

FAMILIES OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Thursday, 2 March 2017 at 1.30 pm in the Bridges Room - Civic Centre

From the Acting Chief Executive, Mike Barker

Item Business

1 Apologies for absence

2 Minutes of last meeting (Pages 3 - 8)

The Committee is asked to approve as a correct record the minutes of the last meeting held on 26 January 2017

3 Special School Provision and Development (Pages 9 - 16)

Report of Interim Strategic Director, Care Wellbeing and Learning

4 Case Study - Support for Care Leavers (Pages 17 - 26)

Report of Interim Strategic Director, Care Wellbeing and Learning

5 Recruitment and Retention of Social Workers (Pages 27 - 30)

Report of Interim Strategic Director, Care Wellbeing and Learning

6 Review of Children's Oral Health in Gateshead - Interim Report (Pages 31 - 38)

Report of the Director of Public Health

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GATESHEAD METROPOLITAN BOROUGH COUNCIL
FAMILIES OVERVIEW AND SCRUTINY COMMITTEE MEETING

Thursday, 26 January 2017

PRESENT: Councillor B Oliphant (Chair)

Councillor(s): S Green, J Adams, B Clelland, A Geddes, L Kirton, K McCartney, S Ronchetti and C Simcox

CO-OPTED MEMBERS John Wilkinson, Jill Steer and Maveen Pereira

F28 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllrs Mullen, Cllr Caffrey, Cllr McMaster, Cllr Kiely, Cllr Hall, Cllr S Craig, Cllr J Graham and co-opted member Sasha Ban.

F29 MINUTES OF LAST MEETING

The minutes of the meeting held on 1 December 2016 were agreed as a correct record.

F30 REVIEW OF CHILDREN'S ORAL HEALTH IN GATESHEAD - EVIDENCE GATHERING

The Committee took part in the final evidence gathering session on the review of children's oral health in Gateshead. The Committee received two presentations, from a general dental practice perspective and also from the community dental service.

Shiv Pabary gave a presentation on the work carried out within his general dental practice. It was noted that the percentage of the Gateshead population accessing NHS care is very high in comparison to the regional and national figure. Gateshead is performing well in terms of provision and access and disease levels are better than the North East figure, although it was acknowledged that there are ward differences.

Shiv spoke about the three 'InDental Group' practices that are run within Gateshead, in Leam Lane, Deckham and Low Fell. The original practice was started in 1977 in Fewster Square and the further two practices were acquired in 2005 and 2007 respectively.

It was reported that in the definition of oral health there is a very broad meaning and reflects upon a person's physiological, social and psychological aspects of life. The point was made that dentistry involves the treatment of mainly two diseases

processes; decay or gum problems. Children are generally encouraged to attend a dentist from the age of one year, between the ages of one and nine dentists usually deal with toothache or abscesses. When young people reach the ages of 10-15 this is generally looking at treatment to ensure straight teeth and between the ages of 15 to 18 enquiries are around wisdom teeth extractions and tooth whitening. It was confirmed however that the main problem in children and young people is decay related to poor dietary habits and oral hygiene.

The services provided by the practice include; regular 3-12 monthly check ups, fluoride applications for three to 18 year olds, although there has been some parental opposition to this, there are trained fluoride nurses as well as a trained therapist in oral hygiene instructions and dietary advice. In addition the practice visits local schools, for example staff have held oral health sessions at Lingey House Primary School and Leam Lane nursery. These sessions include information on brushing techniques and raising awareness on sugar content. It was recognised that the practice continues to work to get the message out to the community around prevention.

It was noted that the practice is also able to sedate patients who are anxious, this would usually entail a trip to hospital for some people as not every practice is able to provide this. The practice also provides orthodontic services for Gateshead, for 450 cases per year, however currently there are approximately 25 referrals per week so demand is outstripping provision. In terms of the patient base across the three practices it was noted that since 2005 3751 under 18's have been seen. Within the practices staff include; 10 dentists, one co-ordinator, 13 nurses, a hygienist, an Endodontist, an oral surgeon, an orthodontist and facial surgeon.

It was confirmed that work continues on getting the message out to children and young people around prevention. Across the country there are a large number of general anaesthetics to remove teeth for children and young people, which is largely due to excessive consumption of sugary food and drink.

Shiv explained some of the challenges faced by the practice, for example; ensuring early and regular attendance to stop children attending later with high needs, working in partnership with social services to identify any safeguarding and neglect concerns and educating parents and grandparents. It was also noted that further thought should be given to school screening which would work by getting children in early to prevent the need for general anaesthetic later. In terms of working at a local level it was suggested that the local authority should continue to engage to ensure fluoride stays within the water supply as there is a lot of evidence to say that this prevents decay. Committee was advised that the vision of the practice is to replace the current General Dentist Service contract and encourage preventive practice, capitation and registration, ensure at least yearly attendance and continue to focus on prevention.

The Committee was invited to ask questions.

The point was made that dentists work is target driven, however the system rewards dentists for work such as fillings. It was noted that, although children and young people do not pay for the service, the current contract does not encourage

prevention, however it would be expected that any dentist would do so as part of their professional role.

It was questioned how the practice has accessed schools. It was confirmed that individual schools initially approached the practice and there is now a rolling programme in place with nearby schools around Fewster Square. It was noted that previously the Council supported Public Health England to distribute resources to practices to help work with schools, however this is no longer the case.

The Committee received a presentation from Marie Holland and Joanne Purvis on the work of the Community Dental Services. It was noted that the service is provided across Gateshead by South Tyneside Foundation Trust, with delivery from three sites in Gateshead, located within; QE Hospital, Wrekenton Health Centre and Blaydon Primary Care Centre. The team provides services to children and young people with special care needs, including; physical, sensory, intellectual, emotional or social impairment, these patients are unable to access a general practice.

It was noted that the team is passionate about early prevention and there is an early intervention clinic based at the QE hospital. It was pointed out that prevention is key as there can be a profound effect on the medical and social care for these core patients. It was confirmed that 212 of the 'core patients' were Gateshead residents.

It was reported that the service is salaried so there is not the same pressures on the team as in a general practice. The service looks after all ages therefore there are no transition issues, referrals are made from general practices.

Overall the team will deal with approximately 3,500 new referrals per year, in 2015/16 in Gateshead there were 741 new referrals, 40% of which were aged under 16 years. It was reported that 65% of all new patient referrals are for some form of behaviour or anxiety management, therefore they require IV sedation, this can be provided for at the QE and Blaydon sites. It was noted that inhalation sedation can be effective in helping children have their dental treatment, however this causes a lot of referrals as only one other practice can sedate. Last year there was 1103 inhalation sedations in Gateshead. It was reported that the majority of children's admissions to hospital are for tooth removal and require general anaesthetic. In 2015/16 there were 603 general anaesthetic episodes, 10-15% of which were Gateshead residents.

It was noted that the majority of disease is preventable, however prevention work must start before the first dentist visit. The team continues to share information with children's safeguarding teams, information on those children going for general anaesthetic and those who do not show for appointments are shared.

The Community Dental Service also has a Public Health role in relation to screening in schools, epidemiology and oral health promotion. A full population survey of five year olds is underway, this was previously done in 2010 so decay rates across Gateshead can be mapped out. From previous data it is evident that decay rates are concentrated in areas of high deprivation. It was questioned whether all schools have taken up the survey. Committee was advised that there are three or four schools who have refused to be involved in the survey and discussions are ongoing. It was also recognised that data collection is now more difficult as it requires parental

consent, previously only negative consent was required and there was 90-95% take up rate, now there is only a 50% take up rate as some parents do not return the consent letters. The move to a positive consent requirement has made data collection more of a challenge for the service.

It was reported that 2006 research showed that school screening was inefficient in getting children to the dentist as they were looking at children with no decay, therefore the challenge continues to be accessing those children with decay. Therefore this provision was targeted elsewhere, however it was confirmed that screening is still carried out in special schools because of the profound effect on those children and young people. It was pointed out that for children with special needs who receive general anaesthesia sometimes it is the only time professionals can see in their mouths, therefore other professionals can be involved at that stage, for example ear nose and throat doctors.

Joanne Purvis explained that role of the Oral Health Promotion Team, this is a five people team working across the South of Tyne and Wear from cradle to grave, therefore 0-19 provision is only a small part of the teams work. The role of the team is to raise awareness of oral health, through facilitating and delivering oral health programmes that reflect national and local policy guidance.

In terms of Gateshead the team; targets schools with a decay rate of higher than one, all special schools, offers training to health professionals such as Health Visitors, School Nurses and school staff as well as targeting vulnerable groups. The team now looks at individual school policies to ensure they are sweet free, it will consider what alternatives have been put in place. Once the team is satisfied with what the school has put in place it will receive a certificate status depending on the level of objectives achieved. It was reported that there were 20 schools with missing or filled teeth more than one that were targeted, of these 15 schools achieved the award, five schools declined and three additional schools achieved the award through the Healthy School Award.

It was questioned whether Governors from those schools who declined had been approached. It was agreed that the team would work with Steve Horne if there was any problems in accessing schools in the future.

It was reported that a Jewish special school has recently been identified which the team were not aware of, in addition there are issues in terms of asylum seeker children as some are not entitled to NHS treatment. It was noted that in relation to vulnerable groups such as these there are key staff trained within identified areas.

The vision of the Oral Health Promotion Team is for; all health and educational professionals to receive training, all schools to be part of a toothbrushing programme, all special schools to be part of a fluoride varnish programme and all vulnerable children to be part of ongoing oral health promotion programmes.

The Committee was invited to ask questions.

It was agreed that officers would take up with the QE why no general anaesthetic service is available there for children's tooth extractions.

It was questioned whether there are any particular vulnerabilities in relation to the Jewish community. It was acknowledged that it has taken a number of years for the team to get into the community and over the last five years good relationships have been developed. It was noted that generally the Jewish community has high sugar content in their diet so there is further work to be done in terms of dietary advice in relation to oral health.

It was also questioned whether, when looking at school arrangements such as tuck shops, fizzy drinks machines are also included. It was confirmed that they are included and there are no primary schools or special secondary schools with these machines in place. Committee was concerned that there is no oral health team presence in secondary schools. The point was made that dentistry vans are a good idea and were previously effective, however there are huge legal issues in terms of CQC registration, there are also more difficulties because of waste management and cross infection.

The point was made that responsibility is passed to schools to identify pupils who miss school for dental reasons. The point was made however that if screening of children and young people in schools is not going on a lot of dental problems may not be known. It was confirmed that survey work is ongoing as well as training being rolled out to Health Visitors so they can look at this during their regular checks.

RESOLVED - That the Committee noted the content of the report and its comments be noted.

F31 LIAISON WITH GATESHEAD YOUTH ASSEMBLY

Committee received a report outlining the work of the Gateshead Youth Assembly (GYA) in 2016 and its priorities for 2017.

It was noted that new executives were voted in from November following the previous executive members moving on to University. The new assembly is keen to get information across to all schools, as currently only six schools are represented, therefore one of the priorities for 2017 is to promote the assembly in all schools.

The GYA has moved away from Portfolios this year, as it did not fit with the projects the assembly felt were most important, and instead has a list of priorities. Priorities for this year include; mental health, public transport, self-esteem, tobacco, bullying, environment, child sexual exploitation and child poverty.

Representatives from the GYA were unable to attend Committee and therefore Committee were invited to a Convivial Supper to be held on 31 January 2017.

RESOLVED - (i) That Committee noted the information presented in the report.
(ii) That Committee noted the invite to the Convivial Supper on 31 January.

F32 OFSTED INSPECTIONS - ANNUAL REPORT

The Ofsted inspection findings for the autumn term 2016. Three inspections were undertaken last term; Kelvin Grove Primary was judged as 'good', as was Oakfield Junior School and Larkspur Primary maintained its 'requires improvement' grade.

It was noted that Larkspur's findings were disappointing and was due to the focus on data, which was not strong, however the staff team are very hardworking.

It was confirmed that so far this term there have been seven inspections. It was noted that the bar has been raised high so that it is becoming difficult for some places to achieve good or outstanding, in particular those schools in socially deprived areas. Committee suggested that Ofsted grading is linked to the drive for Academy status, however it was noted that Ofsted is a non-political organisation.

RESOLVED - That the Committee considered the position of schools in relation to Ofsted inspections.



TITLE OF REPORT: Special School Provision and Developments

REPORT OF: Interim Strategic Director, Care Wellbeing and Learning

EXECUTIVE SUMMARY

This report is an annual update relating to the changes and developments to special school provision.

1. Background

Special school provision is constantly changing and evolving because it is affected by changes in mainstream provision, nature of special educational needs and disabilities and local and national policy. This report will outline the amount of provision available, future needs current issues and new developments across the schools.

2. Current Context

There are 6 special schools in Gateshead, Dryden and Hill Top schools are a hard federation and the Executive Headteacher is Jane Bryant. Furrowfield and Eslington are a soft federation and is moving to a hard federation and the Executive Headteacher is Michelle Richards. Gibside school's Headteacher is Judith Donovan and The Cedars Headteacher is Martin Flowers and is an Academy.

All of the special schools have been rated by Ofsted as at least good with Dryden, Eslington and Gibside schools outstanding schools. This supports the view that Gateshead has high quality special school provision in place.

3. SEND discussion with special school headteachers and the June 2016 survey with the SEND Inspector and SEND Team.

3.1 Hilltop

The school has surprisingly high numbers of pupils with Autistic Spectrum Disorder (ASD) which is changing the profile of the school. There are now fewer pupils with moderate leaning difficulties (MLD) as the prime need. Pupils are more complex with a growing number of pupils with mental health needs. Some of these children have not been identified sufficiently well at primary but have developed significant

and challenging SEND in years 7 and 8.

Hilltop could take another 30 pupils if needed as the school has capacity. There is a challenge between the service that is provided to them from other agencies particularly health on what their children need particularly in terms of speech and language therapy, occupational therapy and mental health support. The school are using Kalmer counselling to provide additional support to pupils.

3.2 Gibside

Numbers on roll are significantly higher particularly in Key Stage 1. Capacity was reached at the Whickham site (June 2014) so the school expanded on to the Blaydon site; provision here was further increased in September 2016. Some children from a local mainstream primary school attend sessions at Gibside on a part time basis. Pupils from Gibside attend a number of primary schools across the borough on a part time basis. Some children have significant SEMH and there is a lack of provision for children with SEMH and SLD. Gibside do not have adequate space for this particular group of children. The school wants to look at maybe satellite links with local schools, where they support children in bases etc but within a mainstream setting. Staff at Gibside have a range of skills including working with children with ASC, SLD and PMLD and could offer mainstream staff support in these areas within a mainstream setting.

The school continues to provide excellent support to training in partnership with local universities.

3.3 The Cedars Academy

Pupil numbers are now the highest they have ever been in the school's history. In June 2016 they were full with classes of 12 children with 1 teacher and 2 TAs. Nurture classes and other classes may be smaller in the school. There is a growth in ASD and Social, Emotional and Mental Health (SEMH). There are not large numbers of out of borough placements in The Cedars.

The school has plans to expand provision. The building development, won't create more space but will provide better areas to learn and to provide meeting rooms and therapy areas. There are plans for KS 1 downstairs and KS 2 upstairs in the present building. The school wants to have unique areas so that children understand where they will be and the transition involved.

The school has also accessed funding from Sports England but this is early days in terms of the project. The school plays a key role in Tyne and Wear Disability Sport Competition Structure and Inclusion CPD, The Innovation Project and Community and After School Programme Support. The school wants to provide its own specialised sporting facilities to accommodate their growing population and

continue to build on their profile as a Regional Centre of Excellence for Disability Sport.

In the past four years all of the leavers have had successful transition from Cedars Academy into FE, training or employment. Building on this the school are developing a Post 16 at Walker Terrace in Gateshead. The school doesn't have room at The Cedars and needed a more adult friendly space which reflects a college environment. The school want to provide for development of greater independence. They leased the building over 10 years and moved in November 2016. The building has the capacity for 30-35 pupils. The development of three learning routes, Routes to Independence (R2I), Routes to Employment (R2E) and Routes to Vocation (R2V) will provide individual choice and relevant accreditation for students.

The introduction of a highly effective Access to Learning team provides strategies to support staff and students to overcome barriers to learning.

3.4 Eslington

Eslington Primary School expanded in September 2015 to provide up to 60 places with an additional integrated 8 place ARMS (Additional Resource for Mainstream Schools) for Key Stage Two pupils. It provides for children aged between 5 – 11 with social, emotional and mental health difficulties (SEMH).

The school has increased space and capacity and had 43 pupils for September 2016. ARMS currently at Eslington, has been based there over the past 7 years. In the ARMS some pupils are extremely challenging for ARMS funding. Consequently, it has been proposed by governors to close the ARMS in September 2017.

The school is located across two sites: Eslington Hazel Road, just off Bensham Bank and Eslington Rose Street, near the Redheugh Bridge in Gateshead. OFSTED judged Eslington Primary School as outstanding in all four categories in 2013. It also holds a number of nationally recognised awards including National Healthy Schools status and the Inclusion Standard Gold Award.

Due to the pupils' social, emotional and mental health needs that often impact on both behaviour and academic progress, most pupils enter school working well below those levels expected for their age. However, ongoing assessment and rigorous tracking procedures result in many pupils achieving above average and often outstanding rates of progress. This outstanding achievement is 'the result of pupils rapidly developing very positive attitudes to learning and by making a very good response to teachers' high expectations.'

As well as a child psychotherapist who works with individual pupils, Eslington employs a play therapist for one afternoon a week to work with individual pupils on their emotional health. A range of emotional well-being programmes and academic interventions are all used to meet the individual needs of the pupils. Wherever possible, children access activities at local primary schools and the transition to

secondary schools, whether mainstream or special, is highly successful. All pupils are proud to be members of this lively and vibrant school community and enjoy forging caring and sustainable friendships with each other alongside consistent and dependable adults. Pupils feel extremely safe and their spiritual, moral, social and cultural development is outstanding.

There is a gap in the market for training teachers in SEMH so Eslington would like to become a teaching school in the future.

3.5 Furrowfield

Furrowfield School is a 71 place secondary school with a 14 place residential provision attached. It provides for pupils aged between 11-16 with social, emotional and mental health difficulties (SEMH).

They offer a bespoke curriculum which aims to engage pupils, as well as ensuring pupils are given the opportunity to attain GSCEs in line with neighbouring secondary schools.

As well as a psychotherapist who works with individual pupils two days a week, Furrowfield provides a range of resources and tools to support pupils with their emotional resilience, social skills, independent skills and other specific difficulties. A range of programmes are also used to support pupils with their learning needs and in particular, to support pupils with personal confidence and in understanding their own academic potential and ability. The pupils have access to Connexions to support and guide them with their career choices and next steps to further learning beyond 16 years. Pupils at Furrowfield can take part in a range of work experience placements and additional programmes such as 'Fairbridge', which provides them with additional work life skills and qualifications.

Crossfield House, the residential provision was inspected in February 2017 and was judged as 'good' in all areas. A dedicated pastoral team known as 'House Parents' support pupils in both the residential and in school.

Furrowfield pupils thrive in an environment conducive to preparing students for life beyond school and ensuring the emotional support via nurturing principles, whilst also providing very high standards of teaching and learning.

The numbers for pupils predicted are around 72 and possibly increasing to 75. This assumes 14 in year groups and 5 additional places per year. The school feels this is the maximum number for the school. The current numbers are 68 in a 71 place provision. Research suggests that the maximum figures should be about 60 for secondary SEMH.

Currently, the school are refurbishing a bungalow on limited funding. However, a member of staff has taken this on and is liaising with Dryden re living skills facilities. Another bungalow may be used for more challenging pupils who need to go out of borough.

The school could offer vocational needs and provide a home environment in which children can learn. Staff have expertise that could be used in practical skills. Also it could be used as a nurture room.

At the moment the future is about working with training agencies to develop career options. Some pupils have gained employment as a result but school are watchful around training agency standards and the value for money. The school will be monitoring this further. Under the Equality Act providers do not adhere to the same standards as the school and therefore they may not be able to use them. Attendance must also be closely monitored, first day absence should be picked up by the agency and school informed.

The other key issue is about modernising the school. Making pupils more accountable and independent in managing their needs. There is a discussion around modernist lunchtimes.

3.6 Eslington Primary and Furrowfield Schools Soft Federation

In September 2015, both Eslington Primary School and Furrowfield Secondary School formed a soft federation. They both have a Head of School with a shared Executive Headteacher. The governing bodies have now agreed to be a hard federation.

Currently, pupils from both schools are admitted primarily from Gateshead Local Authority with a small number of places being taken up with pupils from other Boroughs.

The majority of pupils across the schools are boys although the number of girls is increasing year on year. The Schools have a higher than average number of pupils looked after by the Local Authority (LAC). On occasions, the schools will admit a pupil for up to 6 months without either a Statement or EHCP for assessment. More than half of the pupils have additional learning difficulties or secondary conditions such as ADHD or ASC which impacts on their behaviour and ability to access learning. A minority of pupils have been identified as being gifted or talented in a specific area.

The schools have established extremely positive and successful relationships with parents and carers, including those who have not previously had a good experience of other schools. There are dedicated staff in both schools who also work across the transition phase with parents between Years 6 and 7. The team provide family support with attendance, behaviour by the pupil at home and facilitate parenting courses and parent support groups. Staff across both schools work closely with a range of agencies to ensure that the academic, emotional wellbeing, mental health and welfare needs of all of the pupils are met.

3.7 Dryden

Dryden figures are as expected. The school has 56 children currently. 9 ASD pupils have this as their primary need rather than Severe Learning Difficulties (SLD) but this may not be accurate. Numbers are slowly increasing and the school could go to 60. There are concerns around pupils who have profound difficulties who are 18 and the bandings as they will require substantial social care packages around them.

Further capacity for Dryden is available. There is potential for another 10 pupils. The living skills bungalow on the site is supporting different learning contexts that can be used by post 16s. It is a house equipped to give children an experience of real life. It has a charity shop/office as well as independent living. It is also used by Hilltop. This is an exciting initiative in terms of developing curriculum and making it relevant for post 16.

Health input is from physiotherapists and speech and language therapists. Thrive and Kalmer counsellors are also used. There is the need for more speech and language therapy and the school would like more occupational therapy. Also concerns re the medical issues the school are expected to deal with e.g catheterisation, suctioning etc. As more students move up from Gibside, there is access to only one nurse across the schools and this will not meet all of the needs.

What next? The curriculum is stimulating and relevant but the school want to develop working together with other headteachers on living skills in the future. Most able students are being prepared for independent living. There is a need to take account of core changes in post16 provision including funding. This may mean provision is watered down dependant on the level of funding.

3.8 LA Projections of SEND numbers

Projections are based on figures from the past few years. At this moment we have figures that show an increase in ASD. Pupil projections need to happen for pupil place planning and higher needs so that LA can plan resources accordingly.

There is an increase to 525 pupils in special schools from 379 in 2009. But those figures are now going to stabilise. Proportions are in relation to population increases but there are other factors involved. There are discussions on factors e.g use of recreational drugs during pregnancy. Whatever the causes, there is undoubtedly an increase and a need to use the higher needs block for more pupils. Normally there are 100 applications for a single plan and there was 185 by June 2016.

In terms of specific areas:

ASD and SEMH is increasing and communication is decreasing.

The LA has been using out of borough places for SEMH and are still needing to do this. Also the LA is having requests from Tyne and Wear LAs asking us to find places for their children.

ARMs are closing at some of the schools. This may affect special school places. There is only so much that we can do though in terms of increasing numbers. Eslington has increased, Hilltop rebuilt, Dryden numbers are stable. Furrowfield figures are stable but secondary schools are still looking for places In Furrowfield. Gibside numbers are going steadily up. Eslington figures look stable but may well increase again and there may be more out of borough requests to come in. ARMs at Bede needs factoring in to our SEMH numbers.

The Cedars has no feeder school but numbers will increase slightly over next 2 years and increase in KS1 has not been factored in at present.

Hilltop figures will increase slightly and the school has concerns over Y14 placements and whether possible funding wise this would be possible in the future.

Some out of borough placements who should have been at Furrowfield have been placed elsewhere because there have been no places available.

SEMH at secondary was a significant pinch point in June 2016 and a prediction of 30 places short. It is hard to predict SEMH primary but it may be higher than predicted presently.

Eslington governors are currently discussing the vision for the future and use of buildings across both Eslington and Furrowfield in their federation arrangement.

Post 16 provision for SEMH also needs to be considered for those who are academic and want to stay on.

3.9 In summary on projected numbers

Looking at projected numbers indicates that we need to consider ASD and those pupils who go outside of the borough because we do not have enough places. Also SEMH secondary where there is a rise in numbers. Complex ASD for up to 10 places is needed and up to 30 places for secondary SEMH.

Also 2 year old funding means an increase in high needs pupils and increased pressure on places.

The Cedars and Gibside are on the increase in numbers and this is impacting on buildings and staffing.

3.10 Proposal

i The schools agreed to look further at Key Stage 4 alternative provision across Furrowfield, Hilltop and Millway so that the schools can use facilities as a joint enterprise.

ii Gibside could expand to take more children for ASD where they can have specific time out for short periods of time.

Some children are sent out of borough to alternative provisions that have more space and therapeutic input. The school has the staff but not the space at the current time. There is no space in Gateshead for Out of Authority children for ASD. This expansion is dependent on having the appropriate high quality premises. The school could consider possible provision for 10 pupils with ASD assessment and intensive support who are then moved into their right placement.

3.11 Post 16

Funding from EFA is not for 5 days but for 3 days. This presents a challenge for the future costs for post 16. At present some pupils have specialist provision till 19 then mainstream college for 3 years. But have to show progression by 18 for it to continue to be funded. Wording is different in terms of provision for post 18 in the COP. Funding for Y14 is a national issue.

The problem we will have is that previous pupils have had a funded package and parents expect that. However, this is an issue for everyone across the country. This needs to be under discussion through the Post 16 group on implications for funding.

4. Recommendation

It is requested that the Families Overview and Scrutiny Committee continue to receive an annual report on Special schools and provision.

Ann Muxworthy, Inspector SEN and Inclusion

TITLE OF REPORT: Case Study on Support to Care Leavers

REPORT OF: Strategic Director, Care Wellbeing and Learning

Summary

1. The purpose of this report is to seek the OSC's views on the provision on the support offered to care leavers and forward these views to the Looked After Children's Team

Background

2. Performance reports have been presented to OSC to demonstrate how we are meeting our performance targets and how we compare both regionally and nationally in relation to Looked After Children. Following the last report presented to OSC they requested further information on the support to Care Leavers, particularly focusing on Education, Employment and Training.
3. An increasing focus is being placed on care leavers and the responsibility of Local Authorities to ensure they transition well into adulthood. As a result we are now responsible for monitoring young people's accommodation and work or education status for young people aged between 17 and 21 years.
4. The case study has therefore focused on
 - How we monitor the work or education status for young people age 17, 18, 19, 20 and 21 years
 - Accommodation
 - Financial support
 - Identifying young people needing additional support
 - Working with our partners

Support to Care Leavers

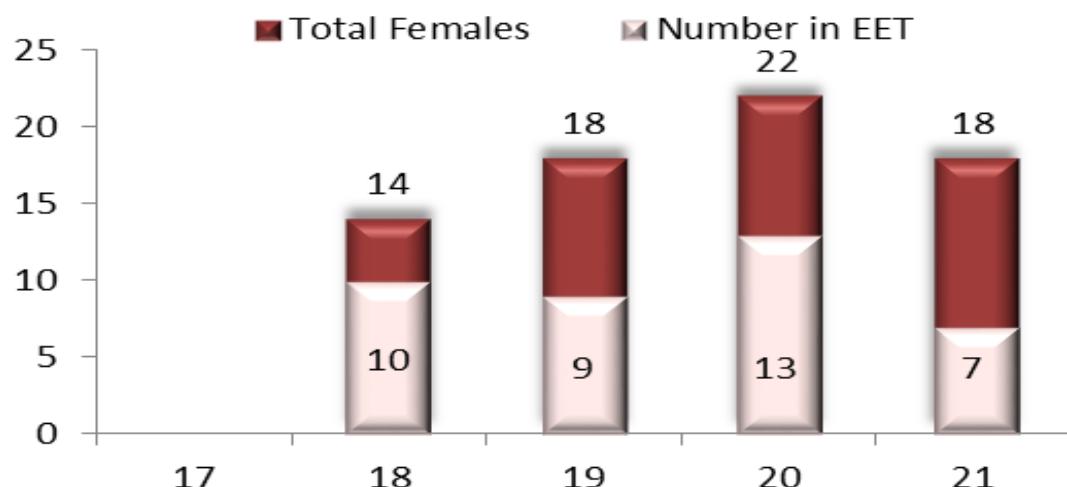
5. Nationally, young people leaving care have significantly poorer outcomes than their peers in relation to education, training and employment (EET). When young people enter care, some as late as 13 to 17 years of age, their educational attainment levels are often well behind those of same age young people in the general population and therefore when they Leave Care they need additional support from the service.

How we monitor the leaving care cohort

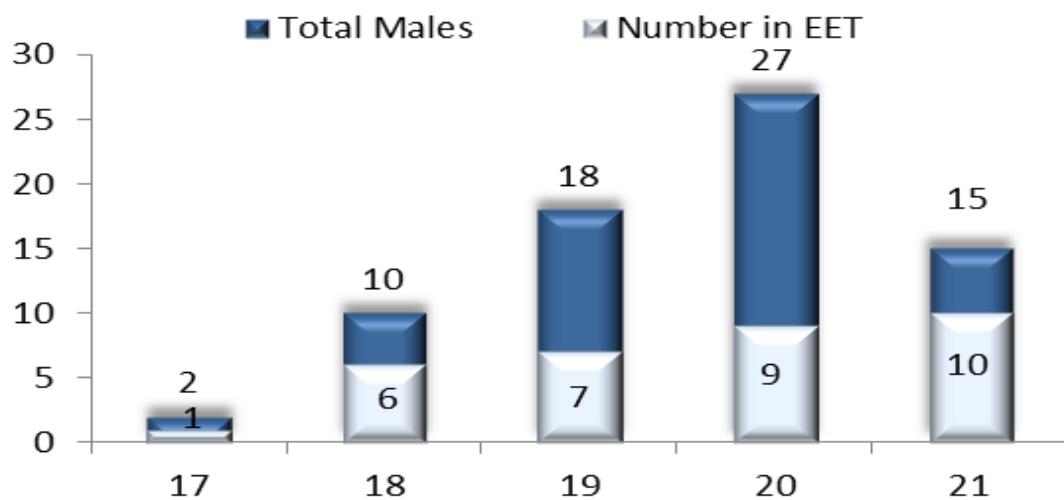
6. Information is produced on a monthly basis from Care First and monitored by performance meetings with the Service Manager and Team Managers. This enables us to look at statistics and data in relation to our care leavers and to raise any concerns in relation to changes in data.

7. All Care Leavers have a Pathway plan, which sets out what they are entitled to and who will support them. This plan is reviewed every six months to ensure the care leaver is being supported in their transition from care.

2015/16 Careleavers cohort

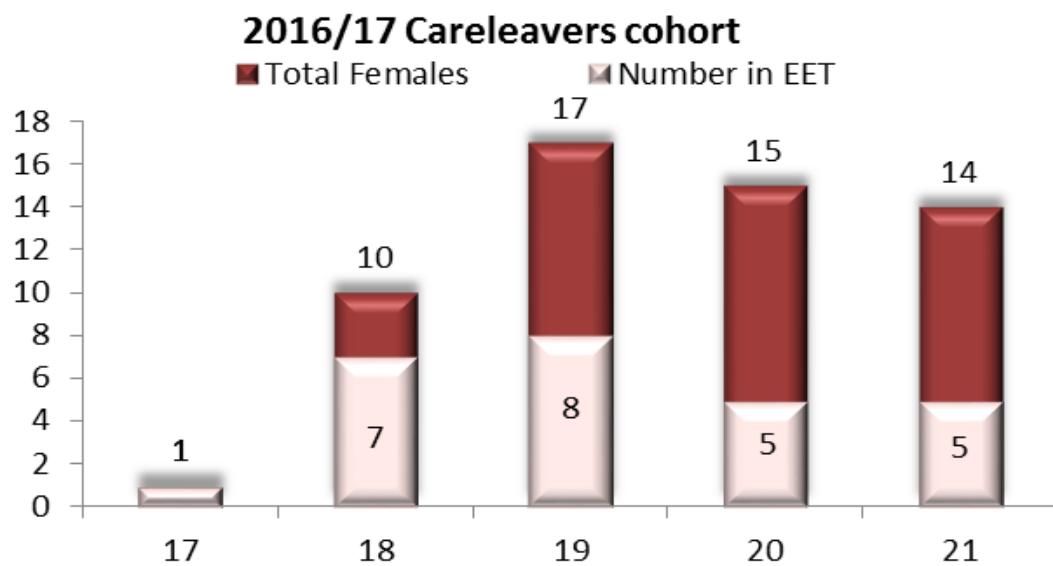
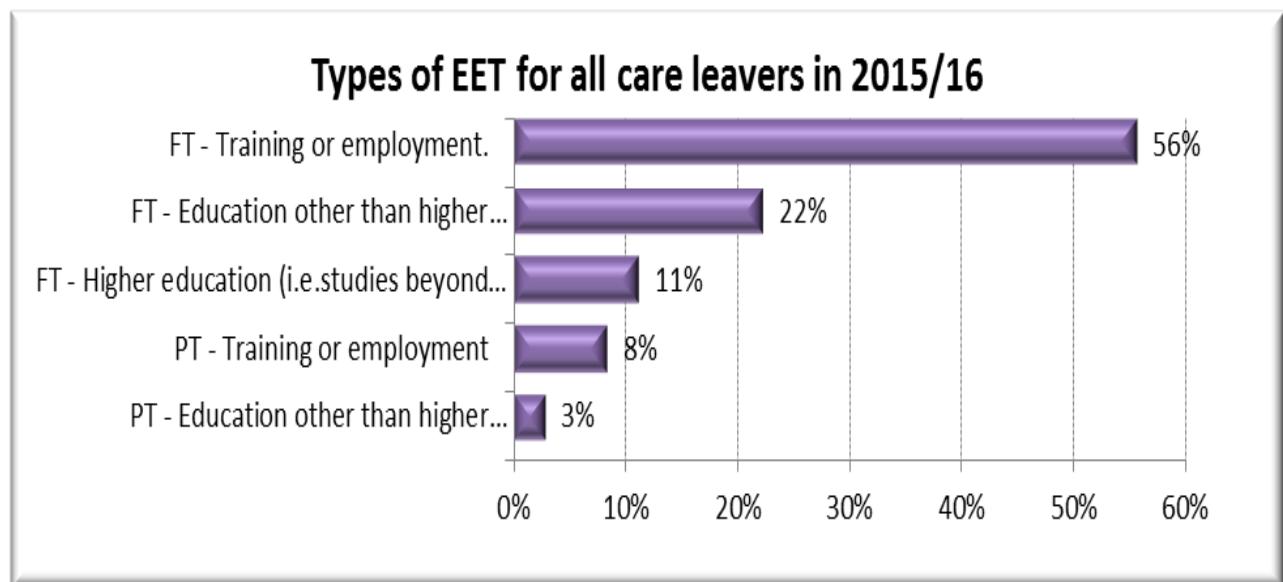


2015/16 Careleavers cohort

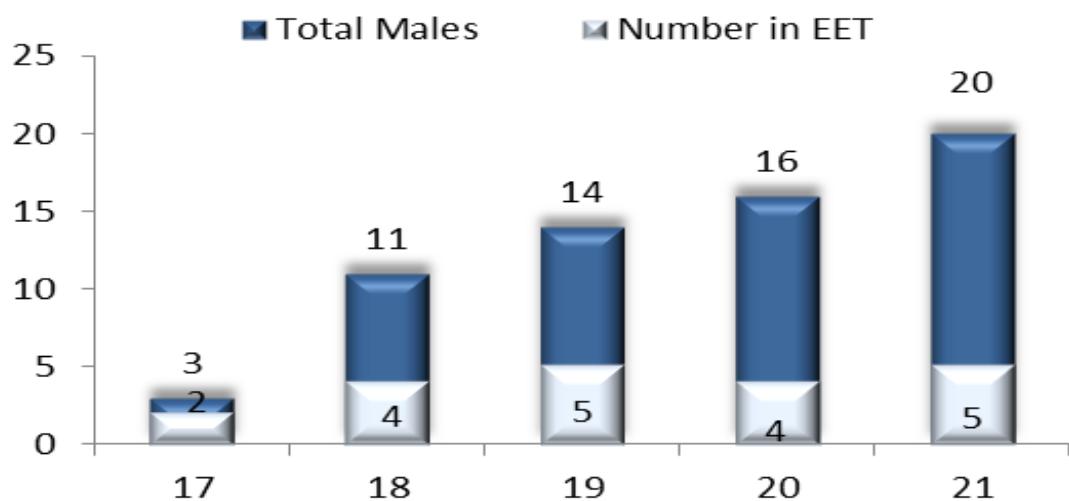


8. Out of the 144 care leavers in 2015-2016, 72 (50%) of them were in some form of Education, Employment and Training with the remaining 72 (50%) not engaged. This breaks down further to an engagement level of 54% of female care leavers and 46% of male care leavers within that cohort.

	Female	Male	Total
PT - Education other than higher education.	2		2
PT - Training or employment	4	2	6
FT - Higher education (i.e. studies beyond As/A2s)	6	2	8
FT - Education other than higher education.	10	6	16
FT - Training or employment.	17	23	40
Total	39	33	72



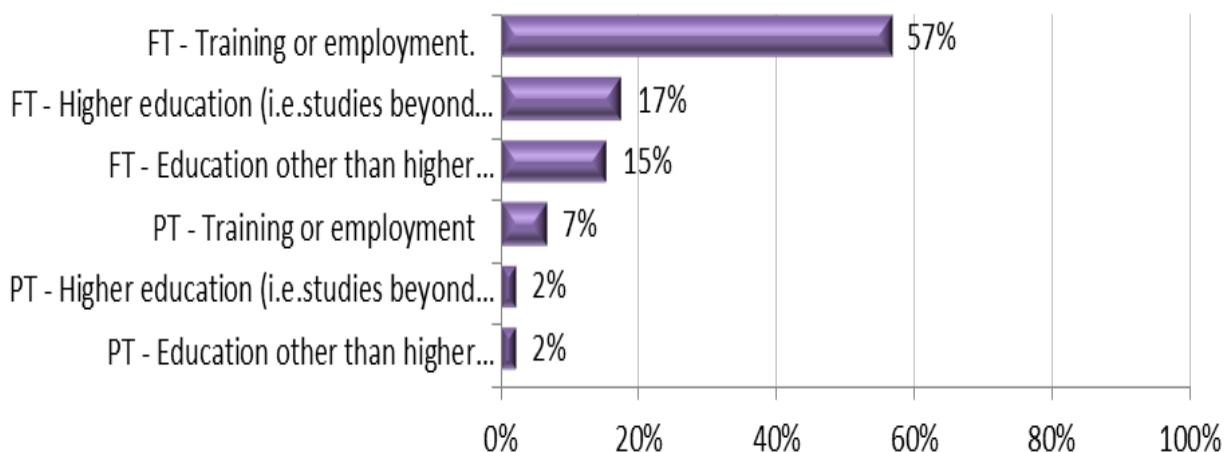
2016/17 Careleavers cohort



9. Of the 121 care leavers to date in 2016-17, 46 (38%) of them were in some form of Education, Employment and Training, with the remaining 75 (62%) not engaged. This breaks down further to an engagement level of 46% of female care leavers and 31% of male care leavers within this cohort.

	Female	Male	Total
PT - Education other than higher education.	1	0	1
PT - Higher education (i.e. studies beyond As/A2s)		1	1
PT - Training or employment	2	1	3
FT - Education other than higher education.	6	1	7
FT - Higher education (i.e. studies beyond As/A2s)	5	3	8
FT - Training or employment.	12	14	26
Total	26	20	46

Types of EET for all care leavers in 2016/17

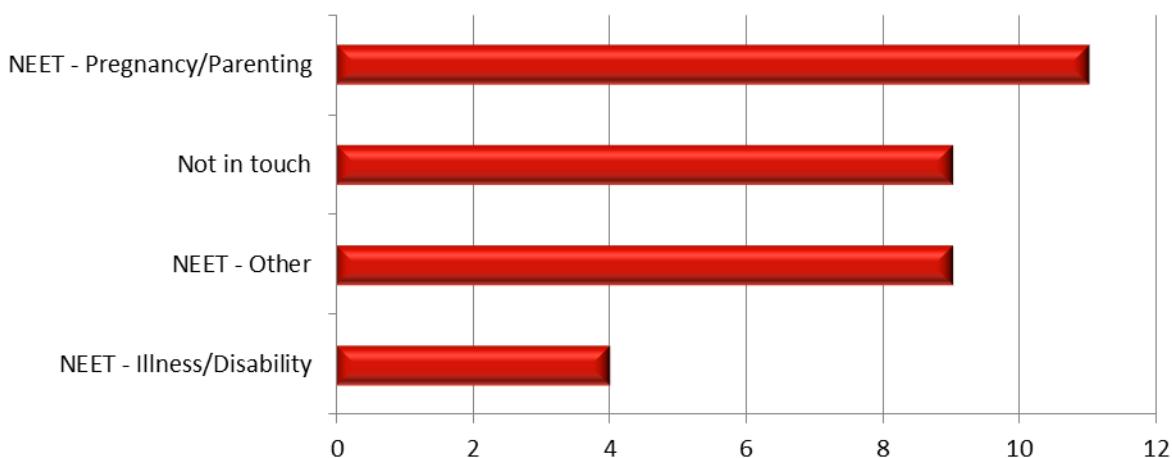


NEET

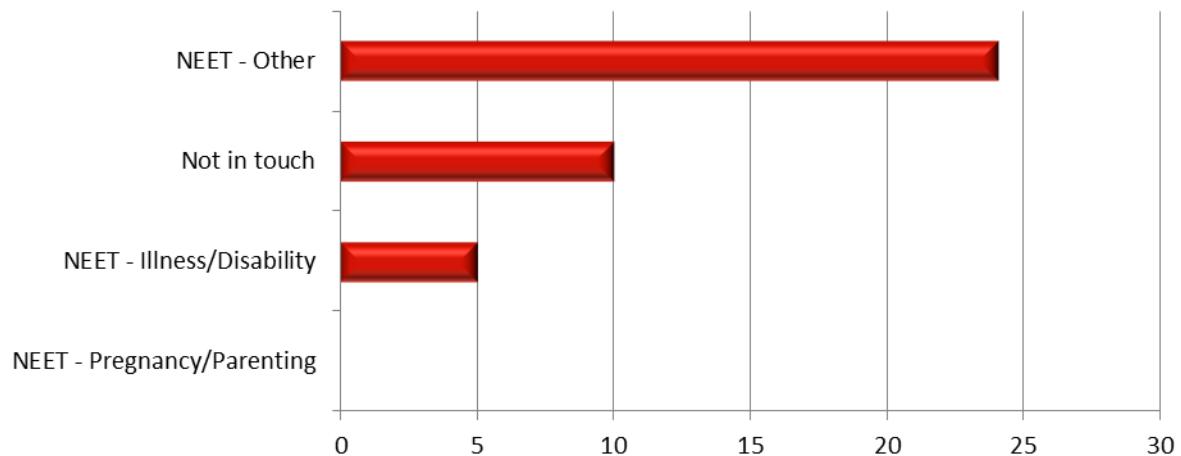
10. These young people are monitored closely by the service as we know it is important for all young people to be in some form of Education, Employment or Training. Increased partnership working between the Looked After Children & Young People Service, REALAC, Connexions and the Youth Support Services is allowing successful targeting of support and options available to care leavers and it is envisaged this will lead to a reduction in care leavers not engaged in Education, Employment and Training.

2015/16 Care Leaver Cohort

NEET Categories in 15/16 (Females)



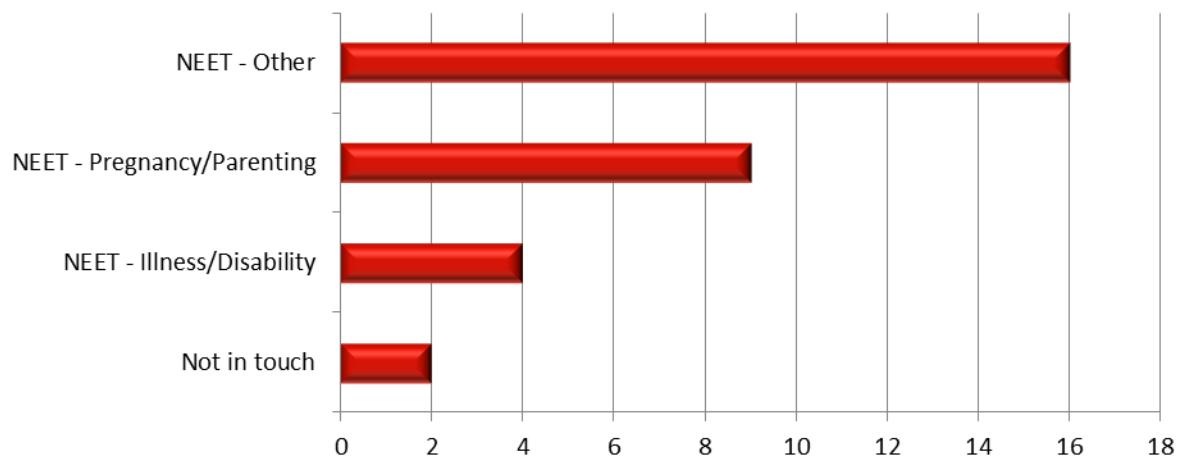
NEET Categories in 15/16 (Males)



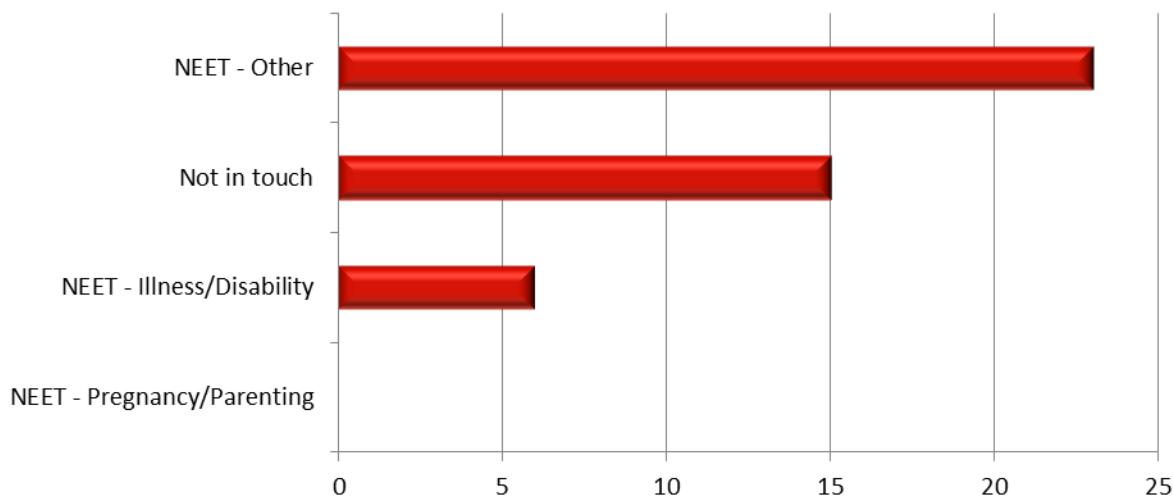
2016-17 Care Leaver Cohort

Female

NEET Categories in 16/17 (Females)



NEET Categories in 16/17 (Males)



Identifying young people needing additional support

11. The service acknowledges that there has been an issue with young people leaving care refusing to engage in employment, education and training and have taken proactive steps to try and improve the statistics and outcomes for care leavers. The Education, Employment and Training (EET) panel was set up in 2015 and is chaired by the Looked After Children and Young Peoples Service. The panel meets on a monthly basis is made up of representatives from Connexions, REALAC and Local further and Higher Education Providers. The panel looks at all looked after children and young people from the age of 15 years through to Care Leavers up to the age of 25 years and rate them as being Red, Amber or Green. The panel identifies gaps in education, employment and training for the young people that are at risk of becoming NEET and these young people are rated as red. This ensures that additional support and resources are identified and plans put in place to support young people back into EET.
12. Delivering courses and training specific to care leavers enabling them to access EET is a challenge that service is striving to meet. Progress is being made in this area as REALAC and Connexions have tailored training or offered specific work experience in a supportive environment for young people who have found it challenging to sustain mainstream courses. External training providers such as Talent Match, and Generation North East optimises the support available to our young people and reduces the risk of NEET.
13. There are also monthly apprenticeship groups being held discussing the need for increased apprenticeship provision within the council for LAC and Care Leavers. A plan from this has been developed which will see an apprenticeship event for our young people to attend where skills and abilities will be determined and appropriate pathways developed into both council and external apprenticeship providers.

14. Closer working relationships continue to be developed with further and higher education support services. REALAC facilitate the Choices program where our young people will get the chance to explore Newcastle University, Northumbria University, the University of Sunderland, Durham University and Teesside University and take part in some activities.

Accommodation

15. Without young people leaving care having somewhere appropriate to live, it is unlikely that care leavers would be able to sustain education, employment or training. Improving the quality and choice of housing is crucial to improving the stability and engagement of care leavers in education, employment and training. The service has worked hard on this and the Care Leavers Accommodation and Support Panel was established in April 2015 as a joint initiative between Housing Services and the Looked after Children's Service.
16. The joint vision is that all care leavers are corporately supported in their pathway to adulthood through provision of suitable accommodation that corresponds with their needs and wishes.
17. The aim of the Care Leavers Accommodation Panel is to:
- Bring services together to have a joint response to the accommodation needs of care leavers.
 - To enable care leavers to make smooth transitions by promoting positive rather than reactive planning.
 - To provide a range of accommodation with tenancy ready work suitable to the diverse needs of care leavers at different stages in the leaving care process and to give access to independent tenancies when required.
 - To recognise that the pathway to independent living for some care leavers may be complex and to acknowledge that some care leavers may require a second or third chance at independent living and to support.
 - To ensure all young people leaving care have safe, permanent and affordable accommodation
18. This initiative is proving to be very successful and has been shortlisted for a Local Government Award.
19. The service recognises that there needs to be a range of suitable accommodation for Care leavers which includes
- Staying Put with their foster carers. This can be until they are 21 if the young person feels this is their best option
 - Supported accommodation
 - Own tenancies
 - Individual tailored packages for children with additional/complex needs.

20. The range and choice of accommodation has increased in recent years and the service continues to work with housing and commissioning to try and provide a choice of accommodation and support for care leavers

Accommodation Data for 2015-16 Care Leaver Cohort

	Total Females	Number in Suitable Accomm	% in Suitable
17			
18	14	12	86%
19	18	16	89%
20	22	21	95%
21	18	14	78%
Total	72	63	88%

	Total Males	Number in Suitable Accomm	% in Suitable
17	2	1	50%
18	10	8	80%
19	18	14	78%
20	27	22	81%
21	15	14	93%
Total	72	59	82%

Accommodation Data for 2016-17 Care Leaver Cohort

	Total Females	Number in Suitable Accomm	% in Suitable
17	1	1	6%
18	10	9	53%
19	17	15	88%
20	15	14	82%
21	14	13	76%
Total	57	52	91%

	Total Males	Number in Suitable Accomm	% in Suitable
17	3	3	100%
18	11	9	82%
19	14	10	71%
20	16	12	75%
21	20	15	75%
Total	64	49	77%

21. These statistics are measured in line with Government Guidance on unsuitable accommodation which includes

- Custody - we had 2 in 2015/16 and 4 in 2016/17)
- Being placed in hospital under the Mental Health Act - we have 1 male in 2015/16 and 1 in 2016/17) as being unsuitable accommodation.
- Not keeping in touch. The majority of the cases we have that are classed as being in unsuitable accommodation are care leavers who refuse to keep in touch with us (19 in 2015/16 and 14 in 2016/17). The service does everything possible to encourage care leavers to keep in touch, however if they refuse to there is very little we can do.

Financial support

22. Gateshead Leaving Care Service has comprehensive financial procedures in place to support care leavers in EET. The focal point of the financial support is to assist care leavers who are combining having to live independently with either being employed or in training. For example care leavers receive monthly incentives for attending education, employment or training and the services ensures that they are not financially disadvantaged or penalised in relation to housing benefit or other entitlements. Support with utility bills during the winter months is also offered in recognition of the challenges some of our young people face.
23. Young people who are attending Higher Education receive financial assistance and support which is managed and administered appropriately by the Leaving Care Service. Young people in higher education are provided with accommodation during the holiday period whether this is via Staying Put arrangements or additional weeks within their accommodation at University.
24. The Leaving Care Service will support a young person continuing in a pathway of education and training until their 25th birthday, which complies with the Children (Leaving Care) Act 2000.

Issues the OSC might want to consider

25. In light of the information provided the OSC might wish to consider whether it is satisfied with the level of support being offered to Care Leavers. When addressing this question the OSC might wish to take into account the following
 - Are we working proactively as corporate parents for Care Leavers
 - Have we got the right involvement from our partners
 - Are we promoting positive outcomes for Care leavers
 - Are we offering the right support to the NEET cohort

Recommendations

26. The views of the OSC are sought on:-
 - Whether it is satisfied with the level of support Care leavers are receiving in Gateshead
 - Whether it wishes to receive a further report on the support we offer care leavers

Contact:	Jill Little	ext 3420
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TITLE OF REPORT: Retention and Recruitment of children's Social Workers

REPORT OF: Interim Strategic Director, Care Wellbeing and Learning

POLICY CONTEXT

1. It is well understood that Social Work is a tough and demanding career that requires people who are highly skilled, resilient and intellectually able. Over the years many tragic child deaths have led to Government commissioning reviews and reforming statutory guidance and legislation.
2. Significantly in July 2016 the DFE published its strategy to transform Children's Services due to ongoing concerns that the reforms of the previous 6 years had not improved the quality of work with children and families. 'Putting Children First' describes fundamental reform using 'three pillars' the DFE (Department for Education) identify as significant in the children's social care system as it stands:
 - **People and leadership** – bringing the best into the profession and giving them the right knowledge and skills for the challenging but hugely rewarding work ahead, and developing leaders equipped to nurture practice excellence
 - **Practice and systems** – creating the right environment for excellent practice and innovation to flourish, learning from the very best practice, and learning from when things go wrong
 - **Governance and accountability** – making sure that what is being done is working, and developing innovative new organisational models with the potential to radically improve services.
3. A significant part of the reform thus far has also involved the DFE and the Chief Social Worker for children, Isobel Trowler, publishing Knowledge and Skills statements (KSS) for Children's Social Workers (to be known as Approved Child and Family Practitioners) and their Team Managers (to be known as Practice Supervisors) and senior managers (to be known as Practice Leaders). The holders of these posts will be subject to an accreditation and assessment process delivered through the DFE over the next 3 years. The first round of accreditation and assessment for Practice Leaders will take place during 2017. Local Authorities are expected to ensure that Social Workers working in the 3 tiers described above are ready for the accreditation and assessment process by endorsing their practice.
4. The Government introduced, and currently supports, two fast track training programmes for would be Social Workers. The first, called 'step up to social work', launched in 2010 is a graduate scheme for those switching career. Evaluation of the

programme has indicated that it has generated a group of highly capable and committed new entrants to social work.

5. The second, is called Frontline, launched in 2014 and is based on the Teach First fast track model. High-flying graduates, typically from Russell Group universities are recruited and trained as Social Workers. An evaluation of Frontline in 2016 found that early indicators were 'most positive'.
6. Both of these programmes involve partnership arrangements with interested Local Authorities of which Gateshead is one.

Background

7. The recruitment and retention of Children's Social Workers is a national issue. The market leans in favour of the employee as a valuable resource crucial to the success of the organisation's work. The quality and stability of the Social Work workforce within authorities is all too easily influenced by external factors, such as a poor Ofsted judgement, and internal factors, such as the CPD (continuous professional development) offer, caseload size, salary and allowances, organisational reputation, leadership and culture. Increasingly a significant threat is the growing market for agency Social Workers who have been enticed away from permanent posts to agency work with promises of very lucrative salary packages. Put simply a Social Worker who is dissatisfied, for whatever reason, with their local Authority has no worries about securing alternative employment elsewhere.
8. We know that the North East is not a high exporter or importer of Social Workers with most Social Workers qualifying and training in one of the region's Higher Education Institutes, and securing employment in one of the twelve Local Authorities. The available market is therefore small in relative terms.
9. The current work force development strategy includes working proactively with the Regional Teaching Partnership to promote the recruitment of student social workers and proactively working with universities to support entry into social work by providing social work practice educators across a wide range of in house placement opportunities. Newly qualified social workers appointed to the Council are provided with additional supervision, protected caseloads and comprehensive induction training in their first assessed year in practice.
10. The service has also entered into partnerships with 'step up to social work', and Frontline which is providing a strong alliance in terms of succession planning. These initiatives are supported by dedicated management of student social workers in placement. Furthermore, Firstline - a leadership programme associated with Frontline is being utilised to help grow future leaders in Social Work for Gateshead.
11. In addition the Council has a comprehensive training and development programme for social workers which include post qualification opportunities.

12. In no small measure the quality of our workforce and their commitment to children and families contributed in October 2015 to Gateshead Children's Services receiving a 'GOOD' judgement following Ofsted's regulatory inspection. This is a noteworthy judgement and set Gateshead amongst the top 25% of Children's Services in the Country. Under normal circumstances receiving a good judgement would have resulted in Gateshead being the 'go to' authority for the region's social work workforce. However, shortly after the judgement a neighbouring authority was judged inadequate and began a vigorous and targeted recruitment of staff, offering amongst things financial incentives to Social Workers. Gateshead was unable to match the financial offers and as a result lost a great deal of talented staff.
13. The risk of this continuing remains a significant threat: Of the twelve neighbouring authorities three have yet to receive their regulatory inspection all of which are close neighbours. (Two from the south of the region also received a Good judgement, a further one received an inadequate judgement and the remaining 3 were judged as requiring improvement). We know that Local Authorities respond to poor Ofsted judgements or anticipated inspections by seeking out experienced quality Social Workers.
14. Since April 2016 sixteen (16) Social Workers have left the Council. A rolling programme of recruitment advertising for newly qualified and experienced staff since April 2016 has thus far successfully appointed ten (10) Social Workers against those vacancies. However, this has not attracted sufficient numbers of experienced Social Workers and this continues to be a challenge. Nine (9) newly qualified Social Workers have been appointed and whilst this is helpful in terms of a longer term strategy to 'grow our own' the limits placed on newly qualified Social Workers prevent a full caseload and the allocation of complex cases. Therefore there is a limit to how many newly qualified Social Workers the service can manage as experienced staff are needed to maintain the safety of the service.
15. The hiatus in filling vacancies generally and specifically with experienced Social Workers within Gateshead has had a knock on effect upon the capacity for our existing Social Workers within a context of an exponential rise in caseloads over the year. Children & Families social work continue to face unprecedented pressures with recruitment and retention of Social Work posts and in order to be able to meet our statutory requirements the appointment of agency workers is at an all-time high.
16. In addition to this national agency recruitment agencies target Social Workers both experienced and newly qualified with lucrative financial packages and guaranteed lengthy placements often providing salaries in excess of £50,000 per annum.

SUMMARY

17. The employer practice endorsement process, assessment and accreditation and new KSS provide an opportunity for Gateshead to build on the success of the Ofsted judgement. We want to attract and retain talented Social Workers, develop our succession planning to ensure the best Social Workers stay in Gateshead and become the Practice Leaders of tomorrow. In future we will need to avoid being in a position where the retention of our Social Workers is vulnerable by having an offer sufficient to retain talented Social Workers who have been well supported and schooled in Gateshead.

NEXT STEPS

18. To that end the Children's Principal Social Worker along with colleagues in Workforce development are developing an offer for current and future Social Workers - articulated in the six outcomes below:

1. A competitive, if not higher salary offer, than our competitors based on new job profiles aligned to the KSS standard.
2. A recruitment process that is in line with the KSS and selection processes that provide a solid baseline assessment of candidates that can pull through into the employer practice endorsement process.
3. A clear programme of development that can demonstrably attract Social Workers, both newly qualified and experienced, to Gateshead because they will know their practice will be enhanced and developed within an organisation that is prepared to invest in their future development and achieve accreditation.
4. A clear progression structure that invests in preparing the talented to become future Practice Supervisors and Leaders.
5. Caseloads that are manageable and allow for quality Social Work, whereby risks are appropriately assessed, and proportionate responses provided; helping to manage needs "down", and preventing them from escalating up.
6. A unique selling point that is rooted firmly in Social Work and appeals to the hearts and minds of our existing Social Workers and those who we seek to recruit.

RECOMMENDATION

19. Committee is asked to;

1. Continue to champion the work undertaken by the Council's Children's Social Workers.
2. Note the content of this report.
3. Agree to receive regular reports from the Children's Principal Social Worker regarding the progress of work against the six outcomes articulated above.

CONTACT: Steve Day, Service Manager and Principal Social Worker x 3989



TITLE OF REPORT: Review of Children's Oral Health in Gateshead - Interim Report

REPORT OF: Alice Wiseman, Director of Public Health, Care Wellbeing and Learning

SUMMARY

The Director of Public Health's Annual Report 2015 reinforced that ensuring that children have the best start in life is firmly established in public health thinking as the most important issue for improving health and tackling health inequalities.

The Annual Report 2015 and the Joint Strategic Needs Assessment have highlighted how poor oral health impacts on children and families health and wellbeing and how oral health is an integral part of overall health in children and young people. Good oral health can also contribute to school readiness.

Background

Following consultation with councillors the Committee agreed its annual work programme for 2016/2017 and that as part of this programme it would carry out a review of children's oral health in Gateshead. The review has been carried out over a six month period and a draft interim report has been prepared on behalf of the Committee setting out the main findings / conclusions and emerging recommendations.

Report structure

1. This interim report sets out the findings of the Families Overview and Scrutiny Committee in relation to the Local Authority's responsibility for improving the oral health of children and young people.
2. The report includes details of:
 - Scope and aims of the review
 - Areas of responsibility and policy context
 - How the review was carried out – methodology and involvement from partner agencies and overview of evidence gathering sessions
 - Analysis of evidence – issues / challenges emerging from review
 - Emerging Recommendations

Scope and aims of the review

3. The scope of the review was to identify and examine:
 - Inequalities in access/ward variations and potential gaps in services, what services are provided
 - Prevalence of dental decay in five year olds and levels of hospital admissions for extraction of teeth under general anaesthetic
 - Responsibilities, policy context and commissioning and planning arrangements and evidence base
 - Opportunities for partners to work together more effectively to improve oral health promotion in Gateshead

Responsibilities and policy context

4. Local authorities are statutorily required to provide or commission oral health promotion programmes to improve the health of the local population, to the extent that they consider appropriate in their areas.
5. They are also required to provide or commission oral health surveys. The oral health surveys are carried out as part of the Public Health England dental public health intelligence programme. Local authorities are also required to participate in any oral health survey conducted or commissioned by the secretary of state.
6. Local authorities also have the power to make proposals regarding water fluoridation schemes, a duty to conduct public consultations in relation to such proposals and powers to make decisions about such proposals.
7. In relation to the policy context for oral health improvement in children and young people the government made a commitment to oral health and dentistry with a drive to:
 - Improve the oral health of the population, particularly children
 - Introduce a new NHS primary dental care contract
 - Increase access to NHS primary care dental services

Review methodology

8. The review consisted of four evidence gathering sessions. During these sessions the committee heard from a number of key partners in relation to:
 - Prevalence of problems in Gateshead
 - Factors shaping and influencing children's oral health,
 - Principles of commissioning better oral health for children and young people
 - Responsibility for commissioning services
 - Overview of the evidence for oral health improvement and toolkit interventions
 - What services are provided and who they are provided by
 - Issues for local services and the challenges they face

First evidence gathering session summary

9. Focus – Presentation on dental health and dental services in Gateshead - David Landes, Public Health England. The key points included:
- 2015 survey of children's oral health used a small sample which showed that children aged 5 years old within Gateshead had one of the lowest levels of dental disease when compared to the average for children across the North East (23.8%)
 - Evidence shows that the main reason for the relatively low levels of dental disease is that Gateshead has been artificially fluoridated since the late 1960s (funded from the Public Health grant).
 - Large scale survey of 5 year olds published 2013 demonstrated significant variations in experiencing any dental disease across Gateshead. Highest levels were in Felling Ward (47%) while the lowest was in Whickham South and Sunniside (9%).
 - Public Health England work has shown that approximately 70% of children have accessed NHS dental services. This analysis was based upon data from NHS contracted practices irrespective of where a child had accessed to dental services.
 - Overall access rates vary between areas across Gateshead – lowest 35% and highest 60%. Lower levels of access amongst children age 0-4 largely due to the fact that children under 6 months old are unlikely to be taken by their parents to a dentist
 - Over 50% of Gateshead residents access services within 2 ½ miles or less from their home. Evidence available shows majority of residents will access dental services close to where they live. Additionally evidence shows that people living in the most deprived areas travel the shortest distance to access dental services.

Second evidence gathering session summary

10. Focus - Presentation on commissioning dental care services – Stuart Youngman, NHS England. The key points included:
- NHS England's dental commissioning responsibilities include primary dental care and community services including urgent and emergency care and secondary dental care and dental hospital services
 - The regulations do not require patients to be registered with a practice – they operate on a demand led basis. The patient is only the direct responsibility of the provider whilst they are in an open course of treatment
 - The regulations set out the contract currency which is measured in units of dental activity (attributable to "banded" "courses of treatment")
 - June 2016 NHS England dental statistics show the 61.9% of Gateshead resident population accessed a dentist in previous 24 months compared to North East England 61.1% and all England 55.1%
 - NHS dental access is demand led and therefore impacted positively or negatively by individual or family oral health seeking behaviour
 - 26 NHS general dental practices in place across Gateshead
 - April 2015 to March 2016 104,000 people received NHS primary dental care – approximately 27,000 (26%) were children and young people age 0-18

- Audit September 2016 of practices across Gateshead identified that 93% could offer a routine appointment within 2 weeks. 100% of practices stated they would prioritise child patients in pain

Third evidence gathering session summary

11. Focus - Overview of evidence for oral health improvement and toolkit interventions – Moira Richardson, Public Health. The key points included:

- Principles of commissioning – life course approach, children, young people and families at the heart of commissioning, partnership working, information sharing, support in a range of settings, workforce development, leadership and advocacy, access to quality local dental services
- Assessing the evidence – range of interventions, target population, strength of evidence, impact on equalities, overall recommendation
- Toolkit interventions – 5 key areas: supporting consistent evidence informed oral health information, community based preventive services, supportive environments, community action, healthy public policy

Fourth evidence gathering session summary

12. Focus - General Dental Practitioners Perspective – Shiv Pabary, InDental Group Gateshead. The key points included:

- InDental Group – operate from 3 practices – Leam Lane, Old Durham Rd and Low Fell
- Dentistry involves treatment of mainly 2 disease processes: caries (decay) or gum problems (periodontal disease)
- Main problem for children is decay – related to poor dietary habits and oral hygiene
- Services provided – routine dental care (regular checks and 3-12 monthly risk based recalls), focus on prevention, fluoride applications 3-18 years of age, trained fluoride nurses, oral hygiene instruction and dietary advice, school talks, relative analgesia sedation (gas and air) for anxious children/young people, orthodontics (braces)
- 49,359 patients across 3 practices (3,751 under 18)
- Commitment to young patients – decay is preventable, partnership with parents and getting the message home
- 3 main messages (mainly diet focused) - no sweet snacks between meal times, nothing sweet to eat 1 hour before bedtime, cheese at the end of a meal. Plus brushing twice a day/disclosing tablets/fluoride toothpaste

13. Focus - Community dental service and oral health promotion team – Marie Holland and Joanne Purvis, South Tyneside NHS Foundation Trust. The key points included:

Community Dental Service

- Provides services to children, young people and families with special care needs (physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or a combination of these)
- 3 service delivery sites across Gateshead – Queen Elizabeth Hospital, Wrekenton Health Centre, Blaydon Primary Care Centre

- 212 core patients were young people resident in Gateshead
- 2015/16 – 741 referrals for new patients in Gateshead – 40% were aged under 16
- 65% of all new patient referrals are for some form of behaviour or anxiety management
- Use of inhalation sedation (happy air) can be very effective in helping children have their treatment carried out – 1103 episodes of this in Gateshead clinics during 2015/16
- Majority of children's admissions to hospital are for tooth removal

Oral Health Promotion Team

- Role is to develop, deliver and evaluate effective and efficient oral health programmes/projects raising awareness and improving oral health of people living in the area
- Target areas – schools identified in the survey where the average number of decayed, missing or filled teeth (DMFT) for children is greater than 1, all special schools, vulnerable groups (e.g. women's refuges, Jewish community, people with drug and alcohol misuse issues)
- Oral health programme – supporting schools in development of policies and guidelines to reflect good oral health – 20 schools with DMFT greater than 1 were targeted and 15 schools achieved the award, 5 declined
- Training for health professionals and education staff
- Pilot toothbrushing and fluoride varnish programmes

Issues/challenges emerging from the review

14. During the course of the evidence gathering sessions a number of key issues and challenges were identified. The review also demonstrated the complex commissioning landscape and the various organisations that are involved and have key roles and responsibilities for improving oral health in children and young people.
15. Joined up working with local dental practices, local dental committees, commissioners of services and the local authority is crucial to understanding need and improving service provision. NHS England is keen to work with partners to improve oral health and connect with local communities. This is particularly important in the light of the challenges faced in relation to the funding pressures all organisations are currently facing.
16. A school dental survey and examination of five year olds is currently underway in primary schools across Gateshead with an expected completion date of the end of June 2017. The results of this survey will be used to assess and monitor oral health needs for children. The survey will show how Gateshead's population is faring with regard to general and dental health and can help inform the design, reach and coverage of oral health improvement programmes.
17. Prevention and early and regular attendance at a dentist is seen as key to improving children's oral health. However the challenges that present in relation to this include reliance on parents to take children to the dentists themselves, particularly if the parents do not attend a dentist regularly. It has

also been suggested that some dental practices do not accept children before the age of two – however this is anecdotal and we do not have confirmation of this.

18. Education for children and young people, parents, grandparents and the children and young people's workforce is seen as one key element to improve oral health. However the oral health promotion team is a small team covering Gateshead, Sunderland and South Tyneside and therefore cannot reach all schools, and the wider workforce and population.
19. There are wide variations across Gateshead in relation to dental disease for 5 year olds and therefore there are health inequalities. It was noted that challenges continue in terms of tackling dental disease in the population. The committee was advised that there is a need to ensure oral health is integrated into all strategic plans and that the JSNA reflects the need and is used to address inequalities and consider service provision.
20. It was noted during the review that previously dental vans came to schools to check children's teeth which was seen as a way to ensure that children with poor oral health were identified early. Discussions during the course of the evidence gathering sessions highlighted the issues in relation to this type of service provision including CQC registration, funding, waste management and cross infection. A report published in 2006 concluded that school dental screening had a minimal impact on dental attendance and only a small proportion of screened positive children received appropriate treatment. However in Gateshead the community dental service still carry out screening in special schools because of the profound effect poor oral health has on those children and young people.
21. It was suggested that Gateshead must ensure the water supply in Gateshead remains fluoridated as there is evidence that this prevents decay.
22. Provision in schools such as tuck shops and fizzy drinks machines were also discussed as part of the review. It was noted that these are not present in primary or special schools.
23. The interventions and recommendations in the Public Health England evidence informed toolkit (commissioning better oral health for children and young people) will be considered as part of the review of early help provision.

Draft recommendations for the review

24. Work collaboratively with all commissioners of oral health services to ensure that services are meeting the needs of the population and addressing inequalities as detailed in the JSNA and the findings from the school dental survey (June 2017).
25. Review oral health promotion work in line with the transfer of responsibility from NHS England (April 2018) as part of the 0-19 public health services review.
26. Embed oral health promotion across the early help strategy to ensure a life course approach to oral health improvement.
27. Ensure Making Every Contact Count approach incorporates Change 4 Life programme (e.g. sugar smart, food smart).
28. The views of members are sought on the content of the draft interim report and the emerging recommendations.

Next steps

29. Subject to the views of members and comments on the interim report it will be finalised for presentation at the Committees meeting on 6 April 2017.

Contact: Alice Wiseman **Ext 2777**

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