't afford healthy living if it involves buying something extra."**

For people on voucher-only support, members spoke about the lack of choice available when having to use food vouchers as they are restricted in where they can shop. Refused asylum seekers may receive food parcels from charitable organisations, but they may not have any way of cooking it and they have limited choice in terms of nutritional value.

Members also commented that asylum seekers used to get free gym membership but this is no longer available, meaning this activity is now too expensive to take part in. Simply walking around in some neighbourhoods is not an option because of hostile attitudes and instances of hate crime, so people stay indoors.

In terms of people who have been granted leave to remain (refugees) and so are able to work, members said that often both parents work full time and don't have time to prepare healthy meals for their children.

Members also commented about the cost of renewing their leave to remain and the new health insurance premiums (both introduced in 2015). Any additional money that a family is able to save must now go towards these costs.

Cultural differences

Cultural differences were mentioned frequently as a barrier to staying healthy in the UK. Among those who have been in the UK longer, obesity and diabetes are increasingly a common concern.

Being overweight in Africa is seen as a positive attribute because it is a sign that people can afford to live well. Participants also commented that in Africa people tended only to eat two meals per day and that while the word 'exercise' was unknown, people generally lived active lives with active jobs.

> **"We don't eat as many meals [in Africa], only two meals for a man. There are too many meals here in the UK."**

Many asylum seekers and refugees who come to the UK from hot climates are used to a diet high in salt, sugar and fat. In their own countries this is not an issue as people are more active and sweat more and so burn more calories. However, when people come to the UK the climate is colder and they are more inactive.

Obesity is increasing with the risk of more people becoming prone to cardiovascular problems, such as diabetes and high blood pressure, if they don't adjust their diet.

Many people do not know they need to adjust their diet. Participants spoke of being unaware of the health risks associated with salt and sugar.

Many place high value on fast food and fizzy drinks because these are marketed as desirable and denote higher social status in their home countries. In the UK they are affordable and people indulge in them without knowing the health risks. For some people this also includes alcohol, which they find more affordable here, but do not know how to manage.

The cultural and religious issues of women and exercise were also raised by people. While men from the refugee and asylum seeker community can easily do some form of exercise through community football activities, it is harder for women from some parts of this community because of their cultural upbringing and family responsibilities.

Language barriers and Interpreting

As with mental health, members spoke about language barriers when using health services or accessing health information. Again, the need to offer either a male or female interpreter was emphasised as well as ensuring the interpreter speaks the correct dialect and not just the same language; one member spoke about being on medication for vomiting for two years when her problem was acid indigestion. The phone service is not considered effective by many. Language barriers also meant that people often didn't go out as much, leading to social isolation.

Findings - access to information

Healthy eating

Participants said they would like more information about healthy food consumption as the messages weren't clear and caused confusion as they were often only relevant to common UK diets. People particularly wanted information about weight management and healthy ingredients.

> **"You don't get health information in Africa, then you come here and there's still no health information."**

Being active

In terms of being active, members said they wanted information about activities that aren't focussed on a gym, like yoga, but that these activities would need to be free.

Access to services

Many people spoke about being unaware of what services were available, what they were eligible for and which services were provided free at the point of delivery, such as eye

tests and hearing tests. Information about the services available during pregnancy was also highlighted.

> **"You are lucky if you have a good GP who is pro-active, that does full health checks and offers information about changing diet, etc. to reduce blood pressure, for example. But many people don't have a GP that does this."**

Members commented that lots of health information is only available in English. However, it is widely acknowledged in the refugee and asylum seeker community that leaflets are not the best way of finding out about information when English is not your first language. Information spreads in this community by word of mouth and peer learning.

Follow up event

The second event was held on 15 October 2015. This event aimed to bring together asylum seekers and refugees with the people that plan and pay for health and care services (commissioners) and providers of health services across Newcastle and Gateshead. Commissioners and providers had been provided with a draft of the outcome from the first event and so had a degree of understanding of the issues concerned.

The event was well attended by refugees and asylum seekers and representatives from:

- Care Quality Commission
- Gateshead Council
- Live Well Gateshead
- Newcastle City Council
- NHS Newcastle Gateshead Clinical Commissioning Group (CCG)

The event began with an introduction by RRF representatives who ensured that everyone was aware of the challenges and issues that had been previously identified.

Attendees then worked in groups to identify which of these challenges and issues were within individual or local public sector control, could be influenced by individuals or the local public sector organisations, and those that could not be influenced or controlled locally.

Participants then tried to identify actions and recommendations that individuals and organisations could take to improve challenges and issues that could be locally influenced or controlled.

What can we influence/control?

The groups agreed the following:

In our control	We can influence	Out of our control or influence
• Being active	• Interpreter services	
• Attitudes to food – cultural differences (group 1)	• Attitudes to food – cultural differences (groups 2 & 4)	
• Information about healthy eating (group 2)	• Information about healthy eating (groups 1 & 4)	
• Language barriers (group 4)	• Language barriers (group 1)	
• Access to services – information (group 2)	• Access to services	
	• Causes of mental health problems – for organisations (group 2 & 4)	• Causes of mental health problems (group 1) • Causes of mental health problems - for individuals (group 2 & 4)
	• Money (groups 2 & 4)	• Money (group 1)
	• Fear of repercussions from mental health issues - for individuals (group 3)	• Fear of repercussions from mental health issues (group 1&4)
	• Attitude of mental health staff	• The asylum process
	• Mental health stigma	

The variation between the groups reflects the diversity of the conversation and can be explained by some taking a very individual view — 'I as an asylum seeker/refugee can control' — versus an organisational view — 'I as a commissioning/provider organisation can control'.

Recommendations

Recommendations – mental health

The groups discussed and agreed what actions could be taken to address the issues that fell in the 'in our control' and 'we can influence' section.

Stigma of mental health

- The Regional Refugee Forum and mental health service providers should look at ways of training people to raise awareness in communities about mental health problems and the stigma attached to people with mental illness
- Service providers should provide a range of treatment options for those with mental health issues and actively publicise and promote these within the refugee community

Staff attitude

- Organisations should offer training to staff to increase their understanding of issues asylum seekers and refugees face
- Refugees and asylum seekers can give talks to staff to help increase understanding
- Newcastle Gateshead CCG to look at refugee and asylum seeker issues at one of its Time Out (training) sessions with GP practice partners and staff
- Providers and commissioners should proactively engage with the refugee and asylum seeker community to better understand the issues they face

Interpreting services and language barriers

- Newcastle Gateshead CCG should review interpreter services with BME communities, and with asylum seekers and refugees in particular to make sure that they are meeting the needs of the communities that use them
- Include accessible information about classes in English for speakers of other languages (ESOL) which they can access immediately in the initial welcome package and encourage/support people to take this up
- Refugees and asylum seekers should receive information about the right to access interpreting in the initial welcome package for asylum seekers; all relevant organisations should actively publicise this right in their public areas

Causes of mental health problems

- Asylum seekers and refugees should be enabled to take a more active role in society through volunteering, etc. and be treated with dignity and respect
- Better education for service providers about the mental health issues facing asylum seekers and refugees, ideally delivered by refugees who have experience of this issue

Recommendations – healthy living

Being active

- Provide more information and support to access free activities such as walking, bike riding, etc. (most of the information that people access is via word of mouth from people currently active)
- Produce a hard copy directory of free services in Newcastle and Gateshead, in different languages; include where to find out about health activities and volunteering opportunities
- Give asylum seekers and refugees free access to healthy activities
- Identify people that can act as buddies or motivators to help encourage people to exercise regularly
- Support asylum seekers and refugees to develop exercise plans
- Investigate activities from 'back home' and reproduce them locally with support for resources, etc.
- Ensure that culturally appropriate activities are available, for example, women only swimming sessions
- Public health to work together across Newcastle and Gateshead and hold shared events to support asylum seekers and refugees
- Include accessible information about how to lead an active lifestyle in the initial welcome package for asylum seekers; include details of the services/organisations that can give support

Information on healthy eating

- Put information in community access points, such as community centres and places of community activity
- Use local knowledge, information and contacts to share information about healthy eating
- Use community leaders to help spread information
- Include accessible information about healthy eating and how to lead an active lifestyle in the initial welcome package for asylum seekers; include details of the services/organisations that can give support
- Hold more cookery courses that give advice on healthy eating and how to make healthier versions of traditional food

Access to services and information

- Use community leaders and community access points as community centres and places of community activity to share health appropriate messages
- Resource local communities to enable them to run community activities that are relevant to local needs
- Consider the use of technology, for example, health apps
- Share information about opticians, doctors, dentists, etc. through refugee centres

Next steps

We ask commissioners and providers to use the links we have helped them establish with the refugee and asylum seeker communities to develop this work further.

We expect commissioners and providers to take into account the recommendations outlined in this report.

Acknowledgements

- All Regional Refugee Forum members
- Panganai Svotwa (PS Photos)
- Peace of Mind (catering)
- Brunswick Methodist Church
- All volunteers, staff and participants involved in the preparation, planning and delivery of the events and compilation of report
- Commissioners and local authority staff

Contact details

Healthwatch Newcastle

Broadacre House, Market Street, Newcastle upon Tyne, NE1 6HQ

Telephone: 0191 338 5720
Freephone: 0808 178 9282
Email: info@healthwatchnewcastle.co.uk
www.healthwatchnewcastle.co.uk

Healthwatch Gateshead

Davidson Building, Swan Street, Gateshead, Tyne and Wear, NE8 1BG

Telephone: 0191 477 0033
Freephone: 0808 801 0382
Email: info@healthwatchgateshead.co.uk
www.healthwatchgateshead.co.uk

Regional Refugee Forum

Design Works, William Street, Felling, Gateshead, Tyne and Wear, NE10 0JP

Telephone: 0191 423 6255
Fax: 0191 423 6201
www.refugeevoices.org.uk

This page is intentionally left blank

Gateshead Council

HEALTH AND WELLBEING BOARD
9 September 2016

TITLE OF REPORT: Forward Plan & Meetings Schedule for the Health & Wellbeing Board (2016/17)

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on an updated Forward Plan and meetings schedule to steer the work of the Board for the remainder of 2016/17.

Background

2. The Health & Wellbeing Board considered at its last meeting on 15 July 2016 an initial draft Forward Plan and associated meetings schedule to shape the work of the Board. It reflected issues which have been identified by the Board to-date and related to 5 key areas of focus:

   - strategy, policy development and commissioning intentions
   - transformation agenda, integration and ways of working
   - health and care service developments and reviews
   - performance management
   - assurance issues

3. Further work has been undertaken over the summer recess to develop the Forward Plan further with input from Partners.

Proposal

4. An updated Forward Plan and meetings schedule is attached at Appendices 1 and 2 for consideration by the Board. There will also be scope to incorporate additional items linked to the Board's Forward Plan as may be required during the remainder of year.

Recommendations

5. The Health and Wellbeing Board is asked to consider and endorse an updated Forward Plan and associated meetings schedule for the remainder of 2016/17 (set out in Appendices 1 and 2 attached).

Contact: John Costello (0191) 4332065

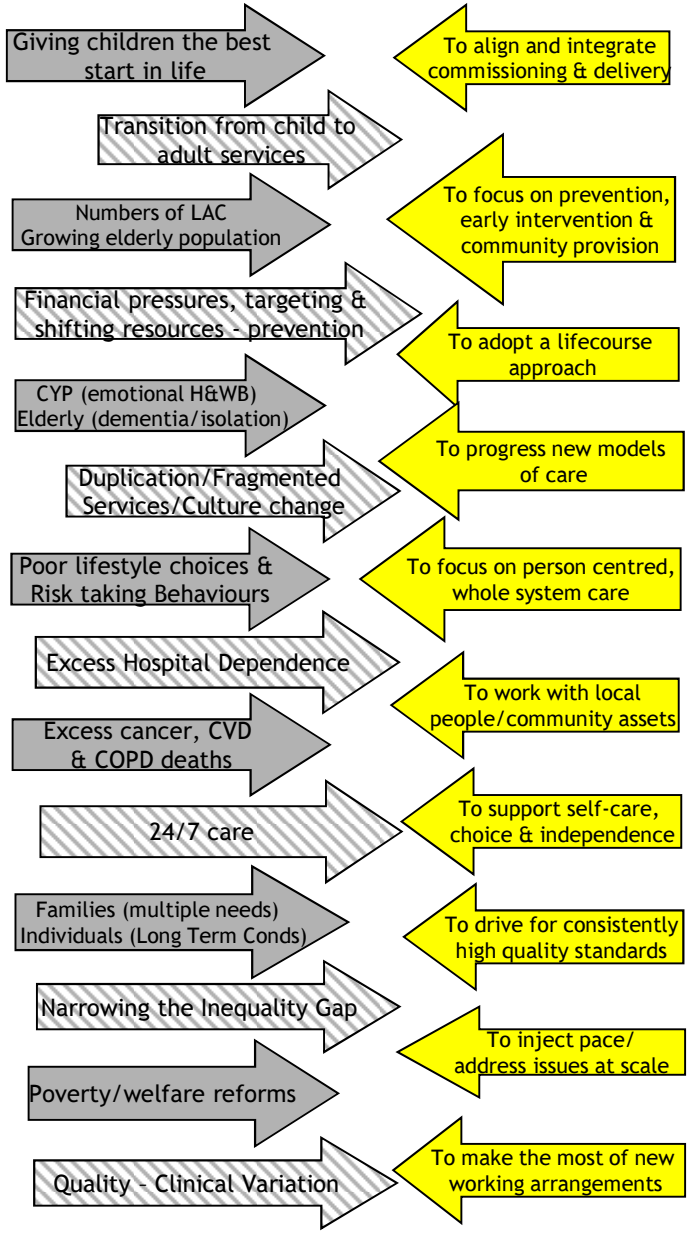
Gateshead Health and Wellbeing Board Forward Plan – 2016/17

Appendix 1

Aspirations for the Future

"Local people realising their full potential, enjoying the best quality of life in a healthy, equal, safe, prosperous and sustainable Gateshead."

A healthy, inclusive and nurturing place for all where children have the best start in life; where older people are independent and part of community life; where people lead healthy lifestyles, with more people living longer; and where those who need help can get it easily with agencies working together.



Areas of Focus of HWB during 2016/17

Strategy, Policy & Commissioning Intentions	Development of JSNA, including needs assessment of homeless, BME and refugees & asylum seekers Health & Wellbeing Strategy Refresh Development of a Health Inequalities Framework Commissioning Intentions for health & care (all age) Health & Care Strategic/STP and Operational Plans Tobacco Control 10 Year Plan, Substance Misuse Strategy, Sexual Health Strategy
Transformation Agenda: Integration & Ways of Working	Responding to key challenges over next 5 years: Financial and demand pressures (STP, LA MFS etc.) New Models of Care BCF Transition Transformation Enablers - workforce, technology, estates, involvement & engagement, system architecture (collaborative planning and working arrangements etc.)
Service Developments & Reviews	Community health, Mental health (CAMHS & Adults), Primary care, Urgent care services Children & Young People: prevention & early support Older Peoples Wellbeing / Management of LTCs Drug related deaths Place shaping and health / Licensing objectives Social Prescribing / AMT, Live Well Gateshead Carers Review
Performance Management Framework	A Performance Management Framework encompassing: - Key health & wellbeing system Indicators - BCF monitoring - Inspections etc.
Assurance	DPH Annual Report Health Protection Assurance Annual Report HealthWatch Gateshead Annual Report & Priorities Safeguarding Annual Reports (Children & Adults) Learning Disability Joint Self-Assessment

This page is intentionally left blank

Appendix 2

Gateshead Health & Wellbeing Board
Meeting Schedule and Draft Work Programme 2016/17

21 October 2016 (10am -12noon)	***For Decision and/or Discussion:*** **All Age Prevention and Early Intervention** **Sustainability & Transformation Plan – Next iteration** **Distributed Leadership Approach to System Redesign** **Gateshead Health & Wellbeing Strategy Refresh** **Community Health Services – mobilisation and transformation** **Gateshead Sexual Health Strategy** **Tobacco Alliance Needs Assessment Update** ***For Assurance:*** **CCG Assurance Framework** **Healthwatch Gateshead Business Plan 2016/17** **Safeguarding Adults Board Annual Report 2015/16** ***Performance Management:*** *Items to be identified as required.* ***For Information:*** **CCG update on arrangements for commissioning of primary care medical services (Level 3)**

2 December 2016 (10am -12noon)	***For Decision and/or Discussion:*** **Director of Public Health Annual Report** **Gateshead Council's Budget Proposals & NHS Budgetary Position** **Commissioning Intentions 2017-18 and Integrated Commissioning Arrangements** **Long term conditions strategy** **Cancer Strategy** **Social Prescribing in Gateshead/Achieving More Together Agenda** **Carers Review: Update & Next Steps** ***For Assurance:*** **Winter preparedness** ***Performance Management:*** **Performance Report for Health & Care System** **Better Care Fund Quarter 2 Return 2016/17**
20 January 2017 (10am -12noon)	***For Decision and/or Discussion:*** **BME Health Needs Assessment** **Tobacco Control 10 Year Action Plan** **Health & Wellbeing Strategy** **Corporate Parenting Role / Looked After Children** **Drug Related Deaths: Review of Progress against 2016-17 Action Plan** **Mental Health Employment Integration Trailblazer – Update on Delivery** ***For Assurance:*** **Health Protection Assurance Annual Report 2015-16** ***Performance Management:*** *Items to be identified as required.*

3 March 2017 (10am -12noon)	***For Decision and/or Discussion:*** **Operational Plans for 2017-18** **Carers Review: Follow-up Report** **Development of OSC Work Programmes for 2017-18: Emerging Themes** ***For Assurance:*** *Items to be identified as required.* ***Performance Management:*** **Better Care Fund Quarter 3 Return 2016/17**
28 April 2017 (10am -12noon)	***For Decision and/or Discussion:*** **HWB Work Programme and Forward Plan for 2017-18** **Recommendations arising from the Care, Health & Wellbeing OSC review of the role of housing in improving health and wellbeing** **Sustainability & Transformation Plan – refresh of Plans for 2017-18** ***For Assurance:*** *Items to be identified as required.* ***Performance Management:*** *Items to be identified as required.*

Other Items:

There will be scope to include other items within the meetings schedule for the remainder of 2016/17 as required e.g.:

- New Models of Care/Transformation of Care – Intermediate Care, Vanguards (Care Homes and Urgent Care), community health services, primary care, prevention and early intervention etc. This is central to the health and social care integration agenda and taking forward the Sustainability & Transformation Plan (STP) for NTW.

- Management of financial and demand pressures on the local health and care system (linked to work on the STP, LA's Medium Term Financial Strategy, new models of care etc.).

- Prevention and Early Intervention Agenda – All ages.

- Children & Young People's Wellbeing..

- Older Peoples Wellbeing.

- Live Well Gateshead: progress in taking forward recommendation from evaluation study to re-model.

- Public Health Objectives in Licensing.

- Substance Misuse Strategy.

- Place Shaping for Health and Wellbeing (including a focus on the wider determinants of health).

- A Health Inequalities Framework for Gateshead.

- Transformation and Reconfiguration of Adult Mental Health Inpatient and Community Services.

- CAMHS Whole System Model: Progress Update.

- North East & Cumbria Learning Disability Transformation Plan: Progress Update.

- Personal Health Budgets: Progress update as required.

- Ways of Working Across Local Health & Care System / Enablers:

    - Workforce
    - Technology: Digital Solutions
    - Estates
    - Involvement & Engagement
    - System Architecture (collaborative planning and working, payment systems, system leadership and governance)

Gateshead Council

HEALTH AND WELLBEING BOARD
9 September 2016

TITLE OF REPORT: The Joint Review of partnerships and investment in voluntary and community and social enterprise organisations in the health and social care sector

---

Purpose of the Report

1. To seek the views of the Health and Wellbeing Board on this national report and consider the implications for Gateshead.

Background

2. In November 2014, the Department of Health, Public Health England, and NHS England initiated a review of the Voluntary and Community (VCS) sector in improving health, wellbeing and care outcomes.

3. This was a major undertaking which aimed to describe the role of the sector in contributing to improving the outcomes; identifying and recognizing challenges and opportunities; and consulting on options for policy and practice changes.

4. There was an initial consultation in early 2015, an interim report in March 2015, a longer consultation process and the production of the final report in in May 2016.

5. The final report is available on https://www.gov.uk/government/publications/review-of-partnerships-and-investment-in-the-voluntary-sector (the summary document is attached for ease of reference as an appendix).

6. The report makes recommendations for government, health and care system partners, funders, regulatory bodies and the voluntary and community sector. It emphasizes putting wellbeing at the centre of health and care services, and making voluntary organisations an integral part of a collaborative system.

7. The role of the voluntary and community sector in improving health, wellbeing and care has developed enormously in the last twenty-five years. It has multiple roles, often dependent on the size and nature of the organisation; these can include:

    - As a service provider
    - As a mechanism for bringing patients, users, and carers together e.g. support groups
    - As an advocate for individuals, groups and communities who are often excluded
    - Through the use of volunteers to enhance services and experiences
    - Engagement in the governance process
    - As a consultee
    - As a partner in decision-making

- As an advisor on processes
- Being involved in the production of the JSNA, and other strategies as a source of information, knowledge and expertise on particular communities

8. Despite many different Government policies and strategies, it is clear that there continues to be a lack of understanding of how the voluntary and community sector can enhance health and well-being and tackle inequalities.

9. The report describes the unique nature of the sector, the value of volunteers, and the importance of organisations "remaining rooted into their communities"; however sometimes commissioning and other activities make this hard for voluntary organisations e.g. very large scale commissioning, or disproportionate requirements in contracting.

10. There is also reference that more use could be made of the Social Value Act, which would benefit everyone. It also sites best practice to make the sector more sustainable e.g. long term funding as standard.

11. Although many of the report's recommendations focus on national initiatives; there are clearly items of local good practice that could be developed further.

Proposal

12. It is proposed that the Board considers these recommendations and how it wishes to maximise and enhance the role of the voluntary and community sector in Gateshead.

Recommendations

13. The Health and Wellbeing Board is asked to consider the report and how it wishes to take forward its recommendations

---

Contact: Sally Young, Newcastle CVS Tel: 0191 2327445

Joint review of partnerships and investment in voluntary, community and social enterprise organisations in the health and care sector

Final report produced in partnership by representatives of the VCSE sector and the Department of Health, NHS England, and Public Health England.

May 2016

Introduction

In November 2014, the Department of Health, Public Health England, and NHS England initiated a review of the role of the VCSE sector in improving health, wellbeing and care outcomes. The purpose of the review was to:

- Describe the role of the VCSE sector in contributing to improving health, well-being and care outcomes
- Identify and describe challenges and opportunities to realising the potential of the sector to contribute to these outcomes
- Consult on options for policy and practice changes to address challenges and maximise opportunities, then develop final recommendations

It had two elements:

- A review of wider funding and partnerships between health and care agencies and the VCSE sector across England which would focus on three areas: defining, achieving, and demonstrating impact; building capacity and staying sustainable; promoting equality and addressing health inequalities
- A review of their Voluntary Sector Investment Programme: The Strategic Partnership Programme; The Innovation, Excellence and Strategic Development Fund; The Health and Social Care Volunteering Fund

The review was produced in partnership through an advisory group of system partners (Department of Health, NHS England, and Public Health England) and voluntary sector representatives working together in an open process (see Annex B for a full list).

Following an initial consultation in early 2015, the advisory group published an interim report in March 2015[i]. The findings of this report informed a more comprehensive consultation process which ran from August to November 2015 (see Annex A for details of consultation). This report is the result of that engagement process.

Vision

Alex Fox, Chief Executive of Shared Lives Plus and Chair of the VCSE Review

The goal shared by everyone who delivers and organises health and care services is wellbeing: its creation and its resilience. Whilst we do not want to spend increasing proportions of our lives in medical nor social care, we will all draw upon primary, acute or specialist services at various points in our lives and we want to find them available, caring and well run when we do. However, whether for people with lifelong disabilities, the ever growing older population or those with long term health conditions and support needs, our dreams remain rooted in living well at home as part of welcoming, inclusive communities. To achieve that goal, we need health and care systems which are organised around and support our lives: which can reach us in our homes, support our families to care, and release the full potential of communities.

The VCSE sector has a consistent track record of working in that way: holistic, long term, relational and locally-rooted. With over 35,000 charities working in the health and social care sectors[ii], plus at least 10,000 more social enterprises[iii], and tens of thousands more unregistered community groups operating below the radar[iv], the VCSE sector can reach the whole community, think whole person and act whole lifetime.

At its best, the VCSE sector does not just deliver to individuals, it draws upon whole communities: for volunteering and social action which addresses service-resistant problems like loneliness and stigma, and for the expertise of lived experience in designing more effective, sustainable services and systems. This is the way to address the social determinants of health, build resilience and promote self-care and independence, all of which should be clear in both our public services' visions and in their allocation of resources.

We did not find the VCSE sector consistently at its best. We found many organisations lacking confidence, some lacking hope and most torn between following missions which were born from their communities and meeting the demands of contracts and grants which were defined elsewhere and which in many cases are becoming shorter term, more narrowly focused and more medicalised.

Partly this was the impact of austerity. There is significant and often invisible churn in the sector. In many places the sector is shrinking. But we heard that these impacts are unevenly distributed, with some kinds of VCSE organisation, including equalities and local infrastructure groups, facing an imminent crisis in many areas. Local systems need these kinds of organisations to reach individuals and groups living in potentially vulnerable or marginalised circumstances, support the innovation of new social enterprises, and benefit from the smallest community groups which are the glue keeping our communities together.

Conversely, some local systems have recognised that their VCSE resources are now more important than ever and are embedding the sector into their planning and

resource management. Money is not the only resource available to good VCSE organisations and the sector has proved itself time and again to be able to achieve incredible outcomes with fewer resources. Perhaps even more important than the level of funding in the system, was the extent to which VCSE organisations are fully included in local planning, goal setting and risk management.

It is hard to see a future for many VCSE organisations and statutory services alike, if VCSE organisations remain seen as outsiders in a statutory-based system. VCSE organisations can share the risks and responsibilities of local systems but in turn need to able to share in the resources and rewards. They can bring the voices decision makers most need to hear into the system, but in turn those voices must be listened to and acted upon, even when – especially when – they are not saying what decision makers might most like to hear. All systems need the VCSE sector in their decision-making structures, but an immediate challenge is to embed our most effective, confident and community-rooted VCSE organisations into the new models of care such as the vanguard sites[v], Integrated Personal Commissioning programme[vi], Integrated Care Pioneers programme[vii] and devolution of health budgets to Greater Manchester and elsewhere. This will support integration, because effective and well-networked VCSE organisations join up responses that have previously been fractured and build relationships between public services and communities.

The new structures being developed through the new models of care vanguards and via Sustainability and Transformation Plans as set out in the latest NHS planning guidance[viii] are creating new bodies with both commissioning and provision roles. The VCSE must be central to these new collaborative processes, as well as existing JSNAs and health and wellbeing boards.

Parts of the VCSE sector have been challenged to scale up and to ‘professionalise’. They are now delivering large scale service contracts for some of the most vulnerable people in public service systems. There is only benefit in this happening where VCSE organisations can remain rooted in their communities and continue to deliver added ‘social value’, through recruiting people with lived experience or from overlooked communities as volunteers and paid staff, for instance. Professional VCSE organisations can respond to crises, deliver technical or medical care and manage challenging risks, but great VCSE organisations do not wait for crises; they think socially not medically; and they never let a clear view of risk obscure people’s potential. It would be an own goal to encourage all of our most successful VCSE organisations to become indistinguishable from statutory and private sector organisations.

Large VCSE service delivery organisations need to rise to the challenge of demonstrating the outcomes which their competitors can also demonstrate, whilst also demonstrating added social value. In turn, they need to be offered a level playing field, where the wellbeing outcomes at which they excel are recognised, valued and contracted for. Again this happens only where citizens and the groups who work directly with them have been fully involved in defining local goals and judging their achievement.

Neither ad hoc grant giving, nor contract-based procurement, appear to create a diverse, creative and sustainable VCSE sector.

Traditional contract-based commissioning can work for some large-scale VCSE provision and we saw potential in more collaborative approaches to contracting. But these do not appear to be the best way to support community development nor to build social action, and we have heard about the need for a more considered range of funding approaches to be used in every area. This should include use of co-designed, transparent grants programmes as well as personal budgets and personal health budgets, which can allow individuals and small groups to take real responsibility for shaping their care, with consistently better outcomes for people with long term conditions and their family carers. Targeted support for the very smallest social enterprises and community groups can play a large part in creating health and wellbeing, as fewer people will be left unsupported where there is a wide range of community-based and innovative interventions from which to choose.

We believe much more use could be made of the Social Value Act to level the playing field for organisations with a social mission and to create more value from public spending. We see real potential in those social prescribing models in which resources follow the prescriptions, enabling and encouraging effective VCSE organisations to sustain and grow interventions which patients and their GPs most value. Social investment has enabled some kinds of VCSE organisation to manage the risks of innovation and we see potential for it to unlock further innovation during austerity.

Helping marginalised people to have their voices heard is indisputably a key part of VCSE sector activity and this has often been recognised by government. Many organisations are born from the gaps and failures in statutory services, when for instance, a particular service cannot reach a particular group. Some in the VCSE sector are more comfortable in traditional campaigning mode, highlighting a problem, than constructing and testing pragmatic solutions and there is a view in some parts of the sector that VCSE groups have to keep their distance from government in order to remain 'true' to their mission. VCSE organisations need to consider the most effective way of influencing positive change for those they represent, considering the range of voice work approaches including advocacy, self-advocacy, critical friend roles, co-designer, co-commissioner, peer reviewer, campaigner and lobbyist.

The Department of Health, NHS England and Public Health England have been at the forefront of working with the VCSE sector to ensure patient and citizen voices are heard at the highest level. For example, the People and Communities Board, part of the governance of the NHS Five Year Forward View,[ix] has developed six principles for implementing the NHS Five Year Forward View,[x] which reflect the findings of this Review and which local health systems are being asked to build on when developing Sustainability and Transformation Plans[xi]:

- Care and support is person-centred: personalised, coordinated, and empowering
- Services are created in partnership with citizens and communities
- Focus is on equality and narrowing inequalities
- Carers are identified, supported and involved
- Voluntary, community and social enterprise and housing sectors are involved as key partners and enablers
- Volunteering and social action are recognised as key enablers

The central grants programme (the Innovation, Excellence and Strategic Development fund and the Health and Social Care Volunteering Fund) and the Health and Care Voluntary Sector Strategic Partners Programme have developed closer relationships between the sector and Department of Health, Public Health England and NHS England. There is real value in this, achieved through many years' work by all involved. Through the grants and Strategic Partner Programme, government and the sector have co-designed and co-implemented policy priorities.

There is overwhelming support in the sector for these programmes' continuation, but also a belief these programmes could contribute more to transformation. The grants programme has enabled many promising approaches to be tried out and evaluated; now it should have a clearer focus on sustaining successful approaches and embedding culture changes.

Below we set out a recommendation for central government's activity and investment in which a combination of grants, policy work, academic input and the work of Strategic Partners, come together into one 'wellbeing programme', with fewer goals but more demonstrable outcomes, focusing on the transformation goals to which the VCSE sector can make the biggest contribution, and issues such as health inequalities and infrastructure.

The work of central government and its partners is a relatively small, but vital part of the whole picture. The Strategic Partners and Central Grants Programmes are the ways in which government has role modelled long term commitment to the VCSE sector, not only as delivery vehicle, but also as policy co-designer and implementer.

At both national and local level, the VCSE and statutory sectors need each other. Each brings its own kind of expertise and its own kind of resources. Each has much more to do to ensure citizens are included and empowered from the earliest stage and throughout. It is time we brought our sectors together to create the local and national health and care systems which we all need to achieve wellbeing.

To achieve this vison we make the following recommendations.

Recommendations

Health and care services are co-produced, focussed on wellbeing, and value individuals' and communities' capacities

1. Promoting wellbeing is already central to the goals of the health and care system, in line with the Five Year Forward View and the Care Act. The Department of Health, NHS England and Public Health England should explore opportunities to further embed this goal, including identifying, measuring and commissioning for key wellbeing outcomes for all.

2. There should be greater co-production with people who use services and their families at every level of the health and care system. NHS England should update its guidance on Sustainability and Transformation Plans (STPs) to require local health and care systems to draw upon the six principles created to support the delivery of the Five Year Forward View[xii], the principles contained in the Engaging and Empowering Communities memorandum of understanding[xiii], and

Think Local Act Personal's definition of co-production.

3. NHS England should issue revised statutory Transforming Participation in Health and Care guidance in 2016 on working with the VCSE sector as a key way to meet CCGs' Health and Social Care Act duty to involve.

4. When preparing their joint strategic needs assessment (JSNA), Health and Wellbeing Boards should ensure that it is a comprehensive assessment of assets as well as needs based on thorough engagement with local VCSE organisations and all groups experiencing health inequalities. The Department of Health should consider including this when next updating the Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

Commitment to the Compact

5. The government, led by the Cabinet Office, should demonstrate its support for the Compact principles as a framework for effective collaboration between VCSE and statutory sectors.

VCSE organisations are involved in strategic processes

6. Any future transformation programmes (e.g. Integrated Personal Commissioning) should only be approved if proposals are included for involving the full range of local VCSE sector, taking its views into account in strategic decisions and utilising its delivery expertise. Existing transformation programmes should also be issued guidance to support better involvement of the VCSE sector.

7. Health and Wellbeing Boards should work closely with local VCSE organisations to ensure that their strategies are co-designed with local citizens, particularly as they try to reach those groups and communities which may be under-represented or overlooked. Local and national government should consider how to support and facilitate HWBs to achieve this goal.

Social value becomes a fundamental part of health and care commissioning, service provision and regulation

8. Social value should be better embedded in the commissioning approaches of local authorities and NHS commissioners. The NHS Sustainable Development Unit and Cabinet office should explore the benefits of using social value within the NHS and how to identify and incentivise its creation through their regulatory frameworks and good practice models, building an evidence base to address the gaps identified by Lord Young's review of the Public Services (Social Value) Act, which should inform a further review by 2018. NHS England and the Cabinet Office should work in partnership to ensure that training and resources provided to NHS and local authority commissioner and procurement teams support and encourage them to commission for social value.

9. CQC should review its Key Lines of Enquiry and ratings characteristics across all sectors to include the value of personalisation, social action and the use of

volunteers, based on the evidence of their efficacy in achieving improved quality of care.

Social prescribing is given greater support

10. We recommend that NHS England, working with key partners such as the Department of Health and NICE, should publish good practice guidance on social prescribing which includes advice on different models and recognition that prescriptions should be appropriately and sustainably funded. NHS England should promote this guidance, provide implementation support to health commissioners and evaluate uptake and impact on outcomes, including for those people experiencing inequalities.

The skills of those involved in health and care commissioning are improved

11. Government should consider how they can support and encourage health and care commissioning bodies to access skills development training for their workforces, including from the Commissioning Academy, particularly on the co-commissioning of services.

12. The Cabinet Office and the Department of Health should consider providing support to build the capacity of VCSE organisations to compete for and win health and care contracts, particularly where infrastructure is limited, and coordinate this support with the Commissioning Academy and the commissioning plans of local health and care systems.

Long term funding as standard

13. Moving away from short-term pilot funding, NHS commissioners, local authorities, charitable funders and National Lottery distributors should provide core and long term funding with capacity building support, particularly to smaller and/ or specialist VCSE organisations.

Health and care bodies fund on a simplest-by-default basis

14. Health and care commissioners should, by default, use the simplest possible funding mechanism (that which best balances impact and transaction costs). The Department of Health, with support from NHS England and the Cabinet Office, should continue to develop shorter model contracts and grant agreements, and consider commissioning research on the transaction costs and relative impact of different funding mechanisms for a variety of services and circumstances. This should include but not be limited to grants, fee for service contracts, payment by results contracts, social impact bonds, social prescribing models, personal budgets and personal health budgets.

Greater transparency

15. Government should consider fully implementing the Open Contracting Partnership's Global Principles[xiv] and Data Standard[xv], and introducing a public contracting disclosure baseline, so that full details of contracts, including awards, amendments, termination and financial flows to subcontractors are available

through the Contracts Finder website.

16. The Department of Health should consider commissioning NICE to develop an indicator of VCSE engagement for NHS and other public health and social care commissioners.

Volunteering is valued, improved and promoted

17. All NHS settings, with strategic leadership from NHS England through the Active Communities and Health as a Social Movement programmes, should develop more high-quality, inclusive opportunities for volunteering, particularly for young people and those from disadvantaged communities. All NHS settings, not just trusts, should also comply with the second and third recommendations made by the Lampard Review on volunteer recruitment, training, management and supervision.[xvi] This should include consideration of whether to apply for accreditation under the Investing in Volunteers scheme.

Dormant funds are used for good

18. NHS Charities (including their linked and/or successor charities) with support from the relevant sector bodies, should develop links with their local Community Foundations and the wider VCSE sector in the area, to explore the possibility of using funds for the benefit of the NHS and to achieve broader health outcomes within the wider community, and share learning and good practice in this area.

Evidence underpins health and care

19. Service objectives should be developed in partnership with funded organisations and service users and include a focus on the health, wellbeing and experience of service users. Standard tools to support credible outcome measurement should be adopted. Providers should be supported to effectively undertake evaluations, measurement of social value and cost-benefit analysis of savings. For NHS commissioners, this may include giving providers full access to anonymised patient data in order to aid impact assessment.

20. Government should consider funding the What Works Centre for Wellbeing to set up a wellbeing data lab service for all sectors.[xvii] This could be modelled on the existing Justice Data Lab.[xviii]

21. NHS commissioners, local authorities and independent funders should publish the evaluation methodology and results for all grant and funded projects where an evaluation is undertaken, in line with the government's open data principles.[xix]

22. The National Institute for Health Research (NIHR) should use existing research to identify and develop tools to help measure preventative outcomes, using suitable proxies as necessary and having regard to what works for different communities.

23. VCSE organisations should engage further with the evidence base, contributing to and drawing on resources such as the What Works Centre for

Wellbeing, Social Care Institute for Excellence, Think Local Act Personal and guidance on 'Community-centred approaches for health and wellbeing' developed by Public Health England. Strategic partners and national infrastructure bodies should promote greater engagement with this evidence base.

A sustainable and responsive infrastructure

24. Government, local infrastructure and independent funders should consider the recommendations set out in Change for Good and subsequent work from the Independent Commission on the Future of Local Infrastructure.

25. NHS commissioners and local authorities should consider providing funding and guidance for suitable infrastructure to better connect personal budget and personal health budget holders with a range of providers, including small and start-up organisations, and facilitate the development of a more diverse range of services accessible by and co-designed with local communities.

A greater focus on equality and health inequalities

26. The VCSE sector plays a vital role in amplifying the voices of people from communities whose voices are seldom heard, helping them to engage with the health and care system. NHS commissioners and local authorities should work with the VCSE sector to enable all groups in society, especially those experiencing health inequalities, to have a say in how services can achieve better health and care outcomes for all citizens. Commissioners should be encouraged and supported to make better use of guidance, tools and resources to improve local people's access to services, experiences and outcomes by promoting equality and reducing health inequalities.

Market diversity

27. Government should consider extending the market diversity duty[xx], which currently applies to local authorities, to NHS commissioners.

A streamlined Voluntary Sector Investment Programme

28. We recommend that the three current strands of the VSIP (central grant funds [IESD and HSCVF] and strategic partner programme) are unified into one health and wellbeing programme, with project funding and strategic partner elements.

Based on the findings of the VCSE Review, project funding should be used to demonstrate effective models for supporting local infrastructure to tackle health inequalities and better embedding VCSE groups with expertise in this area into local health and care systems. Consideration should be given to sustainability and potential for leveraging other funding contributions to support this work.

A small implementation working group, comprising VCSE organisations and system partners, should identify specific health inequalities and/ or localities for the programme to ensure that it is sufficiently targeted. Outcomes measures should be developed in partnership with funded organisations and service users.

The demonstration projects should work closely with and be given national reach by the Health and Care Strategic Partnership Programme, the continuation of which has already been announced. Strategic partners should have responsibility for supporting government to disseminate learning, develop policy and identify new models for reducing health inequalities that can be rolled out nationally.

This programme should be aligned with the overall strategy of the health and care system set out in the NHS Five Year Forward and underpinned by the requirements for success set out in the VSIP chapter. This should include multi-year funding to maximise opportunities for impact and learning.

---

[i] VCSE Review Advisory Group. VCSE Review. https://voluntarycommunitysocialenterprisereview.files.wordpress.com/2015/05/vcse-review-interim-report.pdf (accessed February 2016)

[ii] Civil Society Almanac. NCVO. 2015

[iii] State of Social Enterprise Survey 2015. Social Enterprise UK. 2015. There are around 70,000 social enterprises, of which 19% work in health and social care. Of these, around 20% are likely to be charities.

[iv] GMCVO's 'Greater Manchester State of the Voluntary Sector 2013' report estimated that there are 9,624 'below the radar' organisations compared to 4,968 registered voluntary groups in Greater Manchester: almost twice as many.

[v] NHS England. New Care Models - Vanguard sites. www.england.nhs.uk/ourwork/futurenhs/new-care-models/ (accessed February 2016)

[vi] NHS England. Integrated Personal Commissioning (IPC) Programme. www.england.nhs.uk/commissioning/ipc/ (accessed February 2016)

[vii] NHS England. Integrated Care Pioneers. www.england.nhs.uk/pioneers/ (accessed February 2016)

[viii] NHS England, NHS Improvement, Care Quality Commission (CQC), Health Education England (HEE), National Institute of Health and Care Excellence (NICE), Public Health England (PHE). Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21. NHS England. 22 December 2015 version 2

[ix] National Voices. Five Year Forward View People and Communities Board. www.nationalvoices.org.uk/fyfv (accessed February 2016)

[x] National Voices. Five Year Forward View People and Communities Board. www.nationalvoices.org.uk/fyfv (accessed February 2016)

[xi] NHS England, NHS Improvement, Care Quality Commission (CQC), Health Education England (HEE), National Institute of Health and Care Excellence (NICE), Public Health England (PHE). Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21. NHS England. 22 December 2015 version 2

[xii] 1. Care and support is person-centred: personalised, coordinated, and empowering
2. Services are created in partnership with citizens and communities
3. Focus is on equality and narrowing inequalities
4. Carers are identified, supported and involved
5. Voluntary, community and social enterprise and housing sectors are involved as key partners and enablers
6. Volunteering and social action are recognised as key enablers
National Voices. Five Year Forward View People and Communities Board. www.nationalvoices.org.uk/fyfv (accessed February 2016)

[xiii] Think Local Act Personal, forthcoming publication 2016

[xiv] Open Contracting Partnership. Global principles. http://www.open-contracting.org/get-started/global-principles/ (accessed March 2016)

[xv] Open Contracting Partnership. Implementing the Open Contracting Data Standard. http://www.open-contracting.org/data-standard/ (accessed March 2016)

[xvi] Lampard K, Marsden E. Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile. Independent report for the Secretary of State for Health. February 2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/407209/KL_lessons_learned_report_FINAL.pdf (accessed March 2016)

[xvii] Ministry of Justice. Guidance: Accessing the Justice Data Lab service. First published: 7 November 2014 https://www.gov.uk/government/publications/justice-data-lab (accessed March 2016)

[xviii] Ministry of Justice. Guidance: Accessing the Justice Data Lab service. First published: 7 November 2014 https://www.gov.uk/government/publications/justice-data-lab (accessed March 2016)

[xix] Gov.uk. Government Service Design Manual. Open data. https://www.gov.uk/service-manual/technology/open-data.html (accessed March 2016)

[xx] Care Act 2014, clause 5. Legislation.gov.uk. 2014 [cited 11 January 2015]. http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted (accessed March 2016)

This page is intentionally left blank

Gateshead Council

HEALTH AND WELLBEING BOARD
9 September 2016

TITLE OF REPORT: Better Care Fund: 1st Quarterly Return (2016/17) to NHS England

---

Purpose of the Report

1. To seek the endorsement of the Health & Wellbeing Board to the Better Care Fund return to NHS England for the 1st Quarter of 2016/17.

Background

2. The HWB approved the Gateshead Better Care Fund (BCF) submission for Gateshead at its meeting on 22 April 2016, which in turn was approved by NHS England in July 2016.

3. NHS England is continuing its quarterly monitoring arrangements for the BCF which requires a template return to be submitted in respect of our BCF Plan for each quarter of 2016/17. The return for the 1st quarter of 2016/17 is due to be submitted by the 9th September and sets out progress in relation to budget arrangements, meeting the national conditions, performance against BCF metrics etc.

Future BCF Returns for 2016/17

4. Deadlines have also been set by NHS England for the completion of future quarterly returns for 2016/17 are as follows:

   Q2 2016/17: 25th November 2016

   Q3 2016/17: 24th February 2017

   Q4 2016/17: 24th May 2017

5. These will continue to be brought to the Board for endorsement as required.

Proposal

6. It is proposed that the Board endorse the 1st Quarter BCF return for 2016/17 (attached as an excel document).

Recommendations

7. The Health and Wellbeing Board is asked to endorse the Better Care Fund 1st Quarter return for 2016/17 to NHS England.

Contact: John Costello (0191) 4332065

Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 9th September 2016.

The BCF Q1 Data Collection

This Excel data collection template for Q1 2016-17 focuses on budget arrangements, the national conditions, income and expenditure to and from the fund, and performance on BCF metrics.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an overview of progress with your BCF plan, the wider integration of health and social care services, and a consideration of any variances against planned performance trajectories or milestones.

Cell Colour Key

Data needs inputting in the cell
Pre-populated cells
Question not relevant to you

Throughout this template cells requiring a numerical input are restricted to values between 0 and 100,000,000.

Content

The data collection template consists of 8 sheets:

Checklist - This contains a matrix of responses to questions within the data collection template.
1) Cover Sheet - this includes basic details and tracks question completion.
2) Budget arrangements - this tracks whether Section 75 agreements are in place for pooling funds.
3) National Conditions - checklist against the national conditions as set out in the BCF Policy Framework 16-17 and BCF planning guidance.
4) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.
5) Supporting Metrics - this tracks performance against the two national metrics, a DTOC metric, a Non-Elective Admissions metric, locally set metric and locally defined patient experience metric in BCF plans.

6) Additional Measures - additional questions on new metrics that are being developed to measure progress in developing integrated, cooridnated, and person centred care.
7) Narrative - this allows space for the description of overall progress on BCF plan delivery and performance against key indicators.

Checklist

This sheet contains all the validations for each question in the relevant sections.

All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:

The Health and Well Being Board
Who has completed the report, email and contact number in case any queries arise
Please detail who has signed off the report on behalf of the Health and Well Being Board

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 7 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This section requires the Health & Wellbeing Board to confirm if funds have been pooled via a Section 75 agreement. Please answer as at the time of completion.

Have the funds been pooled via a s.75 pooled budget?
If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the eight national conditions detailed in the Better Care Fund Policy Framework 16/17 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf) and Better Care Fund Planning Guidance 16/17 (http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/) have been met through the delivery of your plan. Please answer as at the time of completion.

It sets out the eight conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' or 'No - In Progress' that these have been met. Should 'No' or 'No - In Progress' be selected, please provide an estimated date when condition will be met, an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed.

Full details of the conditions are detailed at the bottom of the page.

4) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

Planned income into the pooled fund for each quarter of the 2016-17 financial year
Forecasted income into the pooled fund for each quarter of the 2016-17 financial year
Actual income into the pooled fund in Q1 2016-17
Planned expenditure from the pooled fund for each quarter of the 2016-17 financial year
Forecasted expenditure from the pooled fund for each quarter of the 2016-17 financial year
Actual expenditure from the pooled fund in Q1 2016-17

Figures should reflect the position by the end of each quarter. It is expected that the total planned income and planned expenditure figures for 2016-17 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan or amendments to forecasts made since the previous quarter.

5) Supporting Metrics

This tab tracks performance against the two national supporting metrics, a Delayed Transfers of Care metric, a Non-Elective Admissions metric, the locally set metric, and the locally defined patient experience metric submitted in approved BCF plans. In all cases the metrics are set out as defined in the approved plan for the HWB and the following information is required for each metric:

An update on indicative progress against the six metrics for Q1 2016-17
Commentary on progress against each metric

If the information is not available to provide an indication of performance on a measure at this point in time then there is a drop-down option to indicate this. Should a patient experience metric not have been provided in the original BCF plan or previous data returns there is an opportunity to state the metric that you are now using.

6) Additional Measures

This tab includes a handful of new metrics designed with the intention of gathering some detailed intelligence on local progress against some key elements of person-centred, co-ordinated care. Following feedback from colleagues across the system these questions have been modified from those that appeared in the last BCF Quarterly Data Collection Template (Q2 /Q3/Q4 2015-16). Nonetheless, they are still in draft form, and the Department of Health are keen to receive feedback on how they could be improved / any complications caused by the way that they have been posed.

For the question on progress towards instillation of Open APIs, if an Open API is installed and live in a given setting, please state 'Live' in the 'Projected 'go-live' date field.
For the question on use and prevalence of Multi-Disciplinary/Integrated Care Teams please choose your answers based on the proportion of your localities within which Multi-Disciplinary/Integrated Care Teams are in use.

For the PHB metric, areas should include all age groups, as well as those PHBs that form part of a jointly-funded package of care which may be administered by the NHS or by a partner organisation on behalf of the NHS (e.g. local authority). Any jointly funded personal budgets that include NHS funding are automatically counted as a personal health budget. We have expanded this definition following feedback received during the Q3 reporting process, and to align with other existing PHB data collections.

7) Narrative

In this tab HWBs are asked to provide a brief narrative on overall progress, reflecting on performance in Q1 16/17.

Better Care Fund Template Q1 2016/17

Data Collection Question Completion Checklist

1. Cover

Health and Well Being Board	completed by:	e-mail:	contact number:	Who has signed off the report on behalf of the Health and Well Being Board:
Yes	Yes	Yes	Yes	Yes

2. Budget Arrangements

Have funds been pooled via a S.75 pooled budget? If no, date provided?
Yes

3. National Conditions

			7 day services		
	1) Are the plans still jointly agreed?	2) Maintain provision of social care services	3i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	3ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	4i) Is the NHS Number being used as the consistent identifier for health and social care services?
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter (in-line with signed off plan) and how this is being addressed?	Yes	Yes	Yes	Yes	Yes

4. I&E (2 parts)

		Q1 2016/17	Q2 2016/17	Q3 2016/17
Income to	Plan	Yes	Yes	Yes
	Forecast	Yes	Yes	Yes
	Actual	Yes		
	Please comment if there is a difference between the annual totals and the pooled fund	Yes		
Expenditure From	Plan	Yes	Yes	Yes
	Forecast	Yes	Yes	Yes
	Actual	Yes		
	Please comment if there is a difference between the annual totals and the pooled fund	Yes		
Commentary on progress against financial plan:		Yes		

5. Supporting Metrics

		Please provide an update on indicative progress against the metric?	Commentary on progress
	NEA	Yes	Yes
	DTOC	Yes	Yes
	Local performance metric	Yes	Yes
	If no metric, please specify		
Patient experience metric		Yes	Yes
	Admissions to residential care	Yes	Yes
	Reablement	Yes	Yes

6. Additional Measures

	GP	Hospital	Social Care	Community	Mental health
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes

	To GP	To Hospital	To Social Care	To Community	To Mental health
From GP	Yes	Yes	Yes	Yes	Yes
From Hospital	Yes	Yes	Yes	Yes	Yes
From Social Care	Yes	Yes	Yes	Yes	Yes
From Community	Yes	Yes	Yes	Yes	Yes
From Mental Health	Yes	Yes	Yes	Yes	Yes
From Specialised Palliative	Yes	Yes	Yes	Yes	Yes

	GP	Hospital	Social Care	Community	Mental health
Progress status	Yes	Yes	Yes	Yes	Yes
Projected 'go-live' date (mm/yy)	Yes	Yes	Yes	Yes	Yes

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	
	Yes

Total number of PHBs in place at the end of the quarter	
	Yes
Number of new PHBs put in place during the quarter	
	Yes
Number of existing PHBs stopped during the quarter	
	Yes

Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	Yes

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes

7. Narrative

Brief Narrative	Yes

Data sharing			
4ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	4iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	4iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	5) Is there a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes

Q4 2016/17
Yes
Yes

Yes
Yes

Specialised palliative
Yes
Yes

To Specialised palliative
Yes
Yes
Yes
Yes
Yes
Yes

Specialised palliative
Yes
Yes

Cover

Q1 2016/17	
Health and Well Being Board	**Gateshead**
completed by:	John Costello/Hilary Bellwood
E-Mail:	hilarybellwood@nhs.net
Contact Number:	0191 217 2960
Who has signed off the report on behalf of the Health and Well Being Board:	Councillor Lynne Caffrey Chair Gateshead Helath & Wellbeing Board

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	2
3. National Conditions	36
4. I&E	21
5. Supporting Metrics	13
6. Additional Measures	67
7. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:	Gateshead

Have the funds been pooled via a s.75 pooled budget?	Yes
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

National Conditions

Selected Health and Well Being Board: Gateshead

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these have been met, as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within this quarter (in-line with signed off plan) and how this is being addressed?

Condition (please refer to the detailed definition below)	Please Select ('Yes', 'No' or 'No - In Progress')	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed	Yes		
2) Maintain provision of social care services	Yes		
3) In respect of 7 Day Services - please confirm:			
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes		
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	No - In Progress	31/03/20	New contract awarded for Community services whch will see a transformation programme over 5-7 years. Learning emerging from Primary Care Access Prog
4) In respect of Data Sharing - please confirm:			
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes		
ii) Are you pursuing Open APIs (ie system that speak to each other)?	No - In Progress	30/09/18	Following initial stakeholder events held in 2015, significant progress has been made to develop more robust plans for delivering information sharing between stakeholders, including across health and social care. The CCG has co-ordinated the development of the Newcastle Gateshead Local Digital Roadmap, which outlines the ambition across Newcastle Gateshead to deliver a paper free care system by 2021. Stakeholder organisations were involved in
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes		
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	No - In Progress	30/06/17	The local information networks are working with other CCGs and providers at a regional level to develop patient communications at a regional level, with posters, leaflets and a patient helpline for queries around information sharing going live in September 2016. Further work is scheduled to underake patient engagement and local communications to support implementation of the information sharing agenda.
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes		
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	No - In Progress	31/03/20	Newcastle Gateshead has well established governance arrangements supporting 'Better Care'. There is joint ownership across both Health and LA commissioners and providers to lead on the development and implementation of the plans.
7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care	No - In Progress	31/03/20	Through the STP process there is a recognition that an investment into Out of Hospital services is fundamental to sustainability of the whole system, therefore
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes		

National conditions - detailed definitions

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Review, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with health and social care providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. Furthermore, there should be joint agreement across commissioners and providers as to how the Better Care Fund will contribute to a longer term strategic plan. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences. The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.

2) Maintain provision of social care services

Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2015-16.

The definition of support should be agreed locally. As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund.

In setting the level of protection for social care localities should be mindful to ensure that any change does not destabilise the local social and health care system as a whole. This will be assessed compared to 2015-16 figures through the regional assurance process.

It should also be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013-14:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.

Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care in order:

- To prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week;
- To support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why.

The 10 clinical standards developed by the NHS Services, Seven Days a Week Forum represent, as a whole, best practice for quality care on every day of the week and provide a useful reference for commissioners (https://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf).
By 2020 all hospital in-patients admitted through urgent and emergency routes in England will have access to services which comply with at least 4 of these standards on every day of the week, namely Standards 2, 5, 6 and 8. For the Better Care Fund, particular consideration should be given to whether progress is being made against Standard 9. This standard highlights the role of support services in the provision of the next steps in a person's care pathway following admission to hospital, as determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.

4) Better data sharing between health and social care, based on the NHS number

The appropriate and lawful sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a consistent identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:
- confirm that they are using the NHS Number as the consistent identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls (https://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf; and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place.
- ensure that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights. In line with the recommendations from the National Data Guardian review.

The Information Governance Alliance (IGA) is a group of national health and care organisations (including the Department of Health, NHS England, Public Health England and the Health and Social Care Information Centre) working together to provide a joined up and consistent approach to information governance and provide access to a central repository guidance on data access issues for the health and care system. See - http://systems.hscic.gov.uk/infogov/iga

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and named care coordinator, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by care coordinators, for example dementia advisors.

6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans

The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations.

There is agreement that there is much more to be done to ensure mental and physical health are considered equal and better integrated with one another, as well as with other services such as social care. Plans should therefore give due regard to this.

7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care

Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund.

This should be achieved in one of the following ways:

- To fund NHS commissioned out-of-hospital services, which may include a wide range of services including social care, as part of their agreed Better Care Fund plan; or

- Local areas can choose to put an appropriate proportion of their share of the £1bn into a local risk-sharing agreement as part of contingency planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services including social care (local areas should seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 15-16);

This condition replaces the Payment for Performance scheme included in the 2015-16 Better Care Fund framework.

8) Agreement on local action plan to reduce delayed transfers of care (DTOC)

Given the unacceptable high levels of DTOC currently, the Government is exploring what further action should be taken to address the issue.

As part of this work, under the Better Care Fund, each local area is to develop a local action plan for managing DTOC, including a locally agreed target.

All local areas need to establish their own stretching local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the same as the national performance metric (average delayed transfers of care (delayed days) per 100,000 population (attributable to either NHS, social care or both) per month.

As part of this plan, we want local areas to consider the use of local risk sharing agreements with respect to DTOC, with clear reference to existing guidance and flexibilities. This will be particularly relevant in areas where levels of DTOC are high and rising.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute and community trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue.

We would expect plans to:

• Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring;
• Take account of national guidance, particularly the NHS High Impact Interventions for Urgent and Emergency Care, the NHS England Monthly Delayed Transfers of Care Situation Reports Definition and Guidance, and best practice with regards to reducing DTOC from LGA and ADASS;
• Demonstrate how activities across the whole patient pathway can support improved patient flow and DTOC performance, specifically around admissions avoidance;
• Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity;
• Demonstrate how CCGs and Local Authorities are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce - ideally through joint commissioning and workforce strategies;
• Demonstrate engagement with the independent and voluntary sector providers.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: Gateshead

Income

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17 (Rounded)
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£4,121,962	£4,121,962	£4,121,962	£4,121,962	£16,487,846	£16,487,846
	Forecast	£4,121,962	£4,121,962	£4,121,962	£4,121,962	£16,487,846	
	Actual*	£4,121,962					
Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast							

Expenditure

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17 (Rounded)
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£3,771,462	£3,982,462	£4,552,462	£4,181,462	£16,487,846	£16,487,846
	Forecast	£3,771,462	£3,982,462	£4,552,462	£4,181,462	£16,487,846	
	Actual*	£3,771,462					
Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast							

Commentary on progress against financial plan:	Actual expenditure figures show full expenditure against schemes within the BCF pool.

Footnotes:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB and has been rounded to the nearest whole number.

National and locally defined metrics

Selected Health and Well Being Board:	Gateshead

Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Quarter one activity data suggests that Non Elective admissions will be below plan for 2016/17, with performance for the current quarter circa 1% (56 spells) below plan.

Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Q4 2015/16 demonstrated that there was a significant increase in delayed days due to reduced care provider provision. The 16/17 plan for Q1 had been adjusted to reflect this increased rate , with a planned improvement in Q2-Q4. This increased level has been continued into April and May as anticipated, but additional provision has been put into place during Q1 which should see a reduction in level in Q2. Q1 outturn is below the planned level

Local performance metric as described in your approved BCF plan	Estimated diagnosis rate for people with dementia
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Stretch target of 70% has been met, Q1 at 70.4% and this has improved further to 70.7% in July.

Local defined patient experience metric as described in your approved BCF plan	Patient/Service User Experience metric Improve the percentage of patients who responded " Yes Definitely" to the following question from the GP patient survey: "For respondents with a long-standing health condition: In the last 6 months, have you had enough support from
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Aggregate results for the GP practice surveys conducted between July and September 2015 and January and March 2016 show that 44.6% of patients registered with a Gateshead practice answered Yes, definitely to the question In the last 6 months have you had enough support from local services or organisations to manage your long term condition.

Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	For April to June 2016, there were 58 permanent admissions into residential or nursing care. This represents 150.3 admissions per 100,000 population showing an improvement in performance compared to the same point last year (82 permanent admissions which equates to 216.7 per 100,000 population). At this stage, performance is on track to achieve the year end target of 388 admissions (1,005.1 per 100,000 population). 50% of admissions in Q1

Additional Measures

Selected Health and Well Being Board: Gateshead

Improving Data Sharing: (Measures 1-3)

1. Proposed Measure: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Measure: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Shared via interim solution
From Hospital	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution
From Social Care	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution
From Mental Health	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally
From Specialised Palliative	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	In development	In development	In development	In development	In development	In development
Projected 'go-live' date (dd/mm/yy)	N/A	N/A	N/A	N/A	N/A	N/A

3. Proposed Measure: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot commissioned and planning in progress

Other Measures: Measures (4-5)

4. Proposed Measure: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	1
Rate per 100,000 population	0

Number of new PHBs put in place during the quarter	0
Number of existing PHBs stopped during the quarter	0
Of **all** residents using PHBs at the **end** of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%

Population (Mid 2016)	201,221

5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **non-acute** setting?	Yes - in some parts of Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **acute** setting?	Yes - throughout the Health and Wellbeing Board area

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2014-based (published May 2016).
http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1
Q4 15/16 population figures onwards have been updated to the mid-year 2016 estimates as we have moved into the new calendar year.

Narrative

Selected Health and Well Being Board:	Gateshead

Remaining Characters	31,473

Please provide a brief narrative on overall progress, reflecting on performance in Q1 16/17. Please also make reference to performance across any other relevant areas that are not directly reported on within this template.
Good progress is being made in line with our BCF plan for 2016/17. In addition, to the reported position on our metrics, other measures and work to meet national BCF conditions, the following summarises our current position. Progress continues to be made in steering the transition of our BCF schemes towards new models of care such as the Care Homes and Urgent Care Vanguards, redesign of community health services, primary care, out-of-hospital care, and prevention/assertive early intervention. This work is also consistent with our emerging Sustainability & Transformation Plan (STP) and, in particular, our aspirations for Prevention, Health & Wellbeing, Out of Hospital care and broader Acute hospital collaboration. There is a recognition that investment in preventative approaches and out-of-hospital services are central to the future sustainability of our health and care system as a whole. Modelling and redesign work will prioritise what level of investment is required to deliver this shift in care. Side by side with this work is a focus on the key enablers to support the transition to new models of care including workforce, technology, involvement and engagement and our system architecture - new payment systems, system leadership and governance, new ways of working etc.

Gateshead Council

HEALTH AND WELLBEING BOARD
9 September 2016

TITLE OF REPORT: Gateshead Local Safeguarding Children Board – Annual Report and Business Plan

---

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on the Gateshead Local Safeguarding Children Board (LSCB) Annual Report 2015-2016 and the 2016-2017 Action Plan for the 2014-2017 Business Plan. Both reports are provided as appendices to this report.

Background

2. The Children Act 2004 requires all local authorities to have in place a LSCB. The LSCB is the principal mechanism for agreeing how relevant organisations in the local area will cooperate to safeguard and promote the welfare of children in the area and for ensuring the effectiveness of those arrangements.

3. There is a statutory requirement for LSCBs under section 14A of the Children Act 2004 and *Working Together to Safeguard Children* (2015) to publish an annual report on the effectiveness of safeguarding in the local area. *Working Together (*2015) also sets out that the report "should be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board".

4. In addition to Gateshead Council and Northumbria Police, member organisations of Gateshead LSCB include Gateshead Health NHS Foundation Trust (GHNFT), Newcastle Gateshead Clinical Commissioning Group (CCG), Northumberland, Tyne and Wear NHS Foundation Trust (NTW) and South Tyneside NHS Foundation Trust (STFT). The CCG also provide an established link between the LSCB and North East Ambulance Service.

5. The following officers in health-related roles are currently members of Gateshead LSCB:

    - Designated Doctor, Safeguarding Children
    - Designated Nurse, Safeguarding Children
    - Director of Nursing, Midwifery and Quality, GHNFT
    - Executive Director of Nursing, Patient Safety and Quality, Newcastle Gateshead CCG
    - Group Medical Director – Specialist Care, NTW
    - Public Health Programme Lead (representing the Director of Public Health)
    - STFT representative to be confirmed following the departure of the Strategic Lead for Safer Care

6. A number of officers from health-related agencies are also members of Gateshead LSCB sub groups. The LSCB sub groups drive forward the work of the Board and ensure that the LSCB discharges its functions as set out in *Working Together to Safeguard Children* (2015) and more detail is provided in the annual report.

7. The LSCB Annual Report 2015-2016 sets out the arrangements to safeguard and promote the welfare of children in Gateshead and assessment of those arrangements and of how the LSCB discharges its functions as set out in *Working Together (*2015). The report details developments for the Board and its sub groups in the last financial year, including:

- The LSCB continued to review and strengthen its own governance arrangements and make progress against its priorities of leadership, challenge and learning
- The Board was inspected by Ofsted (at the same time as the inspection of the local authority). Whilst the inspection found that the LSCB requires improvement to be good, a number of positives were noted including strong partnership arrangements in relation to Child Sexual Exploitation (CSE). Ofsted recommended that work was required to develop appropriate pathways to increase the LSCB's contribution to and influence on the Health and Wellbeing Board to ensure that the experiences of children and young people are given appropriate consideration in all activity. A protocol has since been developed (provided as an appendix to this report)
- Three lay members were appointed to the LSCB and SAB to strengthen links with local communities and also between the two Boards
- The LSCB engaged with local young people to determine whether they thought that Gateshead was a safe place to live and go to school and what they wanted to change.

8. There were also a number of developments in 2015-2016 for LSCB partner agencies in relation to safeguarding children. These included:

- As referenced above, Gateshead Council was inspected by Ofsted. The outcome of the inspection was very positive and inspectors found that children were safe in Gateshead. Other partner agencies were also inspected by the relevant inspectorates and on the whole arrangements were judged to be very effective
- Processes were strengthened between NTW and Children's Social Care to improve information sharing and understanding of risk
- Work was undertaken to receive and support 53 Syrian refugees, 17 of which were children and young people of school age.
- A Complex Pupils Meeting was established to support some of our most vulnerable young people who are not accessing full time education
- Named professionals in a health organisation challenged professionals within adult-facing departments to consider the needs of children within the family when an adult attends with a high risk presentation

- Partner agencies were able to reassure the LSCB via the annual Section 11 audit that suitable arrangements were in place to safeguard children and appropriate consideration was given to statutory requirements

9. The annual report also contains multi-agency and single agency performance data for 2015-2016. Key issues to note include:

- An increase in the number of children made subject to a child protection plan than in previous years – a 5% increase at year end and this rise has continued into the current financial year
- A large increase (38%) in formal child protection enquiries and also an increase in full child in need assessments. Despite this, compliance with timescales remains high
- Continuing high numbers of unborn babies subject to child protection plans compared to the rest of the country – this is as a result of early referral and multi-agency risk assessment when concerns are identified whereas other areas wait until much later in the pregnancy before carrying out pre-birth assessments
- Low re-referral rates to Children's Social Care, which would suggest that families are receiving the correct level of service
- Higher than expected numbers of young people being admitted to hospital for self-harm
- A large increase in the number of permanent exclusions from our schools

Gateshead LSCB in numbers in 2015-2016

There are **40,100** children living in Gateshead (20% of the total population)	**20.5%** of our children live in poverty (slightly less than last year but higher than the national average)	**8.62%** of school age children are from an ethnic minority **6.2%** of our children speak a language other than English as their first language	**23,848** children attend schools in Gateshead (not including Emmanuel College or the Jewish schools)
4846 children in Gateshead receive free school meals (**22%** of all children, which is an increase)	**68.1** children per 10,000 are currently subject to child protection plans	We've seen a **5.8%** increase in the number of CP plans this year – we're still higher than the national and regional averages	**61.9%** of our child protection plans were due to neglect (**169** cases)
During the course of the year, **66** unborn babies were made subject to child protection plans due to concerns about their pregnant mother or family	Children's Social Care received **8943** "contacts" contacts from people worried about a child in Gateshead	We carried out **669** s47s – an **increase** of **187** from last year **99.7%** were completed within timescale	**85.8** children per 10,000 are currently looked after by Gateshead Council

99.4% of our LAC reviews and **100%** of our Review Child Protection Conferences were held within timescales	**87.8%** of our schools are judged to be good or outstanding	**100%** of schools are now signed up to Operation Encompass – a new project to support children who witness domestic abuse at home	Police shared information with schools via Operation Encompass regarding **1,101** children to ensure that appropriate support was in place
90% of our GPs practices were represented at "level 3" child protection training (28 out of 31 practices)	Over **700** taxi drivers attended training delivered by the LSCB and Police on CSE to help them understand how to keep vulnerable passengers safe	There were **928** episodes where a young person from Gateshead was reported missing from home or care to the police. **71%** of them were "in care"	The cases of **43** young people were discussed at the LSCB's Missing, Sexually Exploited and Trafficked Sub Group (MSET) due to concerns about them
We didn't publish any Serious Case Reviews or initiate any new ones this year. We have looked at a few cases in more detail to try and improve practice though	**1151** practitioners attended a LSCB training event – this is an increase on last year	Gateshead's under 18 conceptions have decreased by **40%** since 1998	Gateshead College delivered a Counter Extremism and Radicalisation tutorial to **1,795** young people and a British Values tutorial to **1,746** young people

10. The annual report will also be shared with chief officers of the LSCB's partner agencies and both documents will be published on the LSCB website (www.gateshead.gov.uk/LSCB) alongside other reports on local activity.

11. A summary version of the annual report, entitled "How safe are children in Gateshead?" has been written with young people in mind and will be shared with all school councils in Gateshead and other key groups of young people in addition to chief officers and other professionals.

12. Previously, the LSCB produced a business plan on an annual basis with annual local priority areas. However, the LSCB has now agreed a new approach for 2014-2017 with a three year plan to align with Children Gateshead, the plan for children, young people and Families in Gateshead.

13. The Gateshead LSCB Business Plan 2014-2017 sets the strategic direction for the LSCB and reinforces the specific role of the LSBC to lead, challenge and support learning. The plan identifies specific priorities for action and is clear about roles and responsibilities. The business plan is based on two strategic outcomes (protecting vulnerable children and preventing harm and promoting welfare) and three strategic principles (leadership, challenge and learning).

.

14. In each year of the LSCB's three year business plan, some specific actions will be established around the three strategic priorities. The LSCB uses data, Serious Case Reviews and consultation with frontline practitioners and children/young people to identify these.

15. The 2016-2017 action plan sets out how the Board will work towards its priorities of leadership, challenge and learning and the strategic outcomes of protecting vulnerable children and preventing harm.

Proposal

16. It is proposed that the LSCB addresses a number of specific issues, which the Health and Wellbeing Board may wish to note in 2016-2017. Partnership working around child wellbeing and safeguarding remains very strong in Gateshead. The move to a more specific and clearly defined role for the LSCB in 2014-2017 has been developed with partners to enhance the collective role of the Board rather than being designed to address any specific weaknesses.

17. Highlights to note include:

- Continuing to strengthen links with local communities
- Receiving reports on the redesign of Early Help Services in the borough
- Continuing to strengthen links with other partnerships and improve the LSCB's visibility
- Continuing to improve engagement with young people and learn from what they tell our
- Developing an Effectiveness Framework to understand areas of strength and areas for development
- Obtaining a better understanding of the impact of our training offer
- Undertaking task and finish work to understand our increased levels of self-harm and permanent exclusions and improve the response to these issues

18. As part of the processes of ensuring links between the LSCB and the Health and Wellbeing Board, members may wish to suggest additional ways of strengthening links or additional information they would find useful.

Recommendations

19. The Health and Wellbeing Board is asked to note the content of the Gateshead LSCB Annual Report 2015-2016 and updated action plan for the Business Plan 2014-2017 for the following reasons:

(i) To enable the LSCB to deliver the Business Plan
(ii) To enable Health and Wellbeing Board to be aware of key issues in relation to safeguarding children in Gateshead
(iii) To strengthen links between the LSCB and Health and Wellbeing Board
(iv) To ensure that safeguarding of vulnerable children and young people remains a high priority for the Health and Wellbeing Board and its members

20. The Health and Wellbeing Board is also asked to consider, in light of Ofsted's recommendation, whether any additional actions are required to increase the LSCB's contribution to and influence on the work of the Board.

21. The Health and Wellbeing Board is also asked to consider whether any additional actions are required to ensure that LSCB are reassured that children and young people are given appropriate consideration in all activity.

Contact: Louise Gill (0191) 4338010

This page is intentionally left blank

Gateshead local safeguarding children board

2016 PROTOCOL BETWEEN GATESHEAD LOCAL SAFEGUARDING CHILDREN BOARD AND HEALTH AND WELLBEING BOARD

INTRODUCTION

This protocol sets out the governance and working arrangements between the Gateshead Local Safeguarding Children Board (LSCB) and the Health and Wellbeing Board (HWB). It provides an overview of the roles and responsibilities for each Board and identifies the way in which they will cooperate to ensure that there is effective communication, coordination and influence. Neither Board is directly accountable to the other, however it is recognised that both should work together to safeguard young people at risk and improve the wider health and wellbeing agenda across Gateshead.

WHAT IS THE LSCB?

Gateshead LSCB is an independent statutory partnership with two main objectives as set out in statutory guidance *Working Together to Safeguard Children* (2013) and the Children Act 2004 Regulations:

1. To coordinate the safeguarding arrangements of each body represented on the Board and promote the welfare of children in Gateshead Council
2. To monitor the effectiveness of the safeguarding arrangements in Gateshead

The LSCB also has a number of statutory roles and functions to support these objectives, including:

- Developing child protection policies and procedures
- Communicating and raising awareness of safeguarding
- Monitoring and evaluating the effectiveness of partners individually and collectively
- Participating in the planning of services
- Undertaking reviews of all child deaths and Serious Case Reviews and disseminating the learning
- Commissioning and evaluating multi agency training

Gateshead LSCB has a three year business plan for 2014-2017 with key priorities of **Leadership, Challenge** and **Learning** and these principles are not only applied to the work of the Board but to partners and other partnerships, where relevant.

WHAT IS THE HWB?

The Health and Social Care Act 2012 established Health and Wellbeing Boards as a forum where key leaders and commissioners from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

The role and functions the Gateshead HWB include:

- Assessing the needs of the local population and leading on the Joint Strategic Needs Assessment
- Leading on the production of a Joint Health and Wellbeing Strategy
- Promoting integration and partnership working in the provision of health and social care
- Supporting strategic joint commissioning where appropriate
- Leading on local health improvements and prevention activity

ARRANGEMENTS BETWEEN THE BOARDS

The following arrangements are already in place or are proposed to ensure greater join up between Gateshead LSCB and the HWB. These arrangements ensure that each Board contributes to and influences the work of the other and that the LSCB receives assurances that safeguarding is adequately considered by the HWB:

- The LSCB has a statutory requirement to publish an annual report on the effectiveness of safeguarding arrangements in Gateshead. This will be shared with the HWB, and other partnerships, as part of the annual reporting cycle. The LSCB also produces an annual Business Plan with key priorities and this will be shared with the HWB (usually at the same meeting). This enables effective sharing of good practice between both Boards and the sharing of any safeguarding issues identified by either Board. The HWB is not currently required to produce an annual report.
- The LSCB also produces a newsletter on a quarterly basis entitled Safeguarding News, and it is proposed that this will be circulated to members of the HWB in addition to LSCB members and frontline practitioners
- There are a number of agencies represented on both Boards e.g. Gateshead Council, Newcastle Gateshead CCG, Gateshead Health NHS Foundation Trust, Northumberland, Tyne and Wear NHS Foundation Trust etc. There are also some individuals who are members of both Boards, for example the Strategic Director – Care, Wellbeing and Learning. This will be considered further as part of the annual review of membership of both Boards. There is an expectation that members of any Board, for example the LSCB, HWB, Safeguarding Adults Board, Community Safety Board and Children's Trust Board, will ensure that any issues impacting on another strategic partnership are shared as appropriate so that issues can be identified. For example, if the HWB discuss an issue that has implications for safeguarding children then the LSCB should be alerted. There is also an expectation that Members of both Boards will ensure that messages about keeping children safe are disseminated within partner organisations
- The LSCB Business Manager and the Gateshead Council Policy Manager who coordinates the work of the HWB will meet twice a year to discuss issues that have been discussed by each Board, issues on the horizon and any relevant concerns that would impact on the work of the other Board

GATESHEAD
local safeguarding children board

Gateshead LSCB Annual Report

2015-2016

Contents

1. INTRODUCTION AND WELCOME

Gary Hetherington LSCB Independent Chair 2015-2016 and **Councillor Angela Douglas**, Cabinet Member for Children and Young People

Introduction – Councillor Angela Douglas, Cabinet Member for Children and Young People

I am pleased to introduce the Gateshead Local Safeguarding Children Board (LSCB) Annual Report for 2015-2016.

As the Cabinet Member for Children and Young People for Gateshead Council I hold the statutory responsibility, along with Alison Elliott, Director of Children's Services, to ensure that children at risk of harm receive quality services to protect and support them and their families.

The previous twelve months have seen unprecedented challenges for agencies in Gateshead in terms of resources and there is no doubt that these challenges will continue into 2016-2017 and beyond. However, we continue to see excellent practice and commitment from professionals in Gateshead to keep our children safe. As this report will set out, the Local Authority and the LSCB were inspected by Ofsted in the autumn and this inspection found that children are at the heart of good practice in Gateshead and multi-agency practice was judged to be highly effective overall.

The LSCB holds a key and central role in leading and coordinating the work of agencies in Gateshead who work to keep children and young people safe and Ofsted acknowledged the clear strong commitment from key statutory agencies. As part of ongoing development work and a challenge of its own arrangements, the Board had already identified the areas for improvement noted by Ofsted and work has already taken place to address a number of these areas. The LSCB continues to **lead**, **challenge** and **learn** and asks its partners to do the same.

I am confident that the LSCB and its partners will continue to develop in 2016-2017 and continue to strive to improve outcomes for every child in Gateshead, but particularly our most vulnerable. I look forward to being a part of this improvement journey and continuing to support arrangements to safeguard and protect our children over the next 12 months.

Introduction – Alison Elliott, Interim Strategic Director, Care Wellbeing and Learning

This year has seen significant work undertaken by the LSCB within an increasingly challenging environment, not least an Ofsted inspection and the continued austerity across the public sector. The Ofsted judgement of the LSCB, that it requires improvement to be good, reflects the positive contribution of the LSCB to safeguarding children in Gateshead and confirms the areas of improvement that the LSCB had already identified. Partners continue to commit to and participate in the LSCB and it is this partnership that ensures children in Gateshead are safe and supported to thrive.

Next year the LSCB will focus on a number of key strategic areas that reflect the recommendations from Ofsted, but will also focus on specific areas of practice to ensure that the Board has a real positive impact on children's lives.

The Board is grateful for the commitment of three new lay members and as always, is grateful to the Board Business Manager and the Chair for driving forward the agenda and keeping the focus on making a difference to children.

2. EXECUTIVE SUMMARY

As set out in *Working Together to Safeguard Children* (2015), every Local Safeguarding Children Board (LSCB) is required to produce and publish an annual report on the effectiveness of safeguarding in the local area. This report sets out the arrangements to safeguard and promote the welfare of children in Gateshead and provides an assessment of those arrangements. This report also sets out how we discharge our functions as set out in *Working Together to Safeguard Children* (2015).

2015-2016 has been a busy year for us. As well as "business as usual" we were inspected by Ofsted alongside services to safeguard children in Gateshead Council. Whist Ofsted were happy that we were fulfilling our statutory responsibilities and had a clear, strong commitment from our partners, they judged that we require improvement to be "good". They found that a lot of the work that we are doing is done well, and we are moving in the right direction, however there were seven recommendations made to strengthen our performance to make us more effective. We've already started work to address these recommendations and have achieved some of them, for example we now have three active lay members on the Board to strengthen our links with the local community (we share those lay members with the Safeguarding Adults Board to help strengthen our links with them too) and we've strengthened links with the Jewish community and the Health and Wellbeing Board. We're also strengthening our oversight of frontline practice by receiving regular updates on single-agency audits undertaken by our partners.

Throughout 2015-2016 we continued to work towards our priorities of **Leadership, Challenge** and **Learning**, which are part of our three year business plan and help us to ensure that our work impacts on the children of Gateshead by improving outcomes. We arranged a sub-regional event in Gateshead for 500 practitioners and managers to raise awareness and understanding of Child Sexual Exploitation (CSE) and we undertook a detailed inquiry into CSE to ensure that practice is fit for purpose. We also trained 700 taxi drivers so that they could be more aware of vulnerable passengers and CSE in particular. Ultimately, the more people who are aware of how to spot CSE and how to respond, the better the outcomes are for those children at risk. We reviewed our own arrangements to ensure that we were working as effectively as possible and drew on national best practice to support this. We also continued to develop our Learning and Improvement Framework to make sure that the lessons from frontline practice are used to strengthen practice in the future. We also started our programme of "mini-peer reviews" so that we could learn as a Board and single agencies from each other and encourage challenge. This will help us to work together even more effectively to improve outcomes for children in the borough and really make a difference.

Our sub groups also worked hard in 2015-2016. We led on areas like updating procedures, updating the CSE strategy, learning from specific cases, learning from child deaths in the borough and delivering high quality training to frontline professionals.

We received a number of reports in 2015-2016 which allowed us to understand frontline practice and challenge this practice where necessary. This included reports on Novel Psychoactive Substances (also known as "Legal Highs"), the "Dark Web", extremism, high risk adolescents and children convicted of sex offences. By challenging practice we are confident that we have made a positive impact on outcomes for children.

We carried out a "section 11 audit" which told us that on the whole, our LSCB partner agencies and schools are meeting their statutory requirements to keep children and young people safe and have really effective arrangements in place that really make a difference to children's lives. A number of our partners were also inspected in 2015-2016 and the outcomes were, on the whole, really positive. Keeping children safe is at the centre of what many of the agencies in Gateshead do, and generally we do it really well. Inspectors found that our partners are having a positive impact on the lives of children in Gateshead and we're working together to keep them safe.

Our data tells us that we have had:

- A 5.8% increase in the number of children who are subject to child protection plans at year end compared with the previous year
- A slight decrease in the numbers of children subject to child protection plans under the category of neglect
- Continuing high numbers of unborn babies subject to child protection plans and this ensures timely decision making and support for these children
- A sustained decrease in the number of re-referrals to Children's Social Care and our figures are lower than the regional and national averages. This suggests that families are more likely to receive the services they need to keep children safe when they first come to the attention of Children's Social Care
- A 38% increase in the numbers of child protection enquiries (section 47s) completed compared to last year (669 in 2015-2016 compared to 487 last year)
- A 9% increase in Child In Need (CIN) assessments completed (a total figure of 2191 assessments)
- Continuing high numbers of children who are looked after by the local authority and higher than the national average for this indicator
- Higher numbers than expected (for our population size) of children being admitted to hospital for episodes of self-harm and we're going to continue work around this into the future

Our young people tell us that, on the whole, Gateshead is a safe place to live and go to school. The majority of young people that we've spoken to are confident that they would know what to do if they didn't feel safe at home, at school or in the community and they shared that our schools are good at telling them how to keep themselves safe. Some young people reported that they're aware of some areas being less safe than others, e.g. there are certain parks that young people avoid due to older teenagers and adults congregating there and using alcohol and drugs, and they don't always feel safe on buses and metros late at night. We'll be sharing the detail of this with relevant partners to try and make these areas of Gateshead safer or improve the perception of young people.

We will continue to work hard, both as a partnership and single agencies, in 2016-2017 and build on the work we've done over the last 12 months to make sure that we improve outcomes for children in Gateshead. Our vision is that every child should grow up in a loving and secure environment, which is free from abuse, neglect and crime, enabling them to enjoy good health and fulfil their social and educational potential and we are confident that our robust partnership arrangements can support that.

Gateshead LSCB in numbers in 2015-2016

There are **40,100** children living in Gateshead (20% of the total population)	**20.5%** of our children live in poverty (slightly less than last year but higher than the national average)	**8.62%** of school age children are from an ethnic minority **6.2%** of our children speak a language other than English as their first language	**23,848** children attend schools in Gateshead (not including Emmanuel College or the Jewish schools)
4846 children in Gateshead receive free school meals (**22%** of all children, which is an increase)	**68.1** children per 10,000 are currently subject to child protection plans	We've seen a **5.8%** increase in the number of CP plans this year – we're still higher than the national and regional averages	**61.9%** of our child protection plans were due to neglect (**169** cases)
During the course of the year, **66** unborn babies were made subject to child protection plans due to concerns about their pregnant mother or family	Children's Social Care received **8943** "contacts" contacts from people worried about a child in Gateshead	We carried out **669** s47s – an **increase** of **187** from last year **99.7%** were completed within timescale	**85.8** children per 10,000 are currently looked after by Gateshead Council
99.4% of our LAC reviews and **100%** of our Review Child Protection Conferences were held within timescales	**87.8%** of our schools are judged to be good or outstanding	**100%** of schools are now signed up to Operation Encompass – a new project to support children who witness domestic abuse at home	Police shared information with schools via Operation Encompass regarding **1,101** children to ensure that appropriate support was in place
90% of our GPs practices were represented at "level 3" child protection training (28 out of 31 practices)	Over **700** taxi drivers attended training delivered by the LSCB and Police on CSE to help them understand how to keep vulnerable passengers safe	There were **928** episodes where a young person from Gateshead was reported missing from home or care to the police. **71%** of them were "in care"	The cases of **43** young people were discussed at the LSCB's Missing, Sexually Exploited and Trafficked Sub Group (MSET) due to concerns about them
We didn't publish any Serious Case Reviews or initiate any new ones this year. We have looked at a few cases in more detail to try and improve practice though	**1151** practitioners attended a LSCB training event – this is an increase on last year	Gateshead's under 18 conceptions have decreased by **40%** since 1998	Gateshead College delivered a Counter Extremism and Radicalisation tutorial to **1,795** young people and a British Values tutorial to **1,746** young people

3. GATESHEAD AND GATESHEAD LSCB

3.1 The Borough of Gateshead

Geographically, we are the largest of the five Tyne and Wear metropolitan authorities. We cover an area of 55 square miles including a mix of urban, rural and busy commercial areas. Many of our population live in urban areas where there are areas of industrial decline and high levels of deprivation,

Our population is largely of white British origin. However we do have a large orthodox Jewish community of approximately 4,500 people, including just over 1,000 school age children and 1,500 young people in further education (the Jewish further education colleges in Gateshead play host to students from all over the world). 8.62% of our school age children are recorded as being from an ethnic minority group (up from 7.87% last year) and 6.2% of our school age children speak a language other than English as their first language (also an increase from 5.2% last year).

According to the latest data there are more than 40,100 children under 18 living in Gateshead which accounts for approximately 20% of our overall population of 200,500. The latest child poverty data (2013) shows that 20.5% of our children are classed as living in poverty. This is a decrease from the previous figure and may not fully reflect the current economic climate, but is based on average levels of income. Nationally 18% of children are classed as living in poverty, so Gateshead is higher than the national average, however in the North East overall this is 22.2%. This varies from 16.8% in Northumberland to 31.8%% in Middlesbrough. 4846 of our children are in receipt of free school meals (22.3% of the population), which is a slight increase from last year.

Our statutory mainstream school age population in 2015 was 23,848 (not including Emmanuel College and Jewish schools). This is an increase from 23,592 last year and includes 14,674 primary school children, 8,616 attending secondary schools, 469 at special schools and 89 at the Pupil Referral Unit (PRU) – a slight decrease in secondary school numbers but an increase in primary school numbers and a significant increase in numbers at the PRU. Of the 74 schools in Gateshead inspected by Ofsted since January 2012, 87.8% of them have been judged as good or outstanding (a slight increase from 86.5% reported last year).

3.2 Gateshead LSCB

LSCBs are multi-agency statutory partnerships established under Section 13 of the Children Act 2004. More information on the role and function of LSCBs can be found on our website www.gateshead.gov.uk/LSCB

We were established in 2005 (having replaced the Gateshead Area Child Protection Committee) to take responsibility for core inter-agency child protection work in the Borough, whilst also embracing the wider safeguarding duties established in the Children Act 2004.

Our vision is that every child should grow up in a loving and secure environment, which is free from abuse, neglect and crime, enabling them to enjoy good health and fulfil their social and educational potential

Our aim is to build upon and strengthen existing partnerships and to engage with the community. In furthering this vision, the LSCB's core objectives and functions are focused on safeguarding children and young people as set out in *Working Together to Safeguard Children* (2015). Safeguarding is a multi-dimensional and fluid interactive process and, as such, the LSCB formulates its strategies to afford as wide an audience as possible a voice in promoting a safer environment for the children and young people of Gateshead.

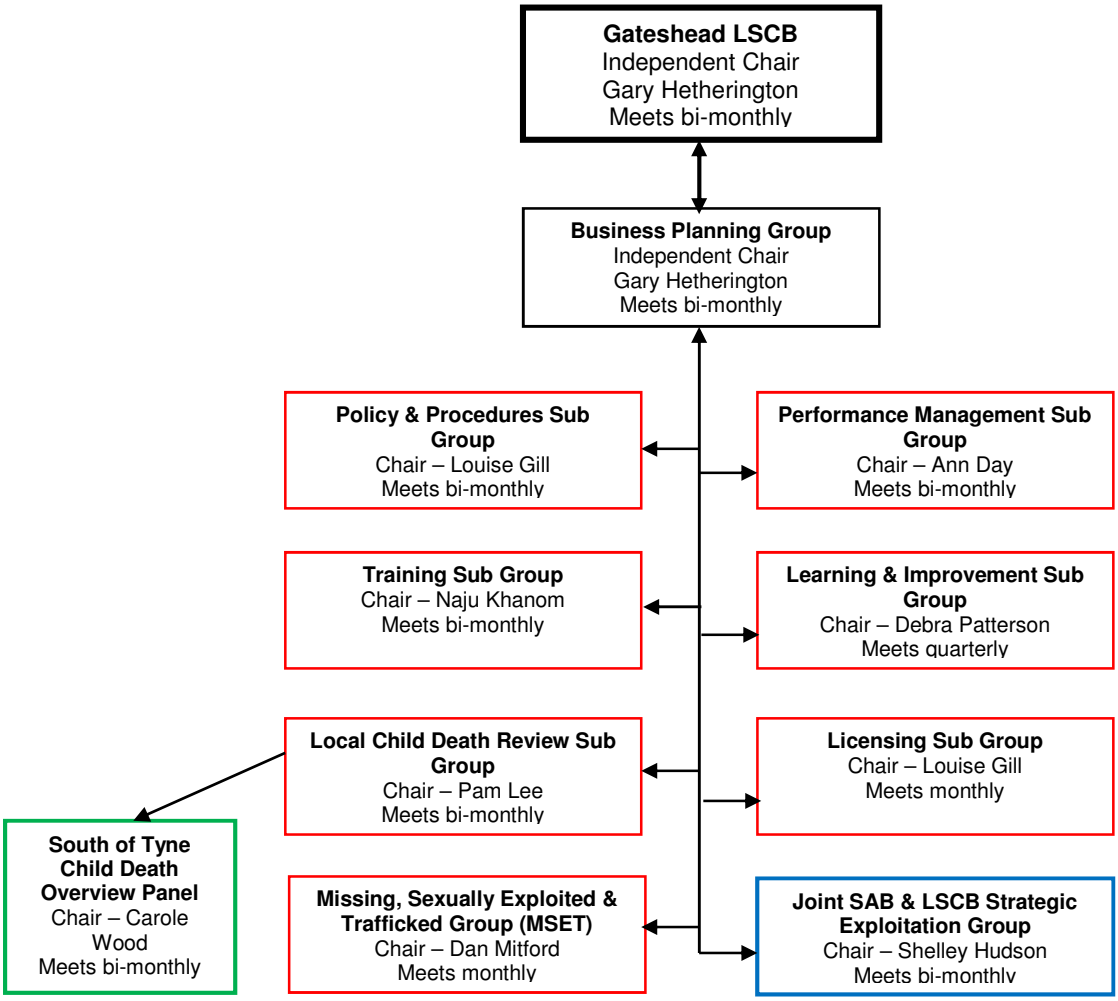
The role of the LSCB is to **lead**, **challenge** and support **learning** and this is reinforced by our own Business Plan. Gateshead LSCB has a three-year approach to facilitate longer term planning and focus business on the specific role and remit of the Board to ensure that the welfare of children is safeguarded and protected, as set out in *Working Together to Safeguard Children* (2015) and the Children Act 2004.

4. STRUCTURE AND MEMBERSHIP

4.1 Structure

Our full Board meets six times a year and is supported by a Business Planning Group and eight sub groups, one of which is shared with the Safeguarding Adults Board. Each sub group has its own Terms of Reference and work plan and is expected to report to the LSCB three times a year and make a contribution to the annual report.

The following diagram outlines our Board and sub group structure as of 31 March 2016:



4.2 Our membership

We review our membership every year to make sure that the right people are at the right meetings. Our Independent Chair also monitors member attendance, contributions and associated issues.

The following table sets out our membership on 31 March 2016:

Membership of the Board	
Independent Chair	Gary Hetherington
LSCB Business Manager	Louise Gill
Lay Member	Rebecca Dixon
	Mike Jones
	Richard Marshall
Organisation	**Representative**
Cafcass	Service Manager
Gateshead College	Director of Student Experience
Gateshead Council	Business Manager – Safer Communities
	Cabinet Member for Children & Young People
	Housing Services Manager
	Interim Strategic Director, Care, Wellbeing & Learning
	MASH Business Manager
	Public Health Programme Lead
	Service Director – Children & Families Support
	Service Director – Children's Commissioning - *vacant post*
	Service Director – Corporate Services and Governance
	Service Director – Learning and Schools
	Service Director – Social Work, Children & Families
	Service Manager – Children's Commissioning
	Service Manager – Early Years & Childcare
	Workforce Development Advisor
Gateshead Health NHS FT (GHNFT)	Designated Doctor – *vacant post in 2015-2016*
	Director of Nursing
Gateshead Safeguarding Adults Board	SAB Business Manager
Jewish Schools representative	Administrator (designated professional)
National Probation Service	Head of National Probation Service South of Tyne
NHS Newcastle Gateshead CCG	Designated Nurse, Safeguarding Children
	Director of Nursing
Northumbria CRC	Director of Offender Management
Northumbria Police	Detective Superintendent – Safeguarding Department
NTW NHS Foundation Trust	Group Medical Director for Specialist Care
Primary School representative	Head Teacher
	Head Teacher
Secondary Schools representative	Head Teacher
Special Schools representative	Head of School,
South Tyneside NHS FT	Director of Nursing and Patient Safety
	Strategic Lead Safer Care
UK Visas and Immigration	Senior Asylum Caseworker

Links are also maintained with NHS England and North East Ambulance Service via the CCG and with Tyne and Wear Fire and Rescue Service

4.3 Our meetings

There are a number of standing agenda items on every LSCB meeting agenda, and these are:

- Members' updates – an opportunity for Board members to provide verbal updates on items impacting on their agencies and partnerships and safeguarding children including organisational change, campaign update, media items and response and inspection updates
- Sub group updates (including regular performance reports and the LSCB data-set)
- Update on Child Sexual Exploitation (CSE)
- Business Manager and Business Planning Group report

From 2016-2017 onwards we will also review single agency audits at every meeting to strengthen our oversight of partner agency frontline practice.

Some of the issues we discussed at our meetings in 2015-2016 included Foetal Alcohol Spectrum Disorder, Children Missing Education, the role of GPs in safeguarding, preventing extremism and NPS ("legal highs"). Appendix 1 of this report contains more detail about our agenda items this year.

We've set our work plan for 2016-2017 and this is monitored at each meeting of the Business Planning Group to make sure we're discussing the most important and relevant issues in terms of keeping children and young people safe in Gateshead.

5. REVIEW OF FINANCES AND RESOURCES

Section 15 of the Children Act 2004 sets out that statutory Board partners may:

- Make payments towards expenditure incurred by, or for the purposes connected with, a LSCB directly, or by contributing to a fund out of which payments may be made
- Provide staff, goods, services, accommodation or other resources for purposes connected with a LSCB.

Cafcass, Gateshead Council, National Probation Service, NHS Newcastle Gateshead CCG, Northumbria CRC and Northumbria Police all made contributions to the LSCB in 2015-2016.

Income (£)	
Cafcass	550
Gateshead Council	66,710*
National Probation Service	250
NHS Newcastle Gateshead CCG	44,023
Northumbria Police	5,000
Northumbria CRC	250
TOTAL	**116,783**

*The contribution from Gateshead Council includes a £11,430 budget held by Organisational Development to manage the LSCB Multi-Agency Training Programme. This was reported separately previously.

There was a decrease from the 2014-2015 budget (£137,404 in total) and this is due to a reduction in the contribution of Gateshead Council.

In total, £110,120 was spent from the LSCB budget in 2015-2016, with an underspend of £6,663. As previously agreed, this underspend will not be carried forward to 2016-2017 and in real terms represents a slightly smaller contribution from Gateshead Council.

In 2015-2016:

- **£81,992** was spent by the LSCB on salaries and on-costs for the LSCB Business Manager and Admin. Officer
- **£16,243** was spent by the LSCB on fees which included £4,000 on the maintenance of the LSCB Inter-Agency Child Protection Procedures, £1,500 to the National Association of Independent Chairs, £500 to the National Working Group (for CSE) and the remainder was payment to the LSCB Independent Chair
- **£11,430** was spent on the LSCB multi-agency child protection training programme for frontline practitioners and **£4,987** was spent on other training

We didn't spend any money on Serious Case Reviews in 2015-2016 and the budget for Child Death Reviews is shared between Gateshead, Sunderland and South Tyneside Councils and not reported on here.

Expenditure (£)	
Salaries and on costs (Business Manager & Admin Assistant)	81,922
Multi-agency training programme	11,430
Chair's fees	10,243
Other LSCB training e.g. CSE conference	4,987
Inter-agency Child Protection Procedures	4,000
Contribution to National Association of Independent Chairs	1,500
Miscellaneous (pool cars, public transport, phone costs etc.)	1,255
Hospitality	801
Printing, stationery, advertising	645
SCR fees	0
TOTAL	**110,120**

Partners have been asked to confirm contributions for 2016-2017.

6. EFFECTIVENESS OF SAFEGUARDING ARRANGMENTS FOR CHILDREN AND YOUNG PEOPLE IN GATESHEAD - REVIEW OF ACTIVITY IN 2015-2016

6.1 Overview and single agency activity

This section of our annual report sets out how effective services are in Gateshead at keeping children and young people safe and what the impact of our work has been in terms of improving outcomes for children and young people. As set out in *Working Together to Safeguard Children* (2015), our objectives are to coordinate and ensure the effectiveness of safeguarding arrangements in the local area. We agreed a new approach for 2014-2017 in a three year Business Plan which was more focused on our specific role and remit in ensuring the welfare of children is safeguarded and protected. Our Business Plan sets out three strategic business priorities: **Leadership**, **Challenge** and **Learning**. Members of the LSCB committed to an approach where the LSCB leads the safeguarding agenda, challenges the work of partner agencies and itself, learns lessons and embeds good practice and is continually influenced by the views of children and young people. We've made progress in

all of these areas to improve safeguarding arrangements and section 6.6 of this report sets out our progress.

Our sub groups have continued to work to their Terms of Reference and work plans and provide regular reports to the Board on their progress. Appendix 5 of this report sets out activity from our sub groups in 2015-2016.

The three priorities of **Leadership**, **Challenge** and **Learning** extend to both the Board's own work and also that of our partner agencies. Our partners have provided examples and evidence of work where **Leadership, Challenge** and **Learning** has taken place and led to changes in practice and will ultimately improve outcomes. By supporting our partners in this areas we can work together to really make a difference for the children and young people of Gateshead. Appendix 2 of this report provides some examples of progress made by our partners in 2015-2016.

There have been a number of operational developments across our partner agencies in the past 12 months to make services more effective at keeping children safe and improving outcomes. For example, a process is now in place between NTW and Children's Social Care to share information in "real time" so that clinicians have access to the most up to date records and the CCG have carried out a pilot to significantly improve GPs' contribution to CP conferences. These two examples show the impact that improved multi-agency working can have as professionals working with these families are more aware of risks and issues and able to put more effective plans in place. Additional examples can also be found in Appendix 2 of this report.

A number of our partner agencies were inspected in the last twelve months including Gateshead Council, Northumbria Police and some health agencies. On the whole, these inspections were very positive and found effective practice in the borough to keep children safe. Inspectors found effective work to keep children and young people safe from CSE, FGM and Honour Based Violence and joined up working between partners was noted. More detail on these inspections is included in Appendix 2 of this report.

The LSCB was inspected at the same time as the local authority and this is covered in section 6.7 of this report. The full report can be found at http://reports.ofsted.gov.uk/local-authorities/gateshead

The following case studies show how our Board partners work within their agencies and together to prioritise safeguarding and improve outcomes for children and young people in the borough and the impact that this can have.

Case study 1:

Family G arrived in Gateshead from the Lebanon as part of the Government's Syrian Vulnerable Person's Resettlement Programme in November 2015. A Refugee Resettlement Officer worked with the family, settling them into their new accommodation, ensuring they had access to health and dentistry as well as information about benefits entitled to them. They also helped them access English courses.

Education Support Workers visited the family and, via an interpreter, explained the education process; gathering information about individual children's education and potential needs, any health issues and generally how they were at school as well as discussing any issues or concerns they might have.

The Education Support Worker then arranged an initial visit to their school(s), facilitating a

meeting with the Head Teacher and staff. Transport was provided. Education Support Service also supported children for the first few weeks into their new school, taking them into school, ensuring they understood bus routes, supporting them in lessons, using iPads to address any language issues. A review meeting was held 6 weeks after they began school to review the process of integration with parents and school. The children have settled well into school and are rapidly improving their English. The family have been welcomed into the school community

Case study 2:
Mr M attended A&E claiming his drink had been spoked and had a 7 year old boy with him who was still wearing his pyjamas at 11am. Mr M was unsteady on his feet and slurring his speech and went to sleep in the waiting room. Meanwhile the child was seen to be wandering unaccompanied round the A&E department by reception staff. Mr M walked out of the department after 10 minutes (without receiving any treatment) and took the child with him and the reception staff reported the incident to the Named Nurse for Safeguarding Children.
Enquiries were made with Children's Social Care and it transpired that Mr M had recently been released from prison for drug related offences and a social worker was already allocated to the case. The family denied that it was their child in A&E so the social worker attended the hospital to view the CCTV footage and positively identified that it was him wandering round the department whilst his father slept.
The child was spoken to alone by the social worker and he indicated that he wanted to live with his grandmother as both his parents were using drugs. Therefore, as s result of the report made by hospital staff the parents signed consent for the child to live with his grandmother and he moved into a significantly safer environment.

6.2 What do young people say about life in Gateshead in 2015-2016?

Understanding the "voice of the child" is a key mechanism for LSCBs to determine how effective services are at keeping children and young people safe and where resources should be directed to improve impact and outcomes. We've done a lot of work this year, both collectively and as single agencies, to find out how safe our young people feel and understand what is important to them.

We had hoped to hold a large engagement event with children and young people, but we didn't manage to set this up before the end of the financial year and this will be completed early in 2016-2017. However, following the Ofsted inspection (see section 6.4.5) we commissioned some smaller pieces of work with specific groups of young people to help us understand their views.

Group of young people	Views
School councils and student leadership teams	We met with school councils, student leadership teams or equivalent groups from a number of schools in Gateshead in late 2015-2016 and further sessions were held after the Easter break in early 2016-2017. A detailed report is being prepared for Board members of the findings of the work. On the whole, young people told us that Gateshead is a fairly safe place to live and go to school. Some of them told us that some areas were "rough" and they didn't like going to certain parks because of older young people and adults drinking alcohol there. Some young people were also aware of areas where people use drugs, either because they'd heard that it happened there or they could smell it on them. There were some schools where young people felt safe on buses but not the Metro and other schools where it was the other way round. Some young people told us that they thought that Gateshead must be a safe place to live as they don't hear much on the news whereas there's a lot on the news about bad things happening in other places. Young people told us that it's important to them for parks to feel safer,

	for buses to feel safer, to hear more about road safety (particularly for cyclists) and fire safety but targeted to older children, to know how to be safer after dark, to know more about what terrorism means for Gateshead and for cyberbullies to be stopped. Almost all of the young people told us that they would know what to do and who to speak to if they didn't feel safe or a friend had a problem. Children from every school apart from one told us that they would speak to someone about a friend, even if the friend told them to keep it a secret, and even if they felt guilty about it, as it would keep them safe. The young people from the other school told us they wouldn't be "a grass" and would sort it out themselves
Young Carers	The bulk of this work was carried out in early 2016-2017, however young people from the group shared that they didn't really feel safe in Gateshead (some because of their neighbours) but they mainly knew what to do if they didn't feel safe at home. They shared worries about the lack of street lighting, stranger danger and road safety
Police Cadets	Overall, these young people said that Gateshead was a safe place to live and they knew what to do if they or a friend didn't feel safe. They shared that the police and local authority should carry out more visits to young people to speak about bullying, cyber bullying and internet safety.

We asked all of our partners as part of the Section 11 audit (see section 6.4.1) whether the voice of the child was used to plan the way that services are delivered and on the whole there was a positive response to this. We also had a discussion at our annual development session on learning from the voice of the child to be more effective. Services for young people's mental and emotional health are currently being redesigned and extensive consultation with young people has taken place through the Expanding Minds Improving Lives (EMIL) project. This included working as "young commissioners" and developing a film of their experiences of mental health services so that professionals can understand their views.

As detailed in section 6.3.1, we held a large conference in Gateshead in October 2015 to raise awareness of CSE. Two groups of young people spoke at the event and received some of the best feedback in the whole programme. The Gateshead Police Cadets told us what they think people need to know about CSE and how they think we should be getting messages to young people. The SCARPA Squad (a group of young people who have previously been involved in CSE or at risk of CSE) also showed us a new film that they've produced using real life stories and told us about how professionals can sometimes get things wrong and how they can make things better, which was really powerful. These presentations highlighted to professionals the terrible impact that CSE can have on a young person's life and gave everyone something to think about in terms of their own practice so that we can improve outcomes in Gateshead in the future.

We've recently started using the MOMO App (Mind Of My Own) in Gateshead and our partners are working hard to promote its use to improve the participation of children and young people in services and make sure their voice is heard. This is an award winning app that helps young people express their views more clearly, get more involved in meetings and make better decisions with their social care team. Ultimately this will help us to keep young people safer. It's too soon for the Board to say in detail about what young people are telling us via MOMO about how safe they feel in Gateshead, but we'll be able to look at that in more depth in the next few months. The early feedback is it's a really easy way to capture

the voice of young people in the child protection system and in care and it was also well received by Ofsted in their recent inspection.

6.3 Thematic activity

6.3.1 Sexual exploitation and missing children

We are required to report on numbers of children have been missing from care each year and how we are addressing the issue. However, we also think it is important to include children who go missing from home in this too. Children who go missing from home/care are at an increased risk of being sexually exploited and regular missing episodes are a risk indicator that a child is at risk of sexual exploitation or being exploited. The MSET is a well-established sub group of the LSCB which reviews individual young people where there are concerns about going missing and/or CSE and/or trafficking to try to reduce the risks and improve outcomes in a multi-agency way

- There were a total of 928 occasions in 2015-2016 where a young person from Gateshead was reported missing to the police (this includes episodes where a child was in the care of Gateshead Council but placed outside of the borough). The 928 episodes included 657 episodes (71%) where a child was reported missing from care, the remaining 271 episodes related to a child being reported missing from their family home or school.
- The total figure of 928 represents an increase from 2014-2015 where there were 864 episodes. There was also an increase in the number of missing from care episodes from 571 to 657 and an increase in the proportion of episodes from 66% to 71%.
- The missing from care episodes have increased significantly year on year for the past few years. The total number of episodes fluctuates each month, as does the proportion of episodes relating to missing from care. For example, in May 2015 there were 116 episodes in total and in January 2016 there were 54 and in May 2015 there were 80 episodes of missing from care and in March 2016 there were 35.
- The actual number of episodes relate to a smaller number of individual young people as there were a number of young people who were reported missing more than once. In fact, there was a small cohort of young people who were reported missing from care on a very regular basis, often together, some months, and this in part explains the large increase in episodes. It should also be noted that there was an increase in the number of episodes lasting over 24 hours, and a number of episodes which lasted significantly longer. Processes are in place to ensure that there is regular oversight of these cases.

Northumbria Police introduced a new “absent” category on 25 January 2016 and all “missing” reports will now be classed as either missing or absent. For the purposes of MSET, cases will be considered regardless of whether they are missing or absent and return interviews will also be offered regardless of the police category.

MSET discussed 43 cases in 2015-2016, which is a decrease from 53 in 2013-2014. The decrease is due in part to the revised MSET referral form which means that cases are referred more appropriately with tangible risks set out for the pre-meeting. Of the 43 cases discussed in 2015-2016, 23 were discussed on more than one occasion and some on almost a monthly basis due to the level of risk and frequency of missing episodes not decreasing. In

summer 2015 a MSET Escalation Procedure was introduced to ensure senior oversight of those cases where MSET members had significant concerns and there was no observed decrease in the level of risk. We used the procedure on two occasions in 2015-2016 to ensure that the risks around the young people in question were fully understood and assessed and all relevant and appropriate actions had been considered.

Ofsted judged that multi-agency arrangements to safeguard vulnerable children who go missing from home, care or education or are at risk of CSE are robust and, as Board, we are satisfied that they contribute towards improving outcomes for young people. The MSET was found to have an impact by providing additional scrutiny of individual cases and has also led to more effective support for children and young people. Intelligence sharing was viewed as effective in relation to potential hotspots and the work of MSET in terms of disruption activity and use of harbouring/abduction notices was found to lead to a reduced risk for those children.

When children return from being missing they are offered “independent return interviews” to assess any risks and determine whether they were harmed. In 2015-2016 there were 379 return interviews requested and of those there were 228 occasions where the young person agreed to be spoken to (an increase from 192 requests and 106 interviews last year). Ofsted found this process to be holistic and robust and resulting in preventative actions and targeted support. It was noted that not all actions arising from assessments or MSET translate into children’s individual plans and Gateshead Council are taking action to strengthen this.

Cases are now “flagged” within Children’s Social Care where there are CSE concerns to allow for additional management oversight and. At the end of 2015-2016 there were 16 cases flagged as being at risk of CSE and there were a total of 14 children who had their cases flagged throughout the year. The impact of this is that practitioners are more aware of who is at risk and what to look out for in order to keep them safer.

We are very clear in Gateshead that safeguarding is everybody’s business and CSE and missing children is one such area where we have reinforced this. The LSCB works collaboratively with others around this, for example in summer 2015 the LSCB Business Manager and police colleagues delivered mandatory CSE and vulnerability training to 700 taxi drivers licenced by Gateshead Council as part of the conditions on retaining their licence. Anecdotally this has led to increased awareness and reporting of vulnerable young people to Northumbria Police by taxi drivers which is evidence that this work had an almost instant impact in terms of keeping children safer. Through the work of the Licensing Sub Group, the LSCB Business Manager has also supported reviews of premises licences where there were risks to children, for example stores selling alcohol and so-called “legal highs” to children and this was seen as a significant strength by Ofsted in their recent inspection.

Strategic work on CSE and missing children was led by the Strategic CSE and Trafficking Sub Group and the group implemented a new CSE Strategy in May 2015 and had in place a delivery plan which was carefully monitored. Ofsted judged that the strategy was consistent with revised guidance and the delivery plan was robust. In March 2016 the sub group merged with a working group of the Safeguarding Adults Board to form the joint LSCB & SAB Strategic Exploitation Group (SAB) and this group will lead strategically on sexual exploitation in both children and adults, missing children, human trafficking and modern

slavery. It will allow for closer strategic and operational links between the Board and more effective transition for vulnerable young people into adult services.

As detailed earlier in the report, in October 2015 we hosted a very successful sub-regional conference in Gateshead for 500 frontline practitioners and managers. The event was opened by Vera Baird (PCC for Northumbria), chaired by Sir Paul Ennals (chair of a number of LSCBs) and closed by Chief Constable Steve Ashman. We had a number of speakers who were nationally and internationally recognised, such as Zoe Loderick (a highly regarded psychotherapist specialising in sexual trauma and CSE), and also presentations from local young people and Northumbria police on an ongoing local CSE operation. Feedback from the event was incredibly positive due the quality of the speakers and the information presented. The event was a key way of the Board raising awareness of CSE and providing practitioners with ways to safeguard and support young people at risk of CSE or being exploited. It also provided us with a key opportunity to **lead, challenge** and support **learning.**

6.3.2 Child deaths

There is a requirement for LSCBs to monitor and oversee the deaths of children resident in their area. Gateshead shares a Child Death Overview Panel (CDOP) with Sunderland and South Tyneside. An annual report is produced by the South of Tyne and Wearside CDOP to report on trends and issues and is published on our website. We aim to learn from all deaths with “modifiable features” to help improve outcomes for children in the future where possible.

The LSCB was notified of the deaths of nine children from Gateshead in 2015-2016. Of these deaths five were of children with known life limiting conditions. There were four unexpected deaths; however some of those children also had medical issues. To date, no identifiable patterns or safeguarding concerns have been noted within these deaths.

The local picture reflects the national findings that the majority of children who die do so due to life limiting medical conditions or as a result issues linked to prematurity. The number of unexpected deaths as a result of external factors remains small.

6.3.3 Private fostering

Children and young people who live with adults who are not members of their immediate family are "privately fostered". This is one of a number of areas that we request an annual update on from the relevant partner agency.

In 2015 the Gateshead Council officer with lead responsibility told us that in 2014-2015 Gateshead Council made three new private fostering notifications to the Department for Education with two new arrangements starting. During the reporting year no arrangements ended. As of October 2015 Gateshead had two children subject to private fostering arrangements (both girls aged 15) and since 2012 the local authority has maintained 100% performance in relation to social work visits every six weeks.

Whilst we challenged whether the actual number of cases was in fact higher than reported, we were assured that Gateshead Council and partners are taking appropriate steps to improve reporting and are appropriately protecting those cases where private fostering arrangements are identified. Private fostering literature was refreshed and re-circulated, however this had little impact on referral numbers. Private fostering was also featured and promoted in Council News and the TV screens in council buildings and social media. A specific question on private fostering is also included in the school transfer forms to help identify arrangements. Board members endorsed the report and agreed that best practice regionally and nationally should be considered in relation to promotional activity.

6.4 Strategic activity

6.4.1 Section 11 audit

Section 11 of the Children Act 2004 places a statutory duty on key organisations to make arrangements to ensure that they have regard to the need to safeguard and promote the welfare of children when discharging their functions. We aim to ask our partner agencies to demonstrate their compliance with this on an annual basis via a Section 11 audit.

In 2016 we asked all Board partner agencies, not just statutory partners, and schools (for the first time) to complete the audit and in total there were over 90 responses, which is the highest number we have ever received. Overall, the results were largely very positive and the majority of agencies reported that standards were met and there were no concerns and evidence was provided to support this. More detail on our Section 11 audit is included in Appendix 3 of this report.

6.4.2 Learning and improvement activity

Whilst we haven't published or initiated any Serious Case Reviews (SCRs) in 2015-2016, we have undertaken a number of pieces of work as part of our Learning and Improvement Framework including submitting a Serious Incident Notification (SIN) regarding a teenage girl who was possibly sexually assaulted whilst missing from care. The criteria for a SCR were not met however we were still able to learn some lessons from the case.

A summary of our learning and improvement activity is provided in Appendix 4 of this report.

It is important for us to be able to evidence and understand the impact of our learning and improvement activity. The Baby T SCR (published October 2014) resulted in a number of

changes in practice that were put in place in 2014-2015 and have continued into 2015-2016. These changes will ultimately lead to improved outcomes for children and young people in Gateshead. For example, processes around checks for section 47 enquires were strengthened and ultimately this means that social workers will have access to more detailed information about a family when assessing the level of risk. Awareness raising sessions delivered following the publication of the SCR have also meant that there is a greater level of understanding around bruising in non-mobile babies across agencies.

It is too soon to analyse the impact of the learning and improvement activity of a number of cases listed in Appendix 4 as much of this is ongoing, and other cases have more specific learning rather than that will impact on multi-agency practice. However we are mindful of the need to evidence the impact of our Learning and Improvement Framework and how it leads to improvement in practice and ultimately improves outcomes for children in the borough.

6.4.3 Progress against Business Plan priorities

The Gateshead LSCB Business Plan for 2014-2017 sets the strategic direction for the Board and reinforces the specific role of the LSCB to **lead, challenge** and support **learning**. The year 2 (2015-2016) action plan identifies specific actions to deliver the strategic outcomes.

The following tables provide a summary of progress:

LEADERSHIP	
Jointly arrange a sub-regional CSE event	This was arranged and took place in October 2016 – the outcome of this event was a better awareness and understanding of CSE across our agencies
Arrange engagements event with young people	The planned carousel event has not taken place however smaller pieces of engagement work have been carried out. The outcome of this is a better understanding for Board members around how safe young people feel and what is important to them
Consider a Youth LSCB structure	This was not achieved however it is linked to the wider work around engagement and will be carried forward to 2016-2017
Review the BPG arrangements	Achieved and also reviewed by Ofsted
Review the operation of the Board	Achieved and also reviewed by Ofsted
Develop a LSCB Communications strategy	Work undertaken with communications leads around this and more effective proposal developed

CHALLENGE	
Conduct the next LSCB inquiry to explore CSE and the effectiveness of the response in Gateshead	This was conducted, although the final report was delayed and carried forward to 2016-2017
Implement a programme of mini-peer reviews to demonstrate effective multi-agency working	The programme was developed and the first review took place. The outcome of this will be a better understanding of multi-agency working in Gateshead and improved practice where challenges are raised
Contribute to the OSC Review of child protection	Some Board members contributed to the Board. Due to delays outside of the LSCB the final report was not received by the end of 2015-2016 and carried forward in the work plan

"Receive reports and monitoring on a number of additional challenges identified e.g. CP conference chairs' reports, GP involvement, police involvement, CAMHS, Novel Psychoactive Substances ("legal highs")	Reports received and challenged by the Board. The outcome of this is a better understanding by Board members of the relevant issue and also improved areas of practice where we made challenges (e.g. GP participation).

LEARNING	
Receive an annual report on the voice of the child and build on the messages. Where necessary use new technology and the outcome of engagement events	Information submitted to the LSCB Development Day including information on the new MOMO app being used by Gateshead Council to gather the voice of young people
Continue to develop the Learning & Improvement Framework	Reviewed by the sub group and also as part of the Ofsted inspection
Explore ways to bring the voice of frontline staff into the LSCB	Included in the mini-peer reviews and also to be taken forward further in 2016-2017. Will also be considered as part of the effectiveness framework
Implement and embed the findings and recommendations from CQC/Ofsted/HMIC inspections as they arise and cascade the learning	Ongoing throughout the year – a number of partners were inspected and mostly with very positive results

PROTECTING VULNERABLE CHILDREN	
Build on the findings of the Neglect Inquiry by developing and implementing new guidance	New guidance developed, however work is still required to implement it (will carry forward to 2016-2017)
Undertake task & finish work on key areas e.g. high-risk adolescents, care leavers, young people convicted of sex offences" -	Reports received and challenged by the Board The outcome of this is a better understanding by Board members of the relevant issue and also hopefully improvements in practice where we made challenges
Lead on the local implementation of the national Child Protection -Information Sharing project" -	CP-IS has been subject to national delays but local arrangements are in progress. This will carry forward to 2016-2017. The outcome of this work will be improved information sharing between agencies and this will ultimately impact on children by making them safer as health practitioners will be able to make more informed decisions about risk

PREVENTING HARM	
Review and update the "Thresholds" document	This was delayed within Children's Social Care, however the existing document was well received by Ofsted
Continue to strengthen links between the LSCB and schools and review the support provided to them	There are now a number of schools represented on the LSBC and links to a number of school-facing partnerships. Work has also been undertaken with school councils and additional training offered to designated teachers. The impact of this is that schools are more aware of the role of the Board and more aware of relevant issues such as CSE which will ultimately help them to keep children safer

Review approaches to extremism, cyber-crime and other forms of exploitation	Reports received and challenged by the Board. The outcome of this is a better understanding by Board members of the relevant issue and also hopefully improvements in practice where we made challenges
Review approaches to other areas of wellbeing in childhood e.g. healthy weight	Work undertaken by Public Health presented to the Board

The action plan for 2016-2017 has been developed and should be read alongside this annual report. Progress against the actions will be reviewed at every meeting of the Board and Business Planning Group.

1.4.5 Ofsted inspection of the LSCB

As previously stated in this report, Gateshead LSCB was subject to a four week inspection in late 2015 alongside the inspection of Gateshead Council under section 15A of the Children Act 2004. The outcome of the inspection was published in March 2016 and Ofsted found that we require improvement to be good.

Inspectors were satisfied that the LSCB fulfils its statutory responsibilities as defined in *Working Together to Safeguard Children* (2015) and there is a clear strong commitment from key statutory agencies. However gaps were noted in membership, activities and monitoring of frontline practice. The report comments that much of the work that the LSCB undertakes it does well and some, very well. During the inspection the lead inspector for the LSCB shared that that the Board was moving towards being good and expressed confidence that steps were being taken to move in this direction. The lead inspector felt that the Board's own self-assessment suggested that improvement was required, but acknowledged that the Board was ambitious and keen to continue to improve and build on previous feedback. It was acknowledged that, although the LSCB requires improvement, the Board is a long way from being inadequate.

Ofsted made seven recommendations to the LSCB, most of which related to areas that we had already identified as part of our ongoing self-assessment:

	RECOMMENDATION
1	Ensure that the LSCB engages more effectively with the community it serves, including learning from the participation and testimony of children and young people, increased engagement with faith and ethnic minority groups, and timely recruitment of lay members
2	Develop appropriate pathways to increase LSCB contribution to and influence on the work of the Health and Wellbeing Board to ensure the experiences of children and young people are given appropriate consideration in all activity
3	Ensure that training is sufficient to meet demand and is informed by a training needs analysis that includes analysis of impact on practice over time and the difference it has made to outcomes for children
4	Ensure that agencies report the outcomes of single-agency auditing activity to the LSCB to increase its oversight of practice
5	Review the multi-agency data set used by the Board to ensure that it meets LSCB priorities and includes all relevant activity that impacts on frontline practice, including workforce information
6	Develop robust mechanisms for measuring the LSCB's effectiveness as part of a performance management framework
7	Ensure that the LSCB annual report provides a clear account of the activity of the LSCB and its strengths and areas for improvement that is easily understood by a lay member

The inspection also noted that attendance at Board meetings is variable, including key decision makers in statutory partner agencies

A number of positive areas were identified by Ofsted:

Two key pieces of work undertaken by the LSCB Business Manager (the sub regional CSE conference and work around licensing) were also identified as good practice by Ofsted in their overarching report.

Following receipt of the draft report, an Ofsted improvement plan was put in place and this is regularly monitored by the Business Planning Group, the full Board and other groups such as Gateshead Council Care Wellbeing and Learning Group Management Team. Progress is being made in all areas and a number of the recommendations were achieved by the end of 2015-2016. The remaining actions will be completed in early 2016-2017.

Three lay members have now been recruited (jointly with the SAB)

Work is being progressed with the Diversity Forum to identify further community representation

A representative from the Jewish community has been identified to strengthen links between the Board and Jewish schools

A formal pathway has been developed between the LSCB and HWB to increase contribution and influence

Single agency auditing has now been built into our workplan to strengthenoversight of frontline practice

National best practice has been explored to develop a performance and effectiveness framework for the LSCB

National best practice has been explored and used to review and strengthen the LSCB dataset

6.5 Data and performance information

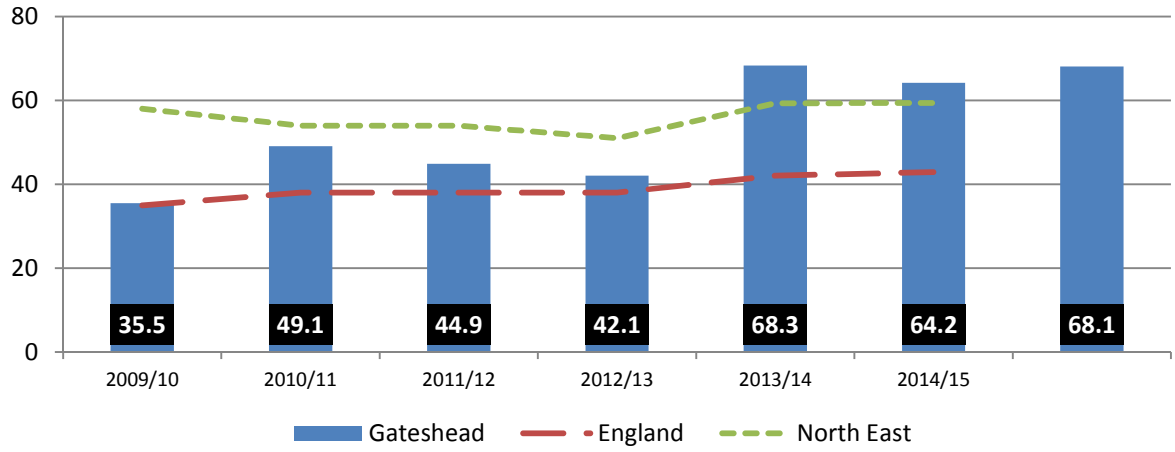
Key performance indicators relating to safeguarding, child protection and early help are monitored by the LSCB Performance Management Sub Group and reported to the Board on a quarterly basis. This enables us to challenge appropriately and satisfy ourselves in relation to the effectiveness of services being delivered in the borough to support children and young people and ensure their safety and wellbeing. In addition, our partner agencies individually monitor their performance indicators and information relating to the welfare of children in Gateshead.

There were 394 Initial Child Protection Conferences (ICPCs) held in 2015-2016 or which 338 (85.7%) resulted in the child being made subject to a CP plan. This indicates that the right cases are going to ICPC and that there is multi-agency agreement on the best way to progress these cases.

The numbers of children becoming the subject of CP plans increased during the year and at the year-end there were 273 children subject to a plan. This represents 68.1 children per 10,000 of the population and therefore we remain higher than the national average (42.9 per 10k), the regional average (59.5 per 10k) and our statistical neighbour average rate (57 per 10k) based on the 2014-2015 CIN Census figures.

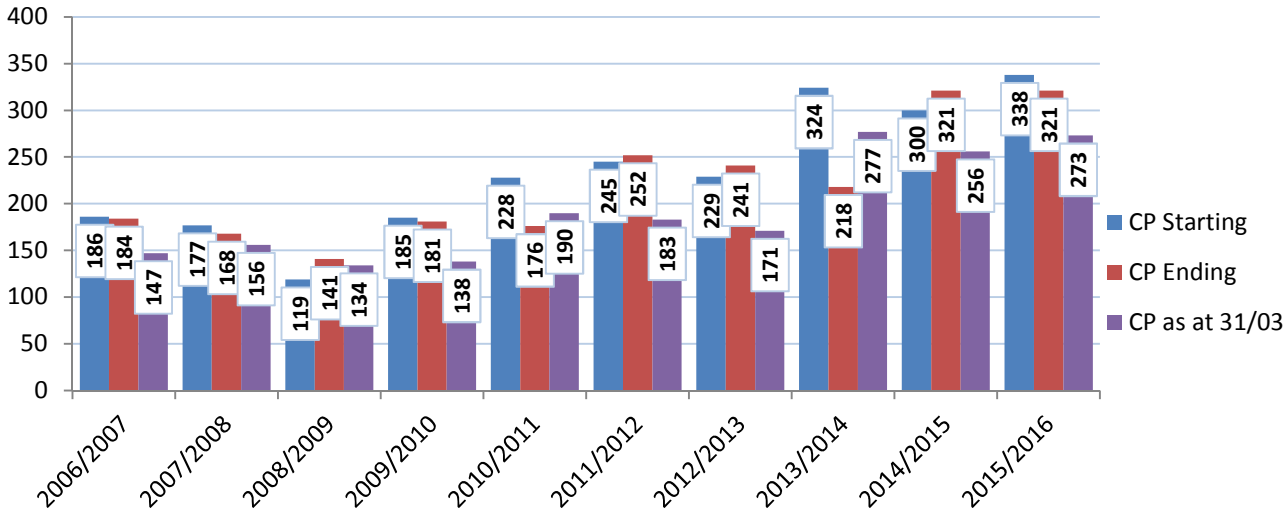
The following graph tracks the changes in our CP plan figures over the past few years and compares them to national and regional averages.

Child Protection Plan numbers per 10,000 at year end



The graph below provides additional trend information in relation to CP plans started, ended and opened as at 31 March 2016. There have been significant rises in child protection numbers over the last 3 years, with this year seeing the largest number of children requiring statutory protection arrangements in 10 years. This increase corresponds with improved practices within Children's Social Care. As a Board we keep a watching brief on the figures and we are reassured that the children who are subject to CP plans have been made so appropriately.

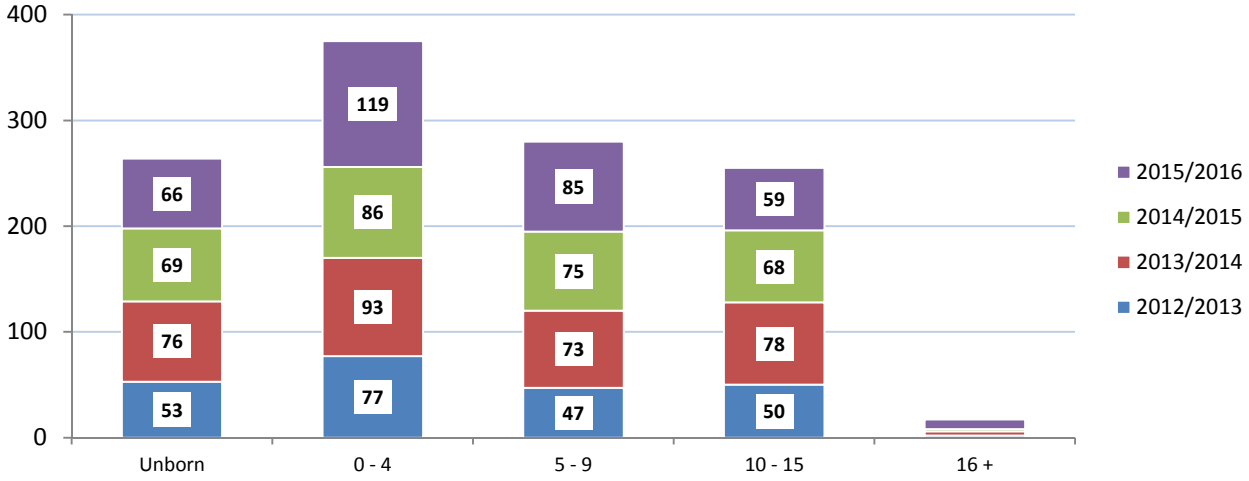
Child Protection Numbers



The following graph shows the significant increase in the proportion of children under the age of 5 who have become subject to a CP plan this year compared with previous years. This is in line with Gateshead's priority of intervening as early as possible in a child's life in order to affect positive change. We continue to have high numbers of unborn children subject to CP plans in Gateshead, with 66 in 2015-2016 (20% of the total). This approach was endorsed by Ofsted who initially queried why these figures were amongst the highest in the country but concluded "*this proactive approach ensures that focused multi-agency work*

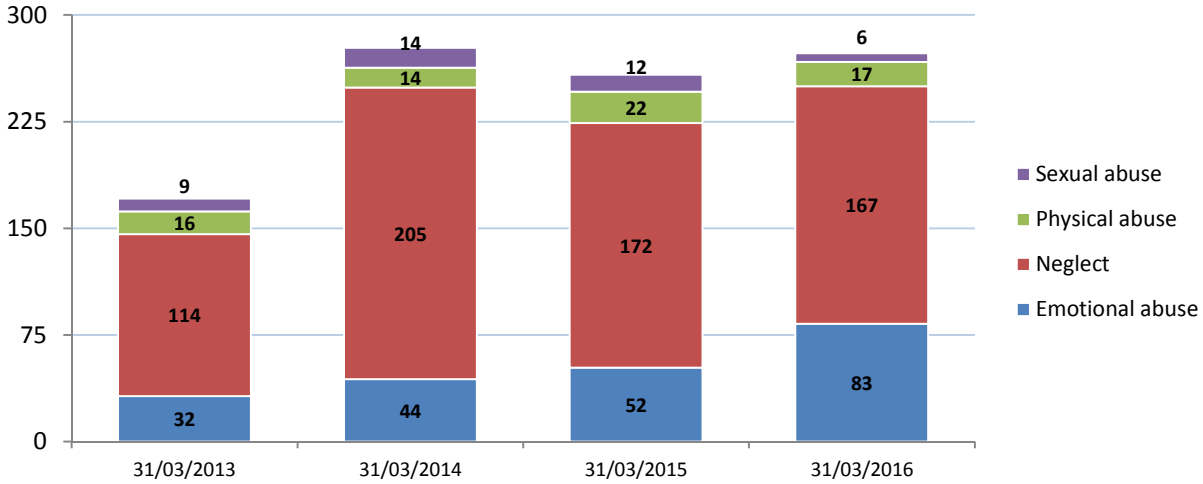
starts as soon as professionals identify concerns. Protective action commences and continues before and immediately after birth".

Age of Children when placed on a Child Protection Plan



We continue to see that neglect remains the most common reason for a child in Gateshead being made subject to a CP plan. At year end 61.9% of all CP plans were under the category of neglect, which is a slight decrease from the end of the previous year when 66.7% of plans were due to neglect. We have also seen some movement in the category of emotional abuse, with an increase from 20.2% of plans at March 2015 to 29.7% of plans at March 2016.

Child Protection Category at Year End

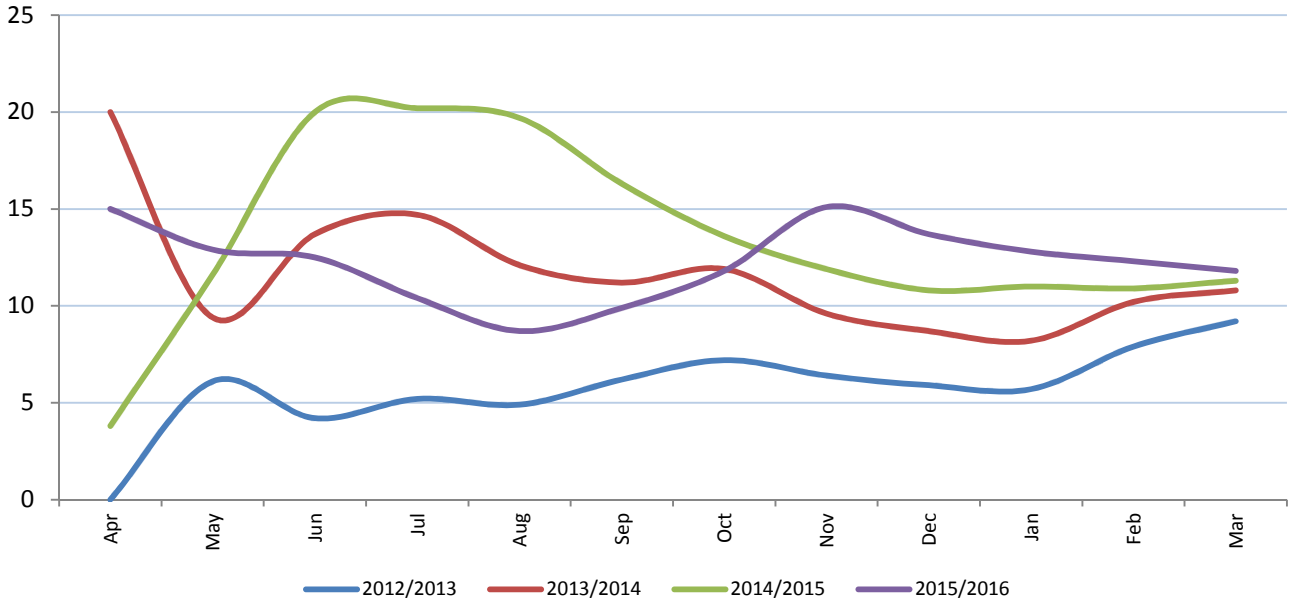


Our social workers visit children who are subject to a CP plan regularly and the service aims to ensure that children are seen at least every 3 weeks, the impact of this is that decisions about a case are made based on current risks and issues. At the end of 2015-2016 there were 273 children subject to a CP plan and of this cohort (excluding unborn babies) 222 had their latest child protection visit held within 3 weeks (87%).

During 2015-2016, 338 children were made subject to CP plans and 40 of them (11.8%) were subject to a CP plan for a second or subsequent time. Six of these children were

subject to a second or subsequent plan within 2 years of their previous plan ending. This is a very slight increase from last year when 34 of 300 (11.4%) children became subject to a CP plan for a second or subsequent time, but compares favourably with national (16.6%), regional (14%) and statistical neighbours (15.7%), based on data from the 2014-2015 CIN Census. Again, these low numbers suggest that there are robust practices in Gateshead and appropriate levels of support.

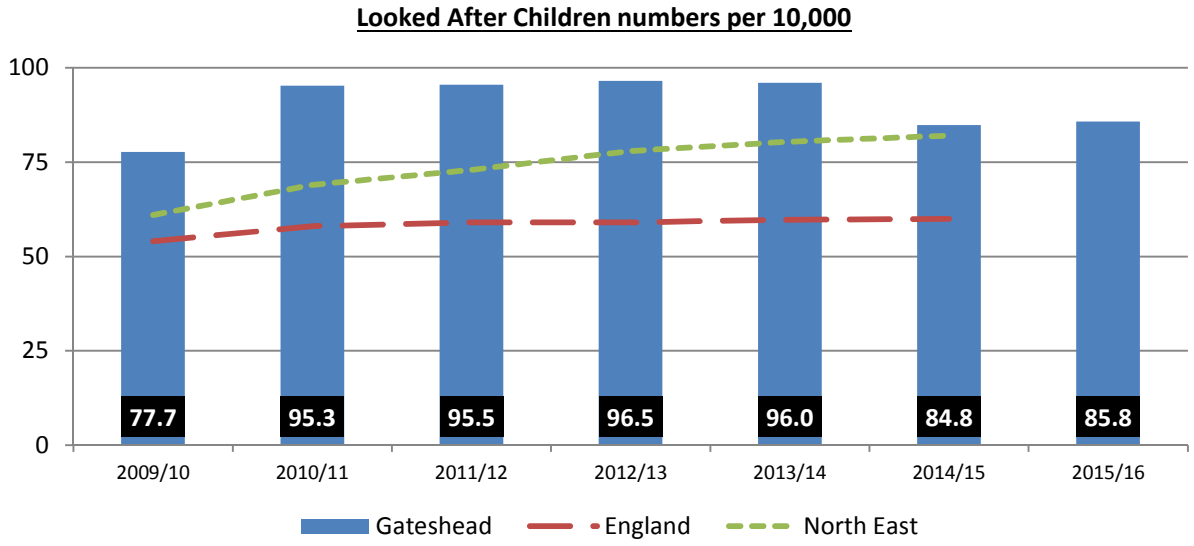
Performance Indicator: % children becoming the subject of Child Protection Plan for a second or subsequent time



Gateshead Council's Referral & Assessment Team received 8,943 "contacts" in 2015-2016, which includes contacts made by statutory partner agencies such as the police, health and education, as well as from members of the public. Of these 8,943 contacts, 2,080 progressed to referrals and 1,937 resulted in comprehensive Child In Need (CIN) assessments. This shows an 18.7% in referrals, although re-referrals remain low at 12.7%. This is lower than our re-referral rate in the previous year (16.2%) and also the England (24%) and North East (22.3%) averages. This suggests that a greater proportion of children and young people who require support are receiving this in a timely way once they come to the attention of Children's Social Care and ultimately this leads to improved outcomes for families.

There were a total of 2,191 CIN assessments completed in 2015-2016 and this includes a number which were not carried out as the result of a referral but were part of ongoing work with a family. 92.9% of CIN assessments (2,031) were completed within required timescales and this continues to represent strong performance in this area. This represents a 9.9% increase on the previous year when there were 1,993 CIN assessments completed and 1,946 (97.6%) within 45 working days. Regionally, 84.9% of CIN assessments are completed within 45 days and nationally this figure stands at 81.5%. Our statistical neighbours average at 80.9% (based on the 2014-2015 CIN Census) and therefore our performance is significantly higher indicates that our families in need are receiving timely support and intervention.

On 31 March 2016 there were 344 children who were looked after by Gateshead Council and this represents 85.8 per 10,000 of our population and is similar to the previous year (340 children, 84.8 per 10k). We continue to have higher numbers of Looked After Children compared with the regional rate of 82 per 10k and our statistical neighbours' rate of 83.3 per 10k. Our figures are also significantly higher than the national rate of 60 per 10k (based on SSDA903 reports for 2014-2015).



In terms of earlier intervention work, in the last 12 months we have seen a significant rise in the number of new Common Assessments being undertaken, rising from 494 in the previous year to 988 in 2015-2016. There are currently 1165 active Teams around the Family (TAFs), which provides a more accurate representation of the multi-agency work being carried out in Gateshead. These figures represent an increase in the number of families being supported through our multi-agency approach to early intervention. The CAF/TAF approach has been increasingly impacted on by our approach through the FamilesGateshead programme (our local version of the Troubled Families programme). A total of 1054 families have been allocated and have started their intervention under phase 2 of the programme.

During 2015-2016 Northumbria Police recorded 4,476 incidents of domestic abuse in Gateshead and 1,948 of these incidents involved children, which is an increase of 91 incidents from the previous year. 1,122 of the incidents involved repeat victims and 1,156 of the victims were classed as high or medium risk at the point of the initial assessment. 76.7% of victims of recorded domestic abuse in Gateshead in 2015-2016 were female.

Operation Encompass is a police-led initiative established to share information with schools in order to support children following a domestic abuse incident. There were 529 separate domestic abuse incidents report from April 2015 to 4 January 2016 of which a total of 1185 children of school age were involved. The average age of the child involved was 9 years and 172 incidents were open or opened to Children's Social Care, of which 132 repeat incidents were recorded. There were 58 incidents which were both repeat incidents and open to Children's Social Care and 73% of incidents involved households where two children reside.

Further follow-up support is also in place for the young people affected and information is fed into TAF meetings. Issues are discussed with the child, where appropriate and more covert actions such as monitoring behaviour, attendance and wellbeing are carried out. 100% of schools in Gateshead are now signed up to Operation Encompass and the success of the initiative has been recognised. Northumbria Police are now looking to roll the model out to other local authority areas in the region. This initiative is an excellent example of the impact that multi-agency work can have on young people as it has led to improved information sharing and improved support for young people where domestic abuse is an issue at home. Previously schools may not have been aware of the incidents and therefore not have been as alert to changes in behaviour or presentation or able to proactively support these young people.

Data in relation to Youth Justice services in Gateshead continues to be positive. The most recent data (October 2014-September 2015) for first time entrants (FTEs) into the system shows a total of 47 FTEs, which is a rate of 276 per 100,000 of 10-17 year olds and is within target. This also shows a reduction in FTEs and this continued reduction is being achieved through the development and expansion of the current YOT Prevention Programme, work with schools, the new Child to Adult Violence programme and also work on pre-pubescent sexualised behaviour that had been identified as a trend in current caseloads. The YOT continues to identify children and young people on the cusp of offending or involved in anti-social behaviour.

The latest hospital data available for “alcohol specific admissions” for under 18s covers the period of 2012-2013 to 2014-2015 and at 54.7 per 100,000 this is a 6.97% reduction from the previous reporting period of 58.8 per 100k. The admission rate has continued on a downward trend over the past four periods of data collection; despite this we still have significantly higher rates than the England rate of 36.6 per 100k. However, in the North East region we have the 4th lowest admission rate and slightly less than the regional average of 60.4 per 100k. The highest admission rate in the North East is Sunderland at 92.9 per 100k, which is also the highest rate in England.

The most recent teenage pregnancy data is available up until the end of 2014 and shows 37.7 under 18 conceptions per 1,000. This data shows a 18.4% increase from the rate in 2013 of 29.3 per 1,000. In real terms this means that from 2013-2014 there was increase 16 under 18 conceptions from 103 in 2013 to 119 in 2014. Our teenage pregnancy rate is now the second highest of the five Tyne and Wear authorities with the lowest being North Tyneside at 22.9 and the highest being Sunderland at 35.3 per 1,000. We are also higher than the overall England rate of 22.8 conceptions per 1,000. The current rate of under 18 conceptions is at the highest level over the last four periods of data collection and this follows a time in 2013 when it was at its lowest since the availability of the data. The data continues to be monitored by our partners who are working together to develop a Sexual Health Strategy to reflect the joint vision for Gateshead in improving sexual health outcomes.

APPENDIX 1 – Our meetings

Meeting	Key agenda items			
May 2015	LSCB Budget	Prevent Duty	Police MFH Co-ordinators	LSCB Business Plan 2015-2016
July 2015	LADO report	IRO annual report	SCU annual safeguarding report	Children's Trust Board annual report
	Families Gateshead Annual Report	SAB Annual Report & Annual Plan	Community Safety Plan	British Transport Police & safeguarding
	CP-IS	OSC review of child protection	MSET escalation process	"The Dark Web"
September 2015	Foetal Alcohol Spectrum Disorder and safeguarding implications	Update on the role of GPs in safeguarding	Cedars Pre-Departure Facility and an overview of the Home Office Returns Process	Savile Inquiry action plan
	Outcome of OSC review of domestic abuse	Revised Neglect Guidance	GP attendance at CP conferences	Update on CSE Inquiry
November 2015	Operation Encompass	CQC inspection update	Report on performance issues with CP conference chairs' reports	Private Fostering annual report
	STFT – revision of safeguarding structures	Mini peer reviews – process and first review	Gateshead Council Budget Consultation	Introduction of the "absent" category
January 2016	CDOP annual report 2014-2015	MAPPA annual report	Elective Home Education Strategy	Business Plan Focus Area – Counter Terrorism and Preventing Extremism
	Business Plan Focus Area – Care leavers	Findings of CQC inspection of STFT	Evidence of positive outcomes and learning between GPs and children and families	Initial findings of the Ofsted inspection of Gateshead Council and LSCB
March 2016	Children Missing Education annual report	Gateshead GP report writer project	Gateshead College – Journey to outstanding	Business Plan Focus Area – homelessness
	Business Plan Focus Area – cyber crime	Business Plan Focus Area – Wellbeing in childhood, healthy weight and healthy schools	Business Plan Focus Area – High risk adolescents (permanent exclusions)	Business Plan Focus Area – NPS ("legal highs")

APPENDIX 2 – Partner agency progress in 2015-2016

Key operational developments
NTW now has process in place with Children's Social Care to has enabled health care records to be updated in "real time" with details of CP plans ensuring any clinicians working with the family are aware of these concerns
Housing Services/The Gateshead Housing Company provide proactive support via the Care Leavers' Accommodation Support Panel. The aim of this work is increase opportunities to succeed. Further work is being done to support young offenders to safeguard and meet their needs
NTW Safeguarding and Public Protection policies have been externally audited and have been given assurance that they are fit for purpose. Senior Managers have received training on learning lessons from Savile and ensured and actions required from recommendations for NHS trusts are completed.
NHS Newcastle Gateshead CCG Safeguarding Team secured funding for a pilot in 2015-2016 to improve GP involvement in the child protection process, particularly CP conferences. The pilot involved seven practices and was a great success and the response rate for GP reports to CP conferences increased from 24% to 71%. There are now plans to roll this work out to more practices
GHNFT has now a Designated Doctor who will start in April 2016. The Named Midwife has also been allocated specific time to undertake safeguarding work. The Trust also appointed another safeguarding administrator to support safeguarding work in Maternity Services generated by the high numbers of unborn babies subject to CP plans. This is evidence of the Trust's commitment to ensuring there are sufficient resources available to the Safeguarding Team to provide a robust service.
Gateshead received 53 Syrian refugees in 2015, 17 of which were children/young people of school age and a further 60 individuals (21 children) will be received in May 2016. Prior to the refugees arriving significant joint work was undertaken to ensure that appropriate arrangements were made and support was in place. The first cohort of children are now attending education and are settling in well, one child (age 13) had never been to school until he moved to Gateshead so the impact of this collaborative work on his life will be huge
The Complex Pupils Meeting is a multi-agency meeting to ensure that managers across agencies are aware of some of our most vulnerable young people who are not accessing full time education and ensure that services are joined up to support them moving towards full time provision. The meetings provide a coordinated approach and recognise that a holistic approach is needed to meet the needs of our most vulnerable children and young people

Progress in relation to the LSCB's priorities:

LEADERSHIP		
Two College staff members requested and received permission from the Home Office to deliver Wrap3 training to other staff	Within the local authority a Service Director and Service Manager commissioned a management review to examine issues of underachieving performance and develop solutions	The LA Performance Clinic is a forum for managers to understand data, performance and QA systems. THe information shared is used by managers to ensure that they lead teams effectively and ensure that children are safeguarded
One health partner made the decision to provide CSE training to all staff in the service over a 12 month period	The Practice Advisory Group play a role in supporting practice improvement and professional development	The service has ensured that training available to the childcare sector is updated to reflect the role of LADO and Prevent
CCG safeguarding staff led the comprehensive action plan and recommendations following the recent CQC inspection – 95% of the actions have been completed	Review of the Safeguarding Service undertaken by one health partner and led to a change of roles and responsibilities to enable a more focused approach	Heath partners were involved in an investigation relating to Jimmy Savile which required strong leadership and close working with DoH, police and witnesses

LA managers at all levels were recognised by Ofsted to be good leaders and worked well with partner agencies, especially with police re CSE	Within social care and education a Complex Pupils multi-agency meeting was developed to improve engagement of complex pupils in education	Development of a multi-agency forum in relation to electively home educated children has led to improved discussion around their needs

CHALLENGE		
A practice development tool has been introduced to improve risk assessment and management. Cases are assessed using the tool and any issues are challenged with practitioners and their managers. This is a means of reflective discussion around judgement and risk	The Performance and QA Framework has been used to improve outcomes for children as performance information was used more effectively to highlight evidence of issues internally and within partner agencies and challenge them	Internal challenge of practice takes place on a daily basis, however a specific example is the review of a case within the service which was presented to the LSCB Learning & Improvement Sub Group and a subsequent review and challenge of practice
The Safeguarding and Public Protection Team routinely challenge operational services within the organisation in respect of attending ICPCs and providing reports	Delivered Counter Extremism tutorials to students aged 16-19 years and challenged their conceptions of radicalisation and extremism	The Safeguarding Policy has been revised and inspectors support schools by reviewing safeguarding arrangements, There has been a change in remit to increase the focus onto the most vulnerable groups of children and young people
Designated staff have challenged the contractual arrangements for safeguarding children to ensure that they are robust	Managers and practitioners regularly challenge other agencies at the MSET	Challenge to staff is evident in a supervision audit and an action plan is in place to improve safeguarding supervision
Named professionals have challenged professionals within adult-facing departments to consider the needs of children in the family when an adult attends with a high risk presentation	Managers within the service have challenged the management of a case by Children's Social Care and escalated issues that were not dealt with initially	Concerns of Trust staff were escalated to managers within another local authority (also covered by the Trust) and a different course of action was then taken

LEARNING		
A recent management review enabled the unit to ensure effectiveness and learn from performance information to ensure statutory requirements are met	Issues raised from a complaint about removing children from their parents in an emergency has led to a change in practice and information provided to parents	The CSE training provided has increased the number of safeguarding concerns raised about children who may be being exploited
Audits of casework demonstrated that the voice of the child was not reflected in recording of support plans etc. This has been addressed in staff team training and via individual supervision	The staff attended the LSCB CSE conference and applied the knowledge to their work. They have also attended other training events e.g. Prevent, DV, SCRs etc. and applied the learning to practice	The learning from SCRs locally and nationally has been implemented and led to improved systems and processes. Best practice has also been shared following CQC inspection of other agencies
There have been several training sessions delivered internally regarding FGM and, as a result, the number of	Learning is demonstrated through supervision and training. The incident reporting system is monitored to	All staff have been trained on "Promoting British Values and Equality & Diversity" to meet the requirements of the Prevent

reported cases has increased considerably	understand safeguarding issues and challenges to frontline staff and this is used to inform training and policy work	Duty

Inspections
Gateshead Council Children's Social Care was inspected by Ofsted in 2015-2016 and services were judged to be "good". This is a key indicator of the effectiveness of safeguarding services in the borough. Ofsted found that "children are at the heart of good practice" in Gateshead. Leaders, managers and workers were judged to be highly effective and very good practice was seen across a number of areas. Children, young people and their families were found to be receiving the right support at the right time and children in need of protection are identified early. Ofsted judged that there is a highly effective multi-agency approach to safeguarding and managing risk across the council and wider partnership and found the response to CSE and missing children particularly strong. Social workers were found to be effectively supervised and therefore able to complete good quality assessments. It was noted, however that plans are not consistently outcome focussed and progress is not always monitored/measured, therefore work is underway to improve this area
In May 2015, STFT received an unannounced CQC inspection of hospital and community services and safeguarding children was identified by inspectors as having good partnership working arrangements, policies and supervision in place to support staff. Inspectors specifically commented upon the joined up working between health visitors and GPs and staff access to the Safeguarding Team. A paper was taken to the LSCB in January 2016
Nine GP practices in Gateshead were inspected by the CCG and eight were rated as "good" for the care of families, children and young people. One practice was rated as "outstanding". Appropriate systems were in place all practices to identify children at risk and immunisation rates were in line with local average. Good examples of joint working with midwives and health visitors. The practice rated as outstanding was seen to have particularly strong relationships with other professionals and also had robust arrangements such as regular safeguarding meetings and a vulnerable child protocol. All of the practices were rated as "good" for the care of vulnerable patients. Practice staff demonstrated that they could recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities and how to raise concerns.
GHNFT was inspected by the CQC in September 2015. The overall rating of the hospital was "good" with services for children and young people also being rated as "good" and maternity and gynaecology services being rated as "outstanding". In terms of providing a safe service the Trust was rated as "good" and rated as "outstanding" for providing a caring service. Inspectors noted that staff within the Emergency and Children's Departments knew how to escalate safeguarding concerns, were able to access appropriate guidance and understood their roles and responsibilities. As a result of robust safeguarding training staff were found to be able to recognise risk factors of FGM and CSE and processes were in place to support inter-agency work and information sharing.
There were two inspections of Northumbria Police by HMIC in 2015-2016. One inspection focussed on vulnerability and the force was judged to be "good". Positive partnership working was identified, particularly around domestic abuse and missing children. The inspection found that the force provides a good response to children who go missing and is well prepared to tackle CSE. The other inspection focused on honour based violence (HBV), FGM and forced marriage and Northumbria was one of only three forces nationally to receive a positive inspection in this area. Northumbria Police is prepared across all areas to protect people from harm from HBV. The force annual assessment for effectiveness found that Northumbria Police is good at keeping people safe. The force was judged to be good in terms of being effective and efficient at keeping people safe and to require improvement in terms of how legitimate the force is at keeping people safe and reducing crime
There have been relatively few Ofsted inspections of schools in the past academic year in Gateshead. Four primary schools were inspected and three were judged to be good or outstanding. Two secondary academies were inspected and received "requires improvement" grades for their overall effectiveness. It should be noted that all three schools judged by Ofsted to require improvement overall received "good" judgements for the personal development, welfare and behaviour aspect of their work. In addition, all schools were judged by inspectors to have effective safeguarding practices.

APPENDIX 3 – Section 11 audit

Section 11 audit

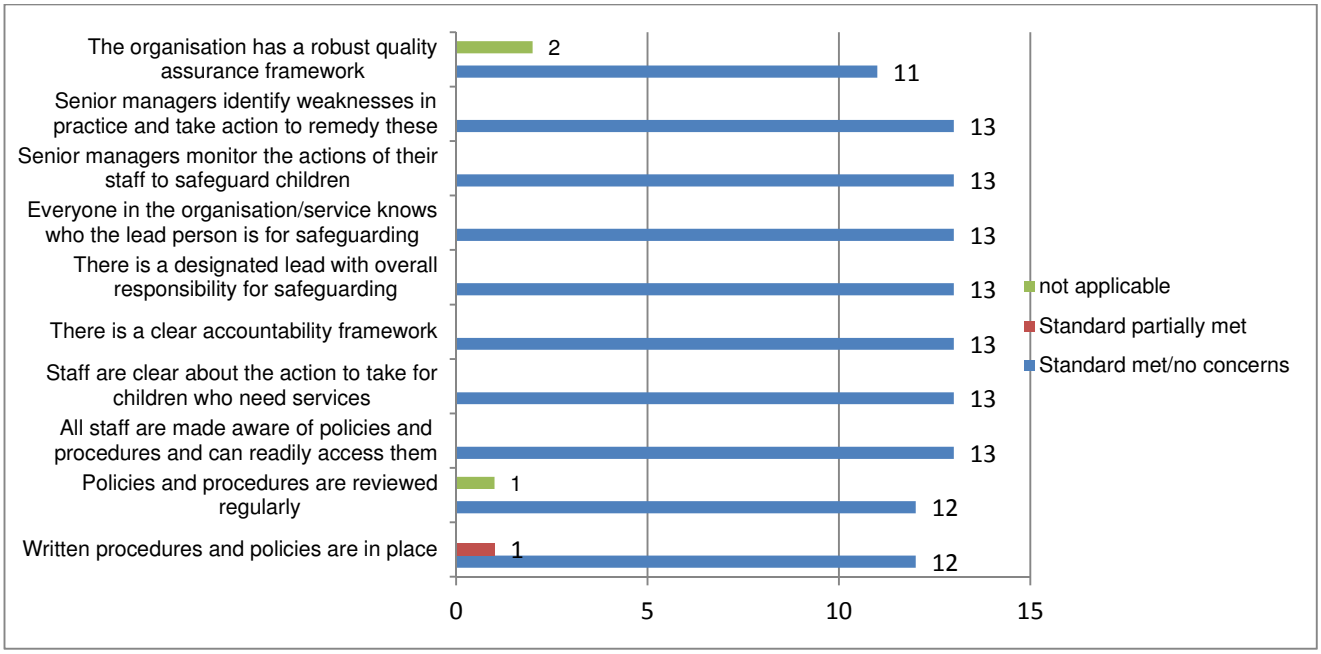
Section 11 of the Children Act 2004 places a statutory duty on key organisations to make arrangements to ensure that they have regard to the need to safeguard and promote the welfare of children when discharging their functions. We aim to ask our partner agencies to demonstrate their compliance with this on an annual basis via a Section 11 audit. In 2016 we asked all Board partner agencies, not just statutory partners, and schools (for the first time) to complete a proforma to demonstrate that they have appropriate arrangements in place including:

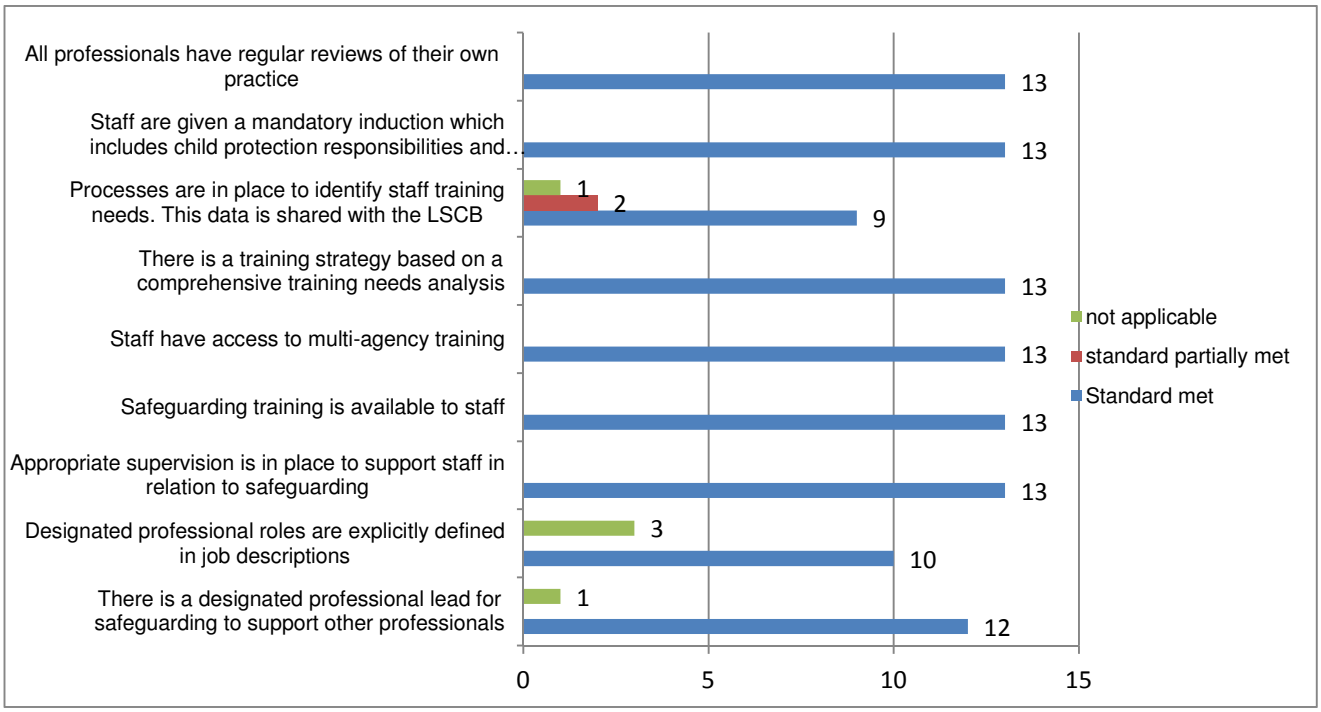
- lines of accountability
- management commitment
- consultation with children and young people
- whistleblowing
- supporting professionals working with children
- safe recruitment
- allegations management

Respondents were asked to state whether each standard was met, partially met, not met or not applicable and provide evidence of their compliance or steps that will be taken to improve this.

In total, there were over 90 responses for the 2016 Section 11 audit, which is the highest number we have ever received (as stated above, this is the first year that schools have contributed and this explains the significant increase in responses). All statutory partners submitted a response to the audit, as did a number of partners not considered statutory under section 11. No response was received from UK Visas and Immigration and Cafcass submitted a generic national response which could not be compared with the responses of other agencies. Board members were satisfied that further action was not necessary in relation to either agency as they are not statutory for the purposes of the Section 11 audit, although it would have been good practice to have responses from all partners.

The findings of the audit were shared with Board members as part of the Board development session and the responses from Board partner agencies were analysed in more depth. Overall, the results were largely very positive and the majority of agencies reported that standards were met and there were no concerns. A number of respondents also provided evidence to support this and the remainder were challenged and have since submitted evidence. There were some questions where there were a higher proportion of positive responses than others, for example 92% of Board partners have whistleblowing arrangements in place but only 70% reported that children and young people are listened to and their wishes and feelings are taken into account when developing services. The full results have been presented to Board members via a report and a summary of some areas is provided below:





A detailed analysis of all responses, including schools, was not carried out to the same level of detail as those responses solely from partner agencies due to the sheer numbers involved. As with some partner agencies, some schools submitted responses to indicate that standards were met but did not provide evidence of this and were therefore challenged to provide this and a number of them have done so. There were only six schools in Gateshead who did not respond (five primary schools and one special school). The vast majority of respondents reported that standards were met or partially met which told us that overall LSCB partner agencies and schools in Gateshead have effective arrangements in place to keep children and young people safe and are doing what they are supposed to do. Some schools reported issues which have since been followed up, for example one school reported that they needed additional support from the LADO and therefore the LADO was challenged and asked to contact the school in question.

APPENDIX 4 – Learning & Improvement activity

Case	Details of activity in 2015-2016
Baby T SCR	The Baby T SCR was published in October 2014 and work continued in early 2015-2016 to ensure that all actions were signed off.
Case A	The Learning & Improvement Sub Group received as request from the Designated Doctor for Child Death Reviews to discuss this case as one of the children, an 11 week old baby, died from a suspected "cot death" in late 2014-2015. There were no suspicious circumstances; however there had been previous concerns about the baby's siblings and it was felt that a scoping exercise and more detailed discussion would be beneficial prior to the case being discussed at the Child Death Review Sub Group. Sub group members were satisfied that the baby's death was not linked to any issues in the home or the family circumstances, however it was noted that further discussions were required to ensure that the mother had appropriate support in relation to bereavement and her older children. It was also noted that school had made a referral to Children's Social Care regarding the older children, however the details and intention of the referral were not clear and therefore actions were set to strengthen this.
Case B	We submitted a Serious Incident Notification (SIN) to Ofsted, DfE and the National Panel of Experts in June 2015 when this particular young person made a possible allegation of sexual assault whilst she was missing from care. We reviewed the case and found that it did not meet the criteria for a Serious Case Review, and the National Panel agreed with this. This was a complex case with a number of issues including learning disabilities, sexual abuse and underage sexual activity in the young person's life and also throughout the wider family. The sub group concluded that the young person had not suffered "serious harm" on this occasion and agencies had done their best to safeguard her, however actions were set in relation to working with parents with learning disabilities and Section 20 arrangements. These actions continue to be monitored by the sub group.
Case C	The Learning & Improvement Sub Group received a request to review this case from the Named Doctor at GHNFT to determine if there was any additional learning from this case. The family were non-British nationals and all three children have developmental difficulties and have had periods being subject to child protection plans and being looked after under Section 20. The youngest child sustained possible non-accidental injuries (bruising) whilst in the care of his parents. Following this incident all three children were removed from the family home and care proceedings were issued. Whilst sub group members were happy that the criteria for a SIN notification or a SCR were not met, it was felt that there was some learning in the case. The sub group noted that there were a number of different social workers and health visitors involved in this case and this could have led to inconsistencies. It was also noted that there should have been a tighter framework around legal meetings and tighter decision making processes. It was also noted that there were occasions where a child was noted to have injuries at school but these were not reported until later and work has been undertaken around this. The sub group found that there were no clear processes in place for professionals to escalate multi-agency challenge and therefore this is being progressed further
Case D	The Learning & Improvement Sub Group received a request to review this case from the Named Doctor at GHNFT when one of the children in the family died from medical issues (she had multiple health problems linked to disabilities). Members of the sub group were asked to complete a scoping exercise about the case; however the detailed discussion has been delayed due to an ongoing police investigation. The case will now be reviewed in July 2016 and there is no current evidence that the death was linked to abuse or neglect, however there may still be some learning for agencies

Case E	This case relates to an episode of self-harm by a young person who was subject to a child protection plan. Whilst sub group members were satisfied that this was not a "notifiable incident" we felt that further exploration of the case was required to determine whether there was any additional learning. We decided to use a new methodology known as Critical Incident Collaborative Inquiry (CICI) to learn from those practitioners working directly with the young person to understand what happened. A learning event was held late in March 2016 and a report is currently being prepared for the LSCB. The learning event told us that this was a complex case with issues around domestic abuse, sexualised behaviour, mental health issues and substance misuse. It was agreed that a high level meeting was required to ensure that appropriate services were in place to keep the young person safe and also wider pieces of work were required to strengthen the response to those young people who are vulnerable but also very difficult to manage due to their own behaviour

APPENDIX 5 – Sub group updates

Child Death Review Sub Group (CDRG). Chair – Public Health Consultant (Pam Lee in 2015-2016)

Purpose of the sub group

The purpose of the CDRG is to undertake multi-disciplinary reviews of the deaths of all children who were resident in Gateshead at the time of their death to better understand how and why children die. These findings are used to take action to prevent other deaths, where relevant/appropriate and improve the health and safety of Gateshead's children.

The sub group's remit is determined by the statutory functions of Gateshead LSCB as set out in Regulation 6 of the Local Safeguarding Children Boards Regulations 2006, made under section 14(2) of the Children Act 2004 and Chapter 5 of *Working Together to Safeguard Children* (2015).

The work of the CDRG feeds into the South of Tyne and Wearside Child Death Overview Panel (CDOP) via the chair and Child Death Review Co-ordinator.

The group collects and collates an agreed minimum data set of information on all child deaths in Gateshead. This data set reflects the national requirements from the DfE and is consistent with the data sets for the two other LSCBs represented on CDOP.

Progress in 2015-2016

During 2015-2016 the group held a development session to assess compliance with guidance and identify areas for improvement. As a result, administration of the group was improved and issues around working with families were raised with CDOP.

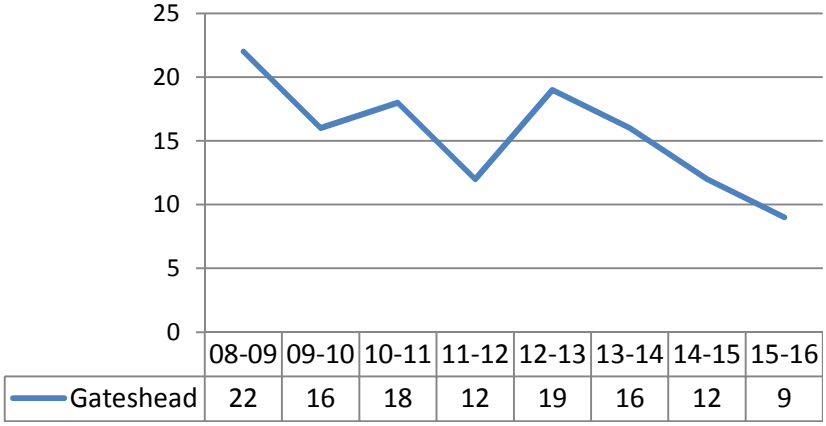
Following the development session, NHS Newcastle Gateshead CCG facilitated a meeting between South of Tyne CDOP and North of Tyne CDOP to learn from each other's processes. A follow-up meeting is planned pending the outcome of the national review of LSCBs and the child death review process.

Training has also been delivered to clinicians involved in child deaths.

Data or management information relevant to the sub group in 2015-2016

The CDRG collects and collates an agreed minimum data set of information on all child deaths in Gateshead. This data set reflects the national requirements from the DfE and is consistent with the data sets for the two other LSCBs represented on CDOP.

The LSCB has been notified of the deaths of nine children who were resident in the borough in 2015-2016. The following chart shows how the number of deaths fluctuates year on year.



	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16
Gateshead	22	16	18	12	19	16	12	9

Of these deaths five were of children with known life limiting conditions. There were four unexpected deaths, however some of those children also had medical issues. To date, no identifiable patterns or concerns have been noted within these deaths.

The South of Tyne CDOP met five times in 2015-2016 and completed the reviews of 17 deaths of children who had resided within Gateshead, of these modifiable factors were only identified in one case.

Recent deaths in Gateshead have usually been as a result of:

- Neonatal/perinatal events – prematurity

- Expected deaths with known life limiting conditions

The number of unexpected deaths as a result of external factors remains small. There have been 331 deaths in the SOTW CDOP region since the process began in 2008.

Planned actions for 2016-2017

The workload of the group is determined by local and national events and the group will continue to respond as appropriate.

As stated above, the outcome of the national review of LSCBs may impact on the work of the sub group. This report was due to be published in March 2016 but is now expected in summer or autumn.

Chairing arrangements will also be reviewed in 2016-2017, as will the role of the Designated Doctor for Child Deaths due to the retirement of the existing post holder. Any issues or delays in this area will be escalated to the Board.

Learning & Improvement Sub Group. Chair – Service Director Social Work, Children & Families (Debra Patterson in 2015-2016)

Purpose of the sub group

The sub group has responsibility for monitoring the implementation of the action plans arising from SCRs undertaken by Gateshead LSCB. The group also undertakes Learning Reviews where the criteria for a SCR are not met and makes recommendations for improvement. The group also undertakes Appreciative Enquiries to reflect those cases where multi-agency work has had good outcomes for children and their family.
The sub group also leads on disseminating messages from SCRs, Learning Reviews and Appreciative Enquiries across agencies,

Progress in 2015-2016

As set out in section 6.4.2 of this report, no SCRs were published or initiated in Gateshead in 2015-2016. However, the sub group reviewed a number of cases where it was felt that there were lessons about single-agency and multi-agency practice.

The Learning & Improvement Framework was also reviewed by the group and judged by Ofsted to be "comprehensive" to represent a "proactive response"

Planned actions for 2016-2017

The work of the sub group will be directed by local and national SCRs, Learning Reviews and Appreciative Enquiries.

Licensing Sub Group. Chair – LSCB Business Manager (Louise Gill in 2015-2016)

Purpose of the sub group

The purpose of the Licensing Sub Group is to ensure that the LSCB fulfils its responsibilities as the "Responsible Authority" with regard to the 'protection of children from harm' being one of the objectives of the Licensing Act 2003.

The sub group meets on a monthly basis and considers all applications submitted to Gateshead Council under the Licensing Act 2003 for premises licenses, club premises certificates and Temporary Event Notices (TENS). The group considers each application individually and determines whether there are any implications from a child protection or safeguarding point of view. Other aspects of the licensing process, such as anti-social behaviour, are considered by other responsible authorities.

Gateshead Council is responsible for licensing activities under the Licensing Act 2003. The act requires that local authorities carry out their various licensing functions in order to promote the following four licensing objectives:

- The prevention of crime and disorder
- Public safety
- The prevention of public nuisance
- The protection of children from harm

If any interested party of responsible body, such as the LSCB, is not satisfied that an objective is met then they can raise a representation against an application or request the review of an existing licence. The LSCB Licensing Sub Group focuses specifically on the 4th licensing objective. The applicant (or licensee if the issue relates to an existing licence) will be asked to provide further information and attend a hearing. In the case of new applications, this could lead to an application being refused, or granted with conditions, and in the case of an existing licence this could lead to a licence being revoked or new conditions added.

Progress in 2015-2016

The sub group reviewed 47 applications for new premises licences, variations of existing licences or applications for the review of an existing licence in 2014-2015, this is an increase from 37 applications in 2014-2015. There were no safeguarding concerns with the majority of these applications and reassuringly most new applicants set out robust arrangements to protect children from harm on their premises, however there were some applications to note:

- A premises who had previously had their licence revoked for underage sales applied for a new licence with a different person named however this was withdrawn following objections made by the LSCB and other Responsible Authorities
- The LSCB supported a review application made by another Responsible Authority when a premises was found to be selling alcohol to a 15 year old child volunteer
- The LSCB supported a review application made by another Responsible Authority when a premises was found to be selling tobacco to children
- The LSCB supported a review application made by another Responsible Authority when a premises was found to be selling alcohol to a 14 year old child volunteer and the premises had also been found to have been selling Novel Psychoactive Substances (AKA Legal Highs), drug paraphernalia and "sex articles" (namely unlawful pornography) without an appropriate licence. The premises licence was ultimately revoked by the Licensing Committee due to the concerns raised and an application to transfer the licence to another individual was also refused.

The group also reviewed 195 TENs (an increase from 163 last year) and 71 Street Trading Applications (an increase from 47 last year)

In addition to the standard business of the sub group, the chair wrote and co-delivered training to approximately 700 taxi drivers licensed by Gateshead Council to raise awareness of CSE and their duties as licenced drivers to safeguard young people.

The LSCB Business Manager also utilised links between this group and the MSET to share concerns with the Licensing Authority, for example:

- Information was shared at MSET that young people under 18 were gambling large quantities of cash in the amusement arcade of a shopping centre, so the Licensing Authority arranged for a visit to be undertaken
- Information was shared at MSET that young people were shoplifting wine from a store as it was placed near the door, they were then congregating on wasteland and getting drunk and having sex. The Licensing Authority planned a visit to the store to speak to them about their layout
- Anecdotal information was shared at MSET about a premises in the borough where young people were able to purchase alcohol and were not challenged for ID and investigations were undertaken by the Licensing Authority

The LSCB Business Manager has also been involved in discussions with colleagues from Legal and Public Health about pilot scheme that Gateshead is going to be involved in. Gateshead will become one of eight pilot sites for a national alcohol licensing project in conjunction with Public Health England to assess the practicality of introducing health as a licensing objective (the four licensing objectives are currently prevention of crime and disorder, public safety, prevention of public nuisance and protection of children from harm). Any relevant learning or information from the pilot will be shared with Board members in due course

Planned actions for 2016-2017

- The chair of the sub group will continue to attend the Responsible Authorities Group on a quarterly basis and continue to liaise with other responsible authorities to ensure that due consideration is given to the 4th licensing objective
- The sub group will consider ways in which they can be more proactive in relation to assisting licence holders and applicants to protect children from harm on their premises
- The chair will continue to link the work of the sub group with other partnerships, such as the MSET and Strategic CSE and Trafficking Sub Group, to improve outcomes for vulnerable children and young people

Missing, Sexually Exploited and Trafficked Sub Group (MSET). Chair – Detective Inspector, Protecting Vulnerable People (Dan Mitford in 2015-2016)

Purpose of the sub group

The purpose and remit of the MSET is to safeguard those children and young people in Gateshead who repeatedly go missing and/or are at risk of sexual exploitation and/or exhibit risk taking behaviour and/or where there are concerns about human trafficking. The purpose of the group is to reduce the risks to the young people when missing and to introduce strategies to safeguard them

Progress in 2015-2016

The MSET is now a well-established meeting that has excellent attendance by partner agencies, with National Probation Service now attending following the recent deep dive inspection in South Tyneside (this has strengthened intelligence sharing and disruption). The meeting is chaired by the Detective Inspector from Central PVP CAVA who is supported by the Police Missing from Home Coordinator. The Missing From Home coordinators co-located with the coordinators who cover the whole Northumbria Police area, ensuring intelligence, trends and issues can be shared and fed back into the Operational MSET group. The meeting incorporates a referral form which includes a vulnerability check list (VCL) and scoring matrix for each young person to be discussed at the meeting.

The social worker or other lead professional for each young person is invited to attend the meeting and present the concerns relating to the young person. It is expected that a prevention/diversion plan is prepared in advance of the meeting and then relevant actions are allocated during the meeting to reduce risks associated with sexual exploitation and trafficking and/or reduce missing episodes. For cases of concern, subsequent dates are set for the case to be reviewed at a MSET meeting with the expectation that all actions are completed for the next meeting and an updated VCL submitted when the young person is next discussed. The scoring matrix is reviewed at each meeting with the intention that this risk score reduces over time showing a reduction in risks.

A pre-meet between the sub group chair and LSCB Business Manager takes place prior to the MSET meeting to discuss the top 10 most active children and referrals received from practitioners who are concerned about frequent missing episodes and/or risk of CSE. The agenda for the meeting is then prepared and circulated for agencies to research their involvement.

Members of the MSET continue to monitor the return interview process to ensure consistency in the interviews. Information gathered in the interviews is shared with the police for intelligence sharing via a secure email mailbox.

The joint protocol between Police and the local authority has been reviewed, updated and agreed by partner agencies.

The MSET continues to monitor and evaluate intelligence around sexual exploitation and has close links with Operation Sanctuary, which has recently expanded to include the South of Tyne area.

An escalation process has been developed for cases discussed at MSET where there are consistent high risk concerns for a young person or they are deemed at high risk of CSE. This will allow cases of concern to be forwarded to senior management for review to ensure that no additional actions are required and for guidance as to whether the case should continue to be discussed at MSET.

Data or management information relevant to the sub group in 2015-2016

Data on missing children is also set out in section 6.3.1 of this report.

The cases of 43 young people were discussed at MSET meetings in 2015-2016 and 23 of these young people were discussed on more than one occasion (a number had also been discussed in 2013-2014). This was a decrease in the total number of cases discussed in 2014-2015 where there were 53. This decrease is due in part to the revised MSET referral form which means that cases are referred more appropriately with tangible risks set out for the pre-meeting.

There were a total of 928 occasions in 2015-2016 where a young person from Gateshead was reported missing to the police (this includes episodes where a child was in the care of Gateshead Council but placed outside of the borough). The 928 episodes included 657 episodes (71%) where a child was reported missing from care, the remaining 271 episodes related to a child being reported missing from their family home or school. The total figure of 928 represents an increase from 2014-2015 where there were 864 episodes. There was also an increase in the number of missing from care episodes from 571 to 657 and an increase in the proportion of episodes from 66% to 71%. The missing from care episodes have increased significantly year on year for the past few years.

The number of episodes relate to a smaller number of individual young people as there were a number of young people who were reported missing more than once. In fact, there was a small cohort of young people who

reported missing care on a very regular basis, often together, some months, and this in part explains the large increase in episodes. It should also be noted that there was an increase in the number of episodes lasting over 24 hours, and a number of episodes which lasted significantly longer. Processes are in place to ensure that there is regular oversight of these cases.

Northumbria Police introduced a new "absent" category on 25 January 2016 and all "missing" reports will now be classed as either missing or absent. For the purposes of MSET, cases will be considered regardless of whether they are missing or absent and return interviews will also be offered regardless of the police category.

A breakdown of the episodes reported each month is set out below. More detailed data on where Looked After Children are reported missing from is reported to Gateshead Council Overview and Scrutiny Committee on an annual basis.

Month	Total missing episodes	Missing from care episodes
April	91	77 (85%)
May	116	80 (70%)
June	72	59 (82%)
July	81	63 (78%)
August	76	63 (83%)
September	82	55 (67%)
October	71	47 (66%)
November	76	46 (61%)
December	77	43 (56%)
January	54	40 (74%)
February	65	49 (75%)
March	67	35 (52%)
TOTAL	**928**	**657 (71%)**

Planned actions for 2016-2017

Within the next 12 months:

- The group will continue to review those cases referred into it to support multi-agency ownership of risk and safeguarding. Practitioners will also be encouraged to be more proactive with referrals into the group
- The sub group will continue to strengthen the risk assessment process and scoring matrix so that there is a clear exit and entry point for the MSET
- Regular meetings between Police and the Gateshead Council children's homes managers are to continue to discuss cases of problematic or regular missing persons
- A revised procedure for recording missing and absent episodes for young people by the Police is now in place. Both absent and missing episodes are risk assessed and scrutinised to ensure the appropriate assessment and response is in place. Children's home staff have been spoken to by the Missing from Home Coordinator around the new process and how to challenge any classification and subsequent Police action.

Performance Management Sub Group. Chair – Service Manager Children's Commissioning and Performance (Ann Day in 2015-2016)

Purpose of the sub group

The purpose of the Performance Management Sub Group is to support the LSCB in fulfilling its statutory duty to monitor and evaluate the effectiveness of what is done by the local authority and Board partners, individually and collectively, to safeguard and promote the welfare of children, and advise them on ways to improve.

Continuous performance management is at the core of ensuring the effectiveness and impact of inter-agency safeguarding activity. The sub group supports the LSCB in the monitoring, promotion and planning of high quality practice in line with the inter-agency Performance Management Framework. The framework is used to monitor and analyse a range of quantitative and qualitative information, both via ongoing and set pieces of work. The sub group reports regularly to the Board highlighting any areas of practice that need to be addressed, and identifying areas of good practice.

Progress in 2015-2016

The sub group continued to embed the integrated data set and provide detailed performance information to the full LSCB on a quarterly basis. This regular reporting to the Board includes an overview of performance in relation to safeguarding and early help across all partners.

The performance information provided to the Board has supported the Board's determination of priorities and specific areas for additional scrutiny.

Professional and public awareness of child sexual exploitation (CSE) has grown significantly in recent years the Board therefore wished to scrutinise and determine on a multi-agency basis levels of CSE in Gateshead, develop a clear understanding of CSE, agree a collective approach to data sharing and quality assure the effectiveness of the multi-agency approach.

The sub group led the inquiry reviewing 37 cases and undertaking deep dive audits on 10 of those cases.

The inquiry looked at how children and young people are being identified and protected and sought to understand where there may be lessons to be learned from an audit of practice.
The results were reported to the Board in May 2016.

Data or management information relevant to the sub group in 2015-2016

See section 6.5. of this report

Planned actions for 2016-2017

During 2016-2017 the sub group will continue to provide to develop and enhance performance reporting to the Board. There will be a specific review and remodel the integrated data set in line with Ofsted recommendations and Board priorities.

The sub group will continue to undertake multi-agency audits to quality assure partner agencies collective approaches to Safeguarding and Early Help

Policies and Procedures Sub Group. Chair – LSCB Business Manager (Louise Gill in 2015-2016)

Purpose of the sub group

Gateshead LSCB has a statutory requirement to provide policies and procedures for safeguarding and promoting the welfare of children

> **Regulation 5 of the Local Safeguarding Children Board Regulations 2006** sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:
>
> 1. (a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
>
> The action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention

The aims and purpose of the sub group are to:

- Develop policies and procedures for safeguarding and promoting the welfare of children and young people in Gateshead
- Monitor the effectiveness of the procedures in place
- Consider the implications of new policy, legislation, research and guidance in respect of safeguarding and promoting the welfare of children
- To review and accordingly update the Gateshead LSCB Inter-Agency Child Protection Procedures (currently in conjunction with TriX)

Progress during 2015-2016

In line with the current maintenance contract with TriX, two full updates of the LSCB Inter-Agency Child Protection Procedures were made in 2014-2015 to reflect changes to statutory guidance. The sub group also reviewed the arrangement with TriX to determine whether it was the most effective option and we have now entered into a sub-regional agreement with TriX and Sunderland and South Tyneside. This has considerably reduced the cost paid by Gateshead LSCB for the online procedures

The following pieces of work were also completed or are currently ongoing:

- Female Genital Mutilation
- Osman Warnings
- SUDI guidelines
- Templates for child protection conference reports
- Bruising in babies
- Concealed pregnancies

Planned actions for 2015-2016
Work will continue in relation to the following areas: • The new Care Act • Modern Slavery Bill • Parents recording child protection conferences • Use of technology to support attendance at meetings • Breast ironing The sub group will also respond to new areas of business as they emerge and ensure that procedures are compliant with any new guidance. The sub group will also review its own membership to ensure that it is fit for purpose as a number of members have recently changed roles or left organisations.

Strategic CSE and Trafficking Sub Group. Chair – Detective Chief Inspector (Shelley Hudson in 2015-2016

Purpose of the sub group
This is a relatively new sub group of the LSCB that was established in 2014-2015, having previously been a time-limited working group of the Board. The group has since merged with a task and finish group of the Safeguarding Adults Board however to create a joint Strategic Exploitation Group, which will begin reporting to the Board in 2016-2017. The remit of the group was to lead on the development of strategic work in relation to CSE and trafficking. On behalf of the LSCB, the group was tasked with developing, implementing and monitoring the Gateshead LSCB CSE strategy and delivery plan to ensure a coordinated and proactive multi-agency response to CSE and trafficking.
Progress in 2015-2016
The group established and strengthened its Terms of Reference and developed a Delivery Plan which set out key areas of work in relation to safeguarding children at risk of CSE and being exploited. The group finalised the CSE Strategy, which was scrutinised by Ofsted and found to be sound.
Planned actions for 2016-2017
As previously stated, this group has now been disbanded and a new joint LSCB and SAB Strategic Exploitation Group has been formed. The Terms of Reference for the group have been agreed and the work plan is being established

Training Sub Group. Chair – Workforce Development Adviser (Naju Khanom in 2015-2016)

Purpose of the sub group
The purpose of the group is to develop and promote, through training, a shared understanding amongst safeguarding partners around the tasks, processes, principles, roles and responsibilities for safeguarding children and promoting better outcomes. The sub group contributes to identifying training needs and the delivery of the training programme across the workforce and drives forward the programme. The sub group is made up of a variety of professionals from different sectors and services. Training is delivered with a focus on the children and young people's workforce. Training may also be influenced by any new agendas or initiatives. The group also supports, monitors and quality assures single agency training activity by LSCB partner agencies to ensure that minimum standards are reached.
Progress in 2015-2016
The 2015-2016 Children and Adults Safeguarding Training Directory was launched on 1 April 2015 and work took place throughout the year on the 2016-2017 directory in preparation for its launch. Over 70% of the courses in 2015-2016 were delivered "in house" by staff from LSCB partner agencies and the rest were commissioned. The e-learning programme continued to be promoted and strengthened. There was a delay in progressing some of the work of the sub group in 2015-2016 due to changes in personnel however the chair returned from maternity leave part way through the year and good progress was made from

that point.

Data or management information relevant to the sub group in 2015-2016

Multi-agency training is offered to all services and LSBC partner agencies. Records are kept in terms of the attendance a training by individual services and feedback is submitted to the LSCB on a regular basis in relation to attendance, cancellation and demand. This enables future planning.

There were 61 events held in 2015-2016 through the LSCB training directory (an increase from 52 events in the previous year). There were in fact 73 events arranged however 12 events were cancelled due to low numbers or trainer availability.

In total there were 1115 attendees, an increase from 1081 in the previous year. 763 people also accessed the online e-learning. There were 289 unsuccessful applicants who were not offered places at training events (up from 176 in the previous year) and unfortunately there were 151 applicants who were offered places who failed to attend (compared to 164 in the previous year).

Classroom training in 2015-2016:

Course	Attendees	Did not show	Unsuccessful	Cancelled prior to event	% applicants trained
Child Death Reviews	15	4	0	5	63%
CP awareness	250	37	88	64	57%
Child Trafficking	43	1	0	4	90%
Common Assessment Framework	107	17	6	26	64%
Cross cultural awareness	17	1	0	0	81%
Effective CP Conferences	10	3	0	6	50%
Effective Core Groups	0	0	0	0	0%
Fabricated and Induced Illness	56	6	16	4	73%
Female Genital Mutilation	57	4	8	10	70%
Foetal Alcohol Syndrome	24	5	0	3	75%
Information sharing in practice	9	1	0	2	32%
Multi-agency working to safeguard and protect children	48	3	25	19	45%
Neglect	42	9	17	6	50%
Protecting disabled children from Abuse	30	1	0	20	59%
Responding to allegations of abuse against professionals	12	4	5	4	38%
Safeguarding babies	20	2	0	2	83%
Safeguarding children and young people in the digital age	129	15	39	24	62%
Serious Case Reviews	18	5	0	24	32%
The impact of drug use on young people	32	5	23	3	51%
The impact of parental mental health	41	1	10	13	63%
Understanding and responding to child sexual abuse	36	5	12	7	60%
Young people at risk of sexual exploitation	82	17	35	16	51%
Young people who self-harm	73	5	5	20	71%
TOTAL	**1151**	**151**	**289**	**271**	**59%**

Online training in 2015-2016:

Module	Completions	Yet to complete
An introduction to safeguarding children	183	3
Awareness of child abuse and neglect - Core version	159	8
Awareness of child abuse and neglect - Foundation version	56	9
Awareness of child abuse and neglect - young people version	18	0
Awareness of child abuse and neglect core level - Police version	1	1
Awareness of domestic violence and abuse including the impact on children, young people and adults at risk	22	1
Hidden Harm	15	2
Safeguarding and leadership	24	3
Safeguarding children from abuse by sexual exploitation	103	11
Self-harm and suicidal thoughts in children and young people	2	0
Think Safe, Be Safe, Stay Safe	4	0
Female Genital Mutilation: Recognising and Preventing	*176*	*2*
TOTAL	**763**	**40**

Planned actions for 2016-2017

Going forward the Training Sub Group will look at:

- Promoting the directory across organisations and to the people who will benefit from training.
- Encourage registration for the new online booking system.
- Increase training pools.
- Work on implementing Ofsted recommendations
- Work to develop any training areas identified by the LSCB

Gateshead Council has implemented a new HR & Payroll system which includes the ability to book onto training, this system has been extended so those external to Gateshead Council can also use the system to book onto training. Work will continue with this system so that the LSCB can ensure that training meets demands and is effective.

APPENDIX 6 – Glossary

ACPC	Area Child Protection Committee
ARMG	Adolescent Risk Management Group
CAF	Common Assessment Framework
Cafcass	Children and Family Court Advisory Support Service
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CIN	Child In Need
CIN assessment	Child In Need assessment
CP plan	Child protection plan
CQC	Care Quality Commission
CRC	Community Rehabilitation Company
CSE	Child Sexual Exploitation
CCG	Clinical Commissioning Group
DCLG	Department for Communities and Local Government
DfE	Department for Education
DoH	Department of Health
DoLs	Deprivation of Liberty Safeguards
FGM	Female Genital Mutilation
FIT	Family Intervention Team
FT	Foundation Trust (NHS)
FTE	First Time Entrant (to Youth Justice System)
GHNFT	Gateshead Health NHS Foundation Trust
HMIC	Her Majesty's Inspector of Constabulary
ICPC	Initial Child Protection Conference
LAC	Looked After Child
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children Board
MARAC	Multi Agency Risk Assessment Conference (for domestic abuse)
MAPPA	Multi Agency Public Protection Arrangements
MASH	Multi Agency Safeguarding Hub
MCA	Mental Capacity Act
MSET	Missing, Sexually Exploited and Trafficked Sub Group (sub group of LSCB)
NICE	National Institute for Health and Care Excellence
NTW	Northumberland, Tyne and Wear NHS Foundation Trust
PRU	Pupil Referral Unit
PVP	Protection of Vulnerable People Department (Police)
QA	Quality Assurance
RCPC	Review Child Protection Conference
SAB	Safeguarding Adults Board
SCR	Serious Case Review
SILP	Significant Incident Learning Process
STFT	South Tyneside NHS Foundation Trust
TAF	Team Around the Family
VAWGS	Violence Against Women and Girls Strategy
VCL	Vulnerability checklist
YOT	Youth Offending Team

GATESHEAD
local safeguarding
children board

Gateshead LSCB Business Plan 2014-2017

2016-2017 Action Plan

Vision

Our vision is that every child should grow up feeling safe and in a loving, secure environment, free from abuse, neglect and crime, enabling them to enjoy a happy and healthy childhood in which they can fulfil their social and economic potential.

Role of the Business Plan

The Gateshead LSCB Business Plan sets the strategic direction for the LSCB. The Business Plan also reinforces the specific role of the LSCB to **lead, challenge** and support **learning**. The plan identifies specific priorities for action and is clear about roles and accountability.

The Gateshead Approach 2014-2017

Gateshead LSCB agreed a new approach in 2014 and adopted a three year Business Plan to cover the period from 2014-2017. This document provides a focus for Year 3 of the plan, which enables the Board to focus on the specific role and remit of LSCBs in ensuring that the welfare of children is safeguarded and protected, as set out in Working Together (2015) and the Children Act 2004.

The Business Plan emphasises the role of Gateshead LSCB in **leading** the safeguarding agenda, in **challenging** the work of partner organisations, and in committing to an approach which **learns** lessons, embeds good practice and which is continually influenced by the views of children and young people.

The Business Plan can be found at www.gateshead.gov.uk/LSCB

In years one and two we developed and utilised a new "LSCB inquiry" model to undertake task and finish work around the specific areas of neglect and Child Sexual Exploitation (CSE). We have reviewed the use of this model and found that, whilst it provided us with useful results, the bulk of the workload fell onto one or two Board members and it was agreed that we should use a more traditional task and finish group model in year three to encourage greater participation.

Summary of Key Achievements in 2015-2016

A full breakdown of progress in 2015-2016 can be found in the Gateshead LSCB 2015-2016 Annual Report. Highlights are shown in the table below

Area of work	Progress in 2014-2015
Leadership	• A sub-regional CSE event was held in October 2015 for 500 professionals in Gateshead • Work has continued to improve engagement with young people and this has been strengthened following recommendations made by Ofsted following the inspection of the LSCB • The Business Planning Group arrangements and effectiveness were reviewed by the chair and strengthened further following the Ofsted inspection of the LSCB
Challenge	• The second LSCB Inquiry was completed – this focused on CSE • The first mini-peer review took place and evidenced effective multi-agency working • Board members and partners contributed to the Gateshead Council Families Overview and Scrutiny Review of child protection • The Board received reports on a number of areas of challenge including contribution to child protection conferences and the response to the rising problem of Novel Psychoactive Substances aka NPS aka "legal highs"
Learning	• The Learning and Improvement Framework was strengthened and judged to be comprehensive and proactive by Ofsted • The Board and its partners learned from the findings of single agency inspections e.g. HMIC, CQC and Ofsted
Preventing harm	• Revised neglect guidance was developed following the LSCB Neglect Inquiry in 2014-2015 • Task and finish work was undertaken to understand key areas e.g. children convicted of sex offences and high risk adolescents • Work continued in relation to implementing the national Child Protection-Information Sharing Project (CP-IS), despite national delays
Protecting vulnerable children	• Further work took place to strengthen the links between the LSCB and schools, including participation by schools in the annual Section 11 audit • Approaches to extremism, cyber-crime and wellbeing in childhood were reviewed by the Board

As set out in the annual report, the LSCB was subject to an inspection of its effectiveness in 2015-2016 and Ofsted published the outcome of this in March 2016. We have subsequently developed an improvement plan, which we will continue to implement and monitor in 2016-2017.

2015-2016 Action Plan

In Year 3 the focus will continue to be on the three strategic business priorities:

- **Leadership**
- **Challenge**
- **Learning**

The focus will also remain on two strategic outcomes:

- **Protecting vulnerable children**
- **Preventing harm**

We will do the following to deliver our priorities and strategic outcomes and to implement the LSCB Improvement Plan:

In relation to **Leadership** the Board will strengthen links with our local communities through our lay members and community representatives, receive reports on the redesign of Early Help arrangements in Gateshead to ensure that services are fit for purpose and continue to strengthen links with other partnerships such as the Health and Wellbeing Board and Safeguarding Adults Board and develop our visibility and influence to ensure that the importance of safeguarding children is not lost within the wider remit of partnership work in the borough. We will also continue to strengthen our engagement with young people and raise the profile of the Board with them.

In relation to **Challenge** the Board will ask partners to share their single agency audits and account for any areas of development identified, continue to build on the peer review process and receive the outcome of the Gateshead Council Families Overview and Scrutiny Committee's review of child protection services. We will also continue to challenge our own performance through the development of an Effectiveness Framework and develop an updated dataset to enable us to continue to challenge areas of single-agency and multi-agency performance as when necessary.

In relation to **Learning** we will listen to what our young people have told us during our engagement work and act on this, develop an Effectiveness Framework and learn from best practice elsewhere and build on the learning from the Government's national review of LSCBs. We will also continue to learn from practice in Gateshead and other areas via our Learning and Improvement Sub Group and Learning and Improvement Framework and build upon good practice. We will also continue to review processes to understand the impact of our training offer and maintain a focus on delivering high quality training that meets demand.

In relation to **protecting vulnerable children** we will focus on the issue of self-harm and ensure that there are robust processes in place to reduce the incidence of self-harm and to support those young people who do self-harm. We will also continue to maintain a focus on Sexual Exploitation, "legal highs" and other key areas by receiving reports from those agencies leading on operational practice. We will also continue to take a partnership approach to the local implementation of the national Child Protection – Information Sharing project (CP-IS) to ensure that agencies in Gateshead work together to share information to protect vulnerable children. We will also monitor the impact of Team Sanctuary South on some of our most vulnerable children and adults and understand the voice of the survivor in light of recommendations made in other areas such as South Yorkshire.

In relation to **preventing harm** we will review the increase in permanent exclusions in Gateshead to understand the reasons behind this and consider more effective ways of working together to prevent harm to this particular cohort of young people. We will also receive the "Threshold/ indicators of need" document once it has been reviewed by Children's Social Care. We will also consider whether a locality risk assessment model would assist the Board in understanding where and what priority need is.

Year 2 Action Plan

Action	Proposed Lead Officer	Target Date
LEADERSHIP		
Strengthen links with the local community through work with lay members and community representatives	Louise Gill, LSCB Business Manager, to lead with input from Carole Paz-Uceria, SAB Business Manager	Ongoing throughout 2016-2017
Receive reports on the redesign of Early Help services in Gateshead and consider the impact on protecting vulnerable children and preventing harm	Vall Hall, Service Director, Children and Families Support	March 2017
Work with other partnerships to strengthen links and improve the visibility of the LSCB: Receive an annual report from SAB on activity and priorities Receive an annual report from the Community Safety Partnership on activity and priorities Submit an annual report to the SAB Submit an annual report to the HWB	Louise Gill, LSCB Business Manager, to lead with input from Carole Paz-Uceria, SAB Business Manager, and Adam Lindridge, Community Safety Business Manager	Ongoing throughout 2016-2017
Continue to consider a Youth LSCB structure	Independent Chair and Business Planning Group	September 2016
Carry out specific pieces of work to improve engagement with young people	Louise Gill, LSCB Business Manager to coordinate programme with all BPG members involved	Ongoing throughout 2016-2017
CHALLENGE		
Single agency audits to be presented to the LSCB on a regular basis to strengthen the oversight of frontline practice	Louise Gill, LSCB Business Manager to coordinate programme with all Board members involved	Ongoing throughout 2016-2017 in line with the workplan
Develop and implement an Effectiveness Framework	Louise Gill, LSCB Business Manager	July 2016
Receive the outcome of the Families OSC review of child protection and respond as appropriate	Ann Day, Service Manager Children's Commissioning	July 2016
Continue to implement a programme of mini-peer reviews to build on the learning from the 2016 Section 11 audit to demonstrate effective multi-agency working in Gateshead	Louise Gill, LSCB Business Manager to coordinate programme with all Board members involved	Ongoing throughout 2016-2017 in line with the workplan

Continued overleaf

Action	Proposed Lead Officer	Target Date
LEARNING		
Learn from what young people are telling us and Incorporate the findings of the engagement work with school councils to identify themes for task and finish work and reports to the Board where necessary	Louise Gill, LSCB Business Manager to coordinate programme with all Board members involved	Ongoing throughout 2016-2017
Review the learning from the national review of LSCBs and develop an action plan to take forward local areas for development	Louise Gill, LSCB Business Manager	TBC once review published
Continue to review cases where there are lessons to be learned through the Learning and Improvement Sub Group (and Serious Case Review Panel where necessary)	Elaine Devaney, Service Director – Social Work, Children and Families with support of LSCB Business Manager	As required
Review processes to understand the impact of our training offer and maintain a focus on delivering high quality training that meets demand	Naju Khanom, LSCB Workforce Development Officer	Ongoing throughout 2016-2017
Implement and embed the findings and recommendations from inspections/peer reviews as they arise and cascade the learning across partner agencies	For Ofsted inspections of CSC – TBC For HMIC inspections of Police – Lisa Orchard For HMIP inspections of Probation – Karin O'Neill and Martyn Strike For CQC inspections of health agencies – Lead dependant on agency e.g. Maggie Lilburn/Chris Piercy, Hilary Lloyd, Damian Robinson, Kathryn Dimmick For issues arising from Ofsted inspections of schools – Steve Horne/ Jeanne Pratt For issues arising from Ofsted inspection of Gateshead College – John Gray	As required
PROTECTING VULNERABLE CHILDREN		
Undertake task and finish work on the issue of self-harm in Gateshead to understand the data and ensure appropriate support is in place for young people who do self-harm	Kate Jones, Named Nurse, Gateshead Health NHS FT	March 2017
Receive reports on the following areas to understand the impact of operational practice: Sexual exploitation "legal highs" TBC	Louise Gill, LSCB Business Manager to coordinate programme with all Board members involved	Ongoing throughout 2016-2017 in line with the work plan
Continue to lead on the local implementation of the national Child Protection – Information Sharing project (CP-IS)	Ann Day, Service Manager, Children's Commissioning and Kate Jones, named nurse, GNHT	March 2017

Action	Proposed Lead Officer	Target Date
PREVENTING HARM		
Undertake task and finish work in relation to the increase in permanent exclusions and provide a report to enable the Board to understand this increase and areas for development required reduce the numbers of permanent exclusions if appropriate and future strategies to work together to support the young people at risk of permanent exclusion or who have been permanently excluded.	Steve Horne/Jeanne Pratt, EducationGateshead	March 2017
Receive the updated "Threshold/Indicators of Need" document from Children's Social Care and monitor the implementation	Elaine Devaney, Service Director – Social Work, Children and Families and Ann Day, Service Manager, Children's Commissioning	September 2016
Consider developing a locality risk assessment model to understand where and what the priority need is	Business Planning Group	September 2016

GATESHEAD
local **safeguarding**
children board

Produced by Gateshead local safeguarding children board.

This page is intentionally left blank