

FAMILIES OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Thursday, 6 April 2017 at 5.00 pm in the Bridges Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for absence
2	Minutes of last meeting (Pages 3 - 10) The Committee is asked to approve as a correct record the minutes of the last meeting held on 2 March 2017
3	Monitoring Report - Review of Child Protection in Gateshead (Pages 11 - 14) Report of Interim Strategic Director, Care Wellbeing and Learning
4	Review of Children's Oral Health in Gateshead (Pages 15 - 20) Report of Director of Public Health, Care Wellbeing and Learning
5	Review and re-procurement of 0-19 Public Health Service Provision - Scoping Report (Pages 21 - 28) Report of Director of Public Health, Care Wellbeing and Learning
6	Work Programme Report (Pages 29 - 36) Joint Report of the Chief Executive and Strategic Director, Corporate Resources and Governance

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GATESHEAD METROPOLITAN BOROUGH COUNCIL
FAMILIES OVERVIEW AND SCRUTINY COMMITTEE MEETING

Thursday, 2 March 2017

PRESENT: Councillor B Oliphant (Chair)
Councillor(s): S Green, J Adams, L Caffrey, B Clelland,
S Craig, M Hall, J Kielty, L Kirton, K McCartney,
E McMaster, S Ronchetti and C Simcox

CO-OPTED MEMBERS John Wilkinson and Jill Steer

F33 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr J Graham, Cllr Mullen, Cllr Hawkins and co-opted members Sasha Ban and Maveen Pereira.

F34 MINUTES OF LAST MEETING

The minutes of the meeting held on 26 January 2017 were agreed as a correct record.

F35 SPECIAL SCHOOL PROVISION AND DEVELOPMENT

The Committee received a report on the current position in relation to special school provision in Gateshead. It was confirmed that there are six special schools in Gateshead, all of which are either good or outstanding.

It was reported that Hilltop School is seeing an increase in the number of pupils with Autistic Spectrum Disorder, this means the overall profile of the school is changing. The school is not yet full, however staff are currently dealing with a higher level of need, with more pupils having complex mental health needs. Similarly at Gibside there are more pupils with Autistic Spectrum Disorder, the school is full and faces continuing challenge in terms of additional space for more pupils. It was noted that there is a real need in Gateshead for additional provision for children with severe learning difficulties as many are now going out of borough.

The Cedars Academy became a trust when numbers fell previously, however the school is now over capacity and caters for early years to post 16. Currently the provision for post 16 is delivered from Walker Terrace, which is a rented space and offers independent life skill curriculum. The school is building their capacity and in the process of refurbishing the current site to enable extra students to be taken on, this will also enable a more definite split between primary and secondary provision

within the school.

Eslington School is operating from two sites due to an increase in demand for places. There are now 60 places and 8 Additionally Resourced Mainstream (ARMS) places. The school has been recognised as outstanding and works well with mainstream primary schools around transition work with potential pupils.

Furrowfield School is a secondary school with 71 places and 14 residential places, for children with social, emotional and mental health difficulties. It was noted that there are challenges in terms of educational outcomes because a lot of pupils join the school late and their outcomes are not successful.

It was reported that Eslington Primary and Furrowfield Schools have gone through the soft federation process and are considering forming a hard federation. This will enable teacher practice to be shared across sites, offering more consistency of approach, and also ensuring better transition arrangements are in place. It was acknowledged that it is very important to manage transition well for these particular pupils and this is the benefit of a federation.

In terms of Dryden School the population continues to be stable, with some pupils having autism spectrum disorder as their primary need as well as severe learning difficulties. It was reported that there are financial challenges in relation to pupils within the 16-19 age range with profound difficulties as the Education Funding Agency only funds places for three days per week, however those pupils are receiving full time provision. Discussions are ongoing around how to continue to fund these places.

It was confirmed that the number of children and young people requiring special education is increasing, currently there are 525 in Gateshead which is an increase from 329 in 2009. Therefore there is a need to change the picture of provision as the needs of the children change. It was also noted that the closure of Additionally Resourced Mainstream School (ARMS) provision in some mainstream schools has impacted on special schools, for example The Cedars and Gibside took up extra capacity as a result.

The point was made that more places are needed for complex autism spectrum disorder and children with social, emotional and mental health needs as well as a need to accommodate two year olds. It was confirmed that numbers are increasing, however funding is not increasing at the same rate, therefore there is a need to prioritise provision.

It was questioned whether the increase in autism was due to a real increase or due to better diagnosis. It was confirmed that research has led to better diagnosis in more defined areas.

The point was made that there have been examples of families not knowing about The Cedars academy until after their child has been placed in a school out of the borough. It was therefore queried what the strategic plan for the future is in terms of The Cedars and what the cost of sending a child out of borough. It was noted that work is ongoing with special school Headteachers as to what information is going

out to parents to ensure they are aware of all the options. It was confirmed that the cost of educating a child out of the borough is approximately £30,000. The point was also made that there has been no capital investment in The Cedars for a number of years and more support is needed.

It was questioned whether the increase in permanent exclusions from mainstream schools due to behaviour has impacted on the demand on special schools. It was acknowledged that there are concerns about the levels of permanent exclusions and discussions are ongoing with secondary schools as the rate is increasing faster than the national rate. It was recognised that this is a secondary problem and if it became a primary school problem this could be absorbed by Eslington school. It was confirmed that many of the permanent exclusions are managed by the Fair Access Panel through managed moves to other mainstream schools.

Committee was advised that SEND inspection has been completed and formal feedback is expected in the next few months, verbal feedback is positive.

RESOLVED - That the Committee continue to receive an annual report on Special schools and provision.

F36 CASE STUDY - SUPPORT FOR CARE LEAVERS

The Committee received a case study on the support offered to care leavers. The Looked After Children's Team tracks 17-21 year olds in terms of whether they are in employment, education or training (EET).

It was noted that the Staying Put scheme allows young people to remain with their foster carers until they are 21, if the young person feels this is their best option. However, there are still a number of young people who want to leave care.

In terms of 2015/16 data, there were 144 care leavers, aged between 18-21 years, the highest number of young people were aged 20, with similar numbers of both male and female. It was noted that some young people will not work with the team and work is underway on how to prevent this, so there has been identification of hard to reach young people and additional support put in place.

In 2015/16 there were 50% of care leavers in some form of education, employment or training, of which; 56% were in full time training or employment, 22% in education, 11% in high education, 8% and 3% in part time training or education respectively. It was acknowledged that there were 39 male and 41 female NEET during the year 2015/16, some became parents and some were no longer in contact with the service.

It was reported that a panel is held on a monthly basis to look at potential care leavers and a bespoke package is put in place for each child. An accommodation panel is also held to encourage potential care leavers to stay put or if not supported accommodation is considered. The panel has been developed with Housing colleagues who help to look at the cohort and can offer taster flats. Taster flats offer a high level of support, the tenancy sits with the local authority until the young

person is in a position to take on the tenancy alone. Work is ongoing to look at areas that young people want to live and appropriate resources. It was reported that this work has been nominated at the NGA Awards and the team has been shortlisted for an award.

Work is underway to try to engage better with those hard to reach care leavers, for example they must come in and speak to the team in order to receive their weekly living allowance, this has proved to be fairly successful. In some cases the living allowance has been split into instalments to encourage more contact.

It was questioned whether the number of care leavers not going anywhere is a sign that they have been failed at an earlier point in their lives. It was acknowledged that these are usually young people who have come to care at a later point in their childhood.

It was noted that apprenticeships are being pushed as far as possible but there are some young people not ready for apprenticeships so the team is looking at lower level opportunities. Discussions are underway with Paul Dowling's service around the provider offer becoming wider.

Concerns were raised about the number of care leavers NEET. It was acknowledged that there are strict rules in terms of how the data is collated, and if a young person's EET experience is intermittent this is not always captured in the figures.

The point was made that performance of care leavers is worse than was reported last year and it was therefore suggested that a further report be brought back to inform Committee of the direction of travel. It was noted that Ofsted identified this as an area needing improvement but that performance is above the England average. It was recognised that there are challenges in relation to the 16-17 offer and the 18-25 offer, as well as the trend in receiving LAC at later years in their life, therefore this is being looked at more strategically to effect change. It was suggested that in the future report information should be included about the age of children entering care and what setting they live in so give a better understanding of the outcomes.

It was questioned whether the pregnancy figures amongst care leavers is high in terms of the general population and whether these pregnancies were as a result of mature choices. It was confirmed that some young people made those choices purposefully, however some are accidental. Youth Services continue to provide sex education. For those male care leavers NEET, becoming a father is not the primary reason for why they are not in employment or education.

RESOLVED - That a further report be brought back to Committee in 6-12 months, to include background information on each care leaver.

F37 RECRUITMENT AND RETENTION OF SOCIAL WORKERS

Committee received a report on the recruitment and retention of Social Workers in Gateshead. It was reported that Government has tried to understand and learn from situations within social care and in July 2016 the DFE published a strategy to

transform Children's Services and support local authorities. The strategy was a three pronged approach; people and leadership, practice and systems and governance and accountability.

There are key reforms around the knowledge and skills that Social Workers are expected to have. The DfE intends to test Social Workers to ensure they are meeting standards through accreditation, a consultation is currently out on this.

It was noted that recruitment and retention of Social Workers is influenced by a number of factors, for example Ofsted outcomes, where failing Council's will haemorrhage Social Workers. The market offer is a key influencing factor, with agencies upping their offer to entice Social Workers away from local authorities. It was acknowledged that Social Workers tend to stay in the same area, therefore recruiting takes place from a relatively small pool.

Gateshead has a solid reputation in terms of student placements and is doing well in relation to the Step Up programme and Frontline project.

It was reported that, following an inadequate Ofsted inspection, Sunderland was able to offer more than Gateshead could, this resulted in the loss of 16 Social Workers. Since then, 10 Social Workers have been recruited, 9 of which are newly qualified, therefore there has been reliance on a high number of agency staff to plug the gap. There are threats that there could be a similar response in the near future as local authorities in the area continue to be inspected. It was recognised that the service is working to attract and retain Social Workers and develop succession planning, in order to avoid being in a vulnerable position in the future. There are six outcomes that have been developed to recruit and retain Social Workers in Gateshead;

- A competitive salary
- A recruitment process in line with Knowledge and Skills statements
- A clear programme of development
- A clear progression structure
- Manageable caseloads
- A unique selling point

It was questioned how much is paid out for agency Social Workers. It was noted that this varies week to week but is approximately £250,000. It was confirmed that a memorandum of agreement has been made with the local authorities in the region to agree hourly rates and terms and conditions.

It was queried whether the cost of agency staff could have been better used to offer a better financial package to retain the 16 Social Workers who left. It was confirmed that management responded immediately to attempt to make a better offer but that due to the channels that decisions have to go through in local government this was ineffective. It was also confirmed that a report is due to Cabinet this month around competitive salaries for Social Workers so that the authority is not in a similar position in the future.

It was questioned what the authority does to nurture Social Workers and what is its

unique selling point. It was noted that the unique selling point is around systematic practice and techniques in working with children and families, to play to the strengths of families, which came out of the Munro report. It is expected that the whole workforce will be trained in this technique and specialist training will be offered to Social Workers. This training will not have been delivered outside of the London Boroughs. It was noted that the management work strongly with staff relationships to make them feel safe and reassured. It was recognised that Social Work is a complex job and there is a need to show leadership, encourage and check on welfare of staff.

The point was made that this issue was raised previously when the situation was predicted, at the time Committee suggested making changes to issues such as parking, essential car user allowance. It was confirmed that a review of the pay and structure has been taken into account as well as essential care user allowance, this will go to Cabinet this month.

It was questioned whether there is any scope to establish a Multi Agency Safeguarding Hub (MASH) for children's services in Gateshead. It was confirmed that there are a number of models for managing demand that could be looked at, including a MASH, however as yet it is not clear whether this is needed in Gateshead.

- RESOLVED -
- (i) That the Committee continue to champion the work undertaken by the Council's Children's Social Workers.
 - (ii) That the Committee noted the content of this report.
 - (iii) That the Committee agreed to receive regular reports from the Children's Principal Social Worker regarding the progress of work against the six outcomes articulated above.

F38 REVIEW OF CHILDREN'S ORAL HEALTH IN GATESHEAD - INTERIM REPORT

The Committee received the interim report following its review into children's oral health in Gateshead.

Evidence gathering sessions have been held to look at inequalities, gaps in provision, rate of decay, number of hospital admissions and the commissioning landscape. From this evidence ten emerging issues and challenges have been developed;

- Commissioning landscape is complex – there is a need for those services to work together
- School dental survey for five year olds – future report around the outcomes
- Prevention is key – more early intervention
- Health promotion
- Review provision through the 0-19 service review – includes Health Visitors and School Nurses
- Dental caries low in terms of the region but there are geographical inequalities within Gateshead – reflect this in the Joint Strategic Needs

Assessment

- Mobile provision – currently in special schools
- Continue to fluoridate the water
- Removal of tuck shops etc within schools
- Interventions from Public Health England toolkit to consider over the whole life course.

RESOLVED - That the Committee was satisfied with the interim report and will receive the finalised report at its meeting on 6 April 2017.

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**TITLE OF REPORT: Monitoring of OSC Review of Child Protection in
Gateshead**

**REPORT OF: Sheila Lock, Interim Strategic Director, Care
Wellbeing and Learning**

Summary

This is the second monitoring report, providing information on progress that has been made to implement recommendations from the Review of Child Protection in Gateshead undertaken in 2015/16 and agreed at the Overview and Scrutiny Committee on 14th April 2016.

Purpose of report

This report highlights progress on the implementation of the Families Overview and Scrutiny Committee (OSC) review of Child Protection in Gateshead and seeks the Committee's views on progress to date and the future planned approach.

Background

In 2015/16 the Families OSC reviewed how the Council and its partners are supporting Child Protection in Gateshead. The scope and aims of the review were agreed by the Committee at its meeting on 18th June 2015. The review focused on the specific aspects of the system that are concerned with child protection, following the potential steps for a child who becomes subject to a child protection plan.

The key issues that were considered during the 4 evidence gathering sessions were:

- An understanding of the child protection system, the policy context and clarity on roles and responsibilities
- The opportunity for improvement of systems
- The effectiveness of multi-agency working, especially around communication and information sharing.
- The ways in which views of children, young people and their families are used.

Key recommendations from the review were identified as:

- i) Additional work is undertaken to further improve the availability of GP reports at Initial Child Protection Conferences (ICPC) and Review Child Protection Conferences (RCPC).
- ii) Improve the detail of data provided in relation to school referrals to children's social care. Providing a breakdown by school to facilitate the committee's scrutiny of safeguarding within education.
- iii) To review the evidence in light of the latest Ofsted inspection findings published on 11 March 2016
- iv) To consider and evaluate the appropriateness of a Multi-Agency Safeguarding Hub (MASH) as part of the redesign of Care, Wellbeing and Learning.

Implementing the review - this progress report provides an update on activity relating to the recommendations agreed by the Families Overview and Scrutiny Committee.

Improve the availability of GP reports at Initial Child Protection Conferences (ICPC) and Review Child Protection Conferences (RCPC)

In 2014-15 (financial year) data evidenced that less than a third of conferences had reports provided by GPs (both ICPCs and RCPC's). An extensive piece of work was undertaken with health to address concerns, including visits to practice and facilitating training workshops in April 2015.

- Between April 2015 and March 2016, a significant improvement was made in GP reports provided to conference – this figure stood at 70.4%.
- Quarter 1 data for 2016-17 (financial year) showed that this had decreased to 61%.
- Quarter 1 to quarter 3 data (April to December 2016) shows the most recent figure for GP reports provided to conference is 61.7%.
- Regular monitoring of the GP contribution to report writing is taking place jointly with the CCG and Safeguarding Children Unit.
- The Safeguarding Children Unit has been meeting with health on a quarterly basis to address any specific concerns and the CCG are aware of the decline in performance.
- The quarterly report received for the meetings with health does highlight specific GP practices to address areas of concern.
- The Safeguarding Children Unit has implemented an additional weekly report to identify any issues with data recording for GP reports (identifies gaps in reports provided from specific practices as well as any inputting issues by senior clerks). This weekly report provides a robust mechanism to immediately identify issues and address them, rather than relying on cumbersome ad-hoc/quarterly data sweeps.
- All GP Practices are aware of the need to contribute to the child protection process. There is a rolling programme of training for GPs in this regard, delivered by the CCG.

The lack of or late submissions in GP and agencies' reports to conference is an ongoing concern which can result in key pieces of information missing that are crucial to decision making and determining risk. Whilst performance figures have improved since 2014-2015, there has been a fall in performance since last year

and the number of reports provided by GP's to conference has decreased. This remains a priority area with work ongoing between the CCG and the Local Authority Safeguarding Unit.

i) To improve the detail of data provided in relation to school referrals to children's social care: Providing a breakdown by school to facilitate the committee's scrutiny of safeguarding within education.

- From April to September 2016, 83 referrals from schools had school as the source of the referral, but only 15 had school relationships recorded.
- There have been 150 referrals from schools between April 2016 and December 2016 and 287 contacts (i.e. the school has contacted children's services but it did not progress to referral).
- All 150 school referrals had the name of the school recorded. The breakdown of referrals by school will help facilitate the committee's scrutiny of safeguarding within education.
- Further monitoring and reporting will continue in order to provide robust information in this regard.

ii) To review the evidence in light of the latest Ofsted inspection findings published on 11th March 2016

- Following publication of the Ofsted report an action plan has been developed with a number of areas that focus on child protection. These are being taken forward and monitored through regular meetings and scrutinised by the Service Director for Children and Families Social Work.

Inspection recommendation: Improve the quality of all children's plans, including pathway plans to ensure that targets for improvement are clear and that they focus on risk and the most important issues for children, young people and care leavers.

- New Care Plans, Child in Need and Looked After Children plans have been formatted based on audit and inspection findings
- Targeted training for Social Workers team managers and Independent Reviewing Officers (IRO) has been developed and rolled out. A series of training workshops have been delivered to ensure staff including IROs and CP Chairs are equipped to write comprehensive and outcome focused plans with clear timescales and contingencies.
- A final training workshop has taken place specifically for health colleagues and those in other disciplines so that they are aware of the format of the new plans.
- Refresher training is planned at twice-yearly intervals for new social workers or other professionals who are likely to be involved in child protection conferences or with Looked after Children.
- Specific audit documentation has been developed to focus on plans taking account of the new planning template in order to provide assurance that the changes are achieving the desired outcome.
- Core group documentation has been revised in light of the new planning framework in order to support the core group monitoring the progress of the plan

Inspection recommendation: Ensure that children who are subject to child protection processes have access to independent advocacy in order to help share their views and to inform decisions about their lives.

- Dedicated staff members in the Referral and Assessment team provide support to children and young people who are subject to child protection enquiries, facilitating their participation in Care Plan processes and ensuring their voice is heard either directly at conference or indirectly through written or drawn submission.
- Mind of My Own (MOMO) being promoted by Social Workers for children and young people's involvement in Child Protection conferences.
- Monitoring use of MOMO and where issues are raised ensure advocacy is offered – from April 2016 to December 2016, 24 CP conference reports included the views of the child via MOMO.
- 15% of all completed MOMOs have related to the child's voice being heard at CP conferences.
- Work is ongoing with NYAS, the commissioned provider for independent advocacy, to enhance the service offer for children and young people who are being supported through the child protection process.

iii) To consider and evaluate the appropriateness of a Multi-Agency Safeguarding Hub (MASH) as part of the redesign of Care, Wellbeing and Learning.

- Service Directors are considering all options for future development in conjunction with support from the Transformation team. The final proposal is yet to be determined.

Summary

Progress has been made against all the recommendations arising from the review but further work is required to maintain improvements or further improve. The recommendations are being taken forward within the framework for improvement for Children's Social Care and as such connect to ongoing areas of service development.

Recommendations

Overview and Scrutiny Committee is requested to: -

- Note progress achieved in the seven months since the last report in September 2016.
- Note the measures in place to make or sustain improvements.
- Comment on whether the Committee is satisfied with the level of progress to date.

Contact: Chris O'Reilly	ext: 3865
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TITLE OF REPORT: **Review of Children’s Oral Health in Gateshead
- Final Report**

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

SUMMARY

The Director or 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 this final report has been prepared on behalf of the Committee setting out the main findings / conclusions and recommendations.

Report structure

1. This final report sets out the findings of the Families Overview and Scrutiny Committee in relation to the Local Authorities 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 Sunnyside (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.

Final 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).

Next steps

1. The committee are asked to agree the final recommendations for the review
2. The findings from the review and the recommendations will be presented to Cabinet on 23rd May 2017 by Councillor Bernadette Oliphant (Chair of Families Overview and Scrutiny) and Alice Wiseman (Director of Public Health)
3. An update on the final recommendations for the review will be given to OSC in September 2017 and April 2018.

Contact: Alice Wiseman Ext 2777

TITLE OF REPORT: Review and re-procurement of 0-19 Public Health Service Provision

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

SUMMARY

Since April 2013 local authorities have been responsible for commissioning public health services for school-aged children aged 5 to 19 (school nursing). In October 2015 the commissioning responsibility for the 0 to 5 public health nursing workforce (health visiting and family nurse partnership) also transferred to local authorities.

This transfer of responsibilities has given local authorities the opportunity to ensure that commissioning for children age 0 to 5 and 5 to 19 is joined up so that the needs of everyone age 0 to 19 are comprehensively addressed.

Local authorities have a responsibility to promote and protect health, tackle the causes of ill-health and reduce health inequalities ([Local government's new public health functions](#) Department of Health 2011). Commissioning high-quality public health services for those aged 0 to 19 (as part of the Healthy Child Programme) can help to achieve this.

As part of the transfer of commissioning responsibility for the 0 to 5 public health nursing workforce it was decided that a review of all public health 0 to 19 services should be carried out with a view to remodelling and re-procuring services during 2017/18.

The purpose of this report is to provide the OSC with an overview of the review and procurement process for 0 to 19 public health services and an update on progress to date.

OVERVIEW

1. Good health, wellbeing and resilience are vital for all our children now and for the future of society. The Healthy Child Programme is a national public health programme for children and young people, providing a robust evidence based framework and setting out good practice for prevention and early intervention for children and young people. The Healthy Child Programme is a universal programme available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life.

2. Good health, wellbeing and resilience are vital for all our children now and for the future of society. There is firm evidence about what is important to achieve this through strong children and young people's public health. This is brought together in the national Healthy Child Programme 0 to 19, which includes:
 - Healthy Child Programme: Pregnancy and the first five years of life (DH/DCSF, 2009)
 - Healthy Child Programme: From 5 to 19 years old (DH/DCSF, 2009)
 - Healthy Child Programme rapid review to update evidence (PHE, 2015)
3. The Healthy Child Programme is divided into two elements:
 - The 0 to 5 element is led by health visiting services (which also includes the family nurse partnership)
 - The 5 to 19 element is led by school nursing services
4. These professional teams provide the vast majority of Healthy Child Programme services. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes.
5. The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. The Programme (0 to 19) aims to:
 - Help parents develop and sustain a strong bond with children
 - Encourage care that keeps children healthy and safe
 - Protect children from serious disease by promoting screening and immunisation
 - Reduce childhood obesity by promoting healthy eating and physical activity
 - Identify health issues early, so support can be provided in a timely manner
 - Make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready to learn at two and ready for school by age five
 - Work in collaboration with other partners involved with families in the early years
6. The Public Health England (2016) 'Guidance to support the commissioning of the Healthy Child Programme 0 to 19: Health Visiting and School Nursing services':
 - Describes the health visiting and school nursing 4-5-6 service models, high impact areas and related outcomes (see appendix 1)
 - Provides a national template for local authorities to use/adapt to meet local needs

- Supports integrated delivery and provides opportunities for local authorities to consider integration and co-commissioning
 - Offers quality and standardisation of service delivery whilst recognising the need for local adaptability
7. Health visitors are registered nurses/midwives who have additional training in community public health nursing. They provide a professional public health service based on best evidence of what works for individuals, families, groups and communities; enhancing health and reducing health inequalities through a proactive, universal service for all children 0 to 5 years and for vulnerable populations targeted according to need. Health visiting is a proactive, universal service that provides a platform from which to reach out to individuals and vulnerable groups, taking into account their different dynamics and needs, and reducing inequalities in health. Pre-school children and their families are a key focus.
 8. School nurses are qualified and registered nurses or midwives many of whom have chosen to gain additional experience, training and qualifications to become specialist community public health nurses. Their additional training in public health helps them to support children and young people in making healthy lifestyle choices, enabling them to reach their full potential and enjoy life. School nurses work across education and health, providing a link between school, home and the community. Their aim is improve the health and wellbeing of children and young people. They work with families and young people from five to nineteen and are linked to a secondary school and their primary school cluster group.
 9. The family nurse partnership is a voluntary home visiting programme for first time young mums, aged 19 years or under. A specially trained family nurse visits the young mum regularly, from the early stages of pregnancy until their child is two. The programme aims to enable young mums to have a healthy pregnancy, improve their child's health and development and plan their own futures and achieve their aspirations. The programme is underpinned by an internationally recognised robust evidence base, which shows it can improve health, social and educational outcomes in the short, medium and long term, while also providing positive economic returns.
 10. South Tyneside Foundation Trust is currently commissioned to provide both the 0 to 5 service (health visiting and family nurse partnership) and 5 to 19 service (school nursing). These contracts expire in March 2018.
 11. The public health team, in partnership with key stakeholders, is currently in the process of reviewing service provision and developing a new specification/model with a view to re-procuring the 0 to 19 public health service during 2017/18 and the award of a new contract with effect from 1st April 2018.

12. The development of the new specification/model will also have regard to Gateshead's emerging Early Help Strategy/Framework. In developing the new specification model for the 0 to 19 Healthy Child Programme, there is an aspiration to work closely and explore opportunities for greater integration between public health and children's services to promote well-being and school-readiness for young children, including housing, early years, education and wider council services.

REVIEW AIMS AND OBJECTIVES

13. To remodel and re-procure the 0 to 19 public health service provision to meet the needs of the local population in line with relevant national policy and guidance, and aligned with key partner strategies.
14. To embed a robust approach to early intervention and prevention whilst ensuring that all children and young people receive the full service offer (Healthy Child Programme 0 to 19), including universal access and early identification of additional and/or complex needs, with timely access to specialist services, to secure local services that enable health visiting, family nurse partnership and school nursing teams to contribute to improved local outcomes and reduce health inequalities for children and young people.
15. To explore the opportunity for greater integration with children's services within the Early Help Strategy/Framework
16. To remodel the service ensuring best value/service efficiency within the funding envelope.

REVIEW METHODOLOGY

17. There are 4 key stages and ten phases to the review, re-procurement and service mobilisation.

Stage 1 – Review

PHASE 1	Establishing the review team
PHASE 2	Understanding the need including the current model, service delivery and existing performance
PHASE 3	Reviewing the evidence base and service model development
PHASE 4	Stakeholder engagement

Stage 2 – New model development

PHASE 5	Designing the new model/specification
PHASE 6	Consulting on the new model/specification

Stage 3 – Procurement

PHASE 7	Commissioning the new model
PHASE 8	Procuring the new model

Stage 4 – Service mobilisation

PHASE 9	Service mobilisation
PHASE 10	Service to commence

REVIEW PROGRESS

18. Progress against each phase is shown in the table below:

PHASE 1	<p>The 0 to 25 Programme Board established in October 2016 is chaired by public health. The board has representation from all key partners including local authority children and young people’s services, CCG, NHS England, Public Health England, legal, financial and procurement services. The aim of the board is to develop a remodelled, effective and evidence based 0 to 19 public health service as part of a coherent prevention and early help programme of support for children, young people and their families which complement the 0 to 25 social care provision.</p> <p>Key task and finish groups are being established to take forward the work required to progress the procurement of 0 to 19 services.</p>
PHASE 2	<p>The needs assessment is in the process of being drafted working in collaboration with key partners and stakeholders. It will cover an overview of current services, socio demographics, health of children and young people, service performance, service user and stakeholder views and conclusions.</p> <p>An initial mapping exercise has taken place with regards to understanding current service provision (as part of the needs assessment process) and existing performance and associated budgets.</p>
PHASE 3	<p>The evidence base and guidance is currently being reviewed in line with the development of the 0 to 19 specification. The 0 to 25 Programme Board has already reviewed a number of service models that have been developed across the region for 0 to 19 public health services</p>
PHASE 4	<p>Elements of stakeholder engagement have taken place during 2016 including consultation with parents who have used the service, children and young people’s service providers and staff who work in 0-19 public health services. Further consultation</p>

	and engagement will take place, from April to June 2017, with other key stakeholders, including a market engagement event with prospective providers.
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NEXT STEPS

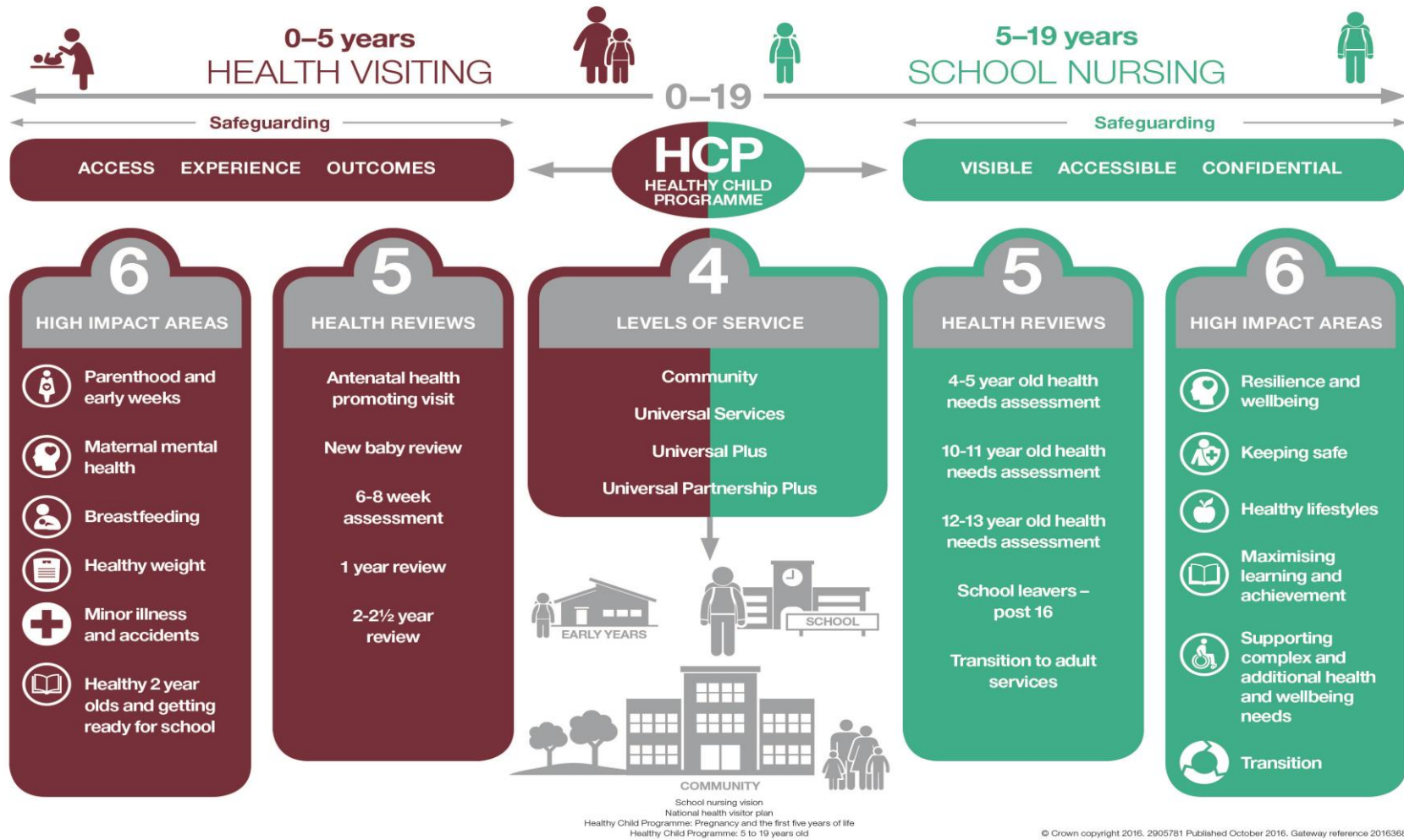
19. The needs assessment will be completed by the end of April 2017 and used to further develop the 0 to 19 specification, in line with the national specification. The findings from the consultation work that has been undertaken will also be used to inform the development of the specification.

RECOMMENDATIONS

20. The OSC is asked to note the information regarding the Healthy Child Programme and the progress of the review and re-procurement of 0 to 19 public health services to date.
21. The OSC is asked to receive a report, for discussion and comment, at its meeting on the 15th June 2017 which will cover the findings from the needs assessment and consultation work undertaken and details of the proposed new model/specification.

Contact: Alice Wiseman Ext 2777

Healthy Child Programme: The 4-5-6 approach for health visiting and school nursing



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TITLE OF REPORT:	Annual Work Programme
REPORT OF:	Sheena Ramsey, Chief Executive Mike Barker, Strategic Director, Corporate Services & Governance

Summary

The report details proposals for the development of the work programme for Overview and Scrutiny Committees (OSCs) and sets out the provisional work programme for the Families OSC for the municipal year 2017-18.

Background

1. Every year each Overview and Scrutiny Committee draws up a work programme based on the Council's policy framework which is then agreed by the Council as part of the policy planning process.
2. The Committee's work programme is a rolling programme which sets the agenda for its six weekly meetings. It is the means by which it can address the interests of the local community, focus on improving services and seek to reduce inequalities in service provision and access to services.
3. Under the Council's constitution the issues which will be considered by the Overview and Scrutiny Committees come from a number of sources:
 - During the year the Committee may choose to scrutinise decisions made by the Cabinet to ensure decisions are taken properly;
 - The Committee may be requested by the Cabinet to carry out reviews of particular issues in accordance with the Council's policy priorities;
 - The Committee will receive six-monthly reports on performance for comment to Cabinet;
 - The Committee will receive reports on relevant service improvement reviews at key stages of development to confirm to Cabinet that reviews are progressing appropriately;
 - Section 119 of the Local Government and Public Involvement in Health Act 2007 and Section 126 of the Police and Criminal Justice Act 2006 enable any member of the Council to refer to a relevant Overview and Scrutiny Committee any local government matter and any crime and disorder matter which affects their ward or constituents (Councillor Call for Action - CCfA).
 - Members of the Committee may identify particular issues for consideration;
 - Members may also examine issues in the Council's Forward Plan; and
 - In addition, where the Committee has reasonable concerns about a particular executive decision the call-in mechanism is available.

Proposals

4. The Council has consulted partner organisations on the emerging themes for each OSC for 2017-18.
5. Partners have been supportive of the emerging themes and the views outlined will be key in assisting the Committee in identifying the right priority areas to take forward and shape the initial focus of specific areas of work. Details of the emerging issues for potential review / case study topics and the feedback from partners are set out at Appendix 2.
6. The work programmes will continue to be subject to a formal review. At this stage, feedback will be provided to the OSCs on the outcomes generated by the OSCs' reviews and information provided on how it is proposed to measure the resulting impact on local people.
7. The attached provisional work programme (Appendix 1) has therefore taken account of the following:-
 - Six-monthly performance reporting
 - Vision 2030, the Council Plan and partnership work generally
 - Current issues referred to Committees
 - Details of potential review topics
 - Proposed case studies
 - Legislative provisions and guidance on the Councillor Call for Action
8. The work programme remains provisional as:
 - Cabinet has not had the opportunity to fully review its work programme and it may wish to refer further issues to Overview and Scrutiny Committees for further consideration;
 - It does not take account of new policy issues which may be identified during the year, which Cabinet may refer to Overview and Scrutiny; and
 - It does not include issues identified by members of committees on an ongoing basis during the year as a result of scrutiny of decisions, call – in and councillor call for action.

Recommendations

9. The Committee is asked to:-
 - a) Agree the review topic and case studies for 2017-18, having considered the proposals outlined at Appendix 2.
 - b) Endorse the Overview and Scrutiny Committee's provisional work programme for 2017 -18 attached at Appendix 1, and refer it to Council on 8 June 2017 for agreement.
 - c) Note that further reports will be brought to the Committee to identify any additional issues which the Committee may be asked to consider.

Contact: Angela Frisby

Ext: 2138

Draft Families OSC 2017/18	
15 June 17	<ul style="list-style-type: none"> • The Council Plan - Year End Assessment and Performance Delivery 2016-17 • 0-19 Public Health Service Provision - consultation / models • SEND Inspection Outcomes • Update- Changing role of LAs in Education
18 July 17 (Additional meeting)	<ul style="list-style-type: none"> • OSC Review - Children on the Edge of Care - Scoping report • Gateshead Child Health Profile • CAMHS - Progress Update • Annual Report on Complaints and Representations - Children
7 September 17	<ul style="list-style-type: none"> • OSC Review - Children on the Edge of Care - Evidence Gathering • Ofsted Inspections/School Data - Progress Update • Closing the Gap - Annual Report 2016/17 • Monitoring - OSC Review of Oral Health • Update - Care Pathway for Foetal Alcohol Spectrum Disorder
19 October 17	<ul style="list-style-type: none"> • OSC Review - Children on the Edge of Care - Final Report • Performance Improvement Update - Children Presenting at Hospital as result of Self Harm • Children and Young People's Plan - Refresh and Commissioning Priorities • Case Study - Best Start in Life - Outcome of Pilot Self- Assessment
30 November 17	<ul style="list-style-type: none"> • The Council Plan - Six Monthly Assessment and Performance Delivery • Employment of Children within the Borough- Update • Safeguarding Children - LSCB Annual Report and Plans
25 January 18	<ul style="list-style-type: none"> • Ofsted - Annual Report • Liaison with Gateshead Youth Assembly • CAMHS Update • Modern Slavery Update
1 March 18	<ul style="list-style-type: none"> • Annual Conversation with Head Teachers of Special Schools • Update on Healthy Schools Programme

	<ul style="list-style-type: none"> • Recruitment and Retention of Social Workers - Progress Update
19 April 18 (5.30pm meeting)	<ul style="list-style-type: none"> • Monitoring - OSC Review of Oral Health • Closing the Gap - Annual Report 2017/18 • NEET Care Leavers - Progress Update • OSC Work Programme Review

Issues to slot in

- Early Help Strategy /Outcomes Framework/Model
- Progress Update -How Adult and Children's Services are working Together (PROVISIONALLY November 2017)

Care, Health and Wellbeing OSC

Review Topic- Work to address harms caused by Tobacco**Links to****Vision 2030****Council Plan 2015-20****Director of Public Health Annual Report 2015-16**

Case Study 1 – Health and Social Care System Wide Work Force Issues (to cover an overview of the current workforce position in Gateshead across the health and social care sector, along with details of system wide actions being undertaken to address the issues and an outline of the areas of risk / mitigation)

Links to**Vision 2030****Council Plan 2015-20****Case Study 2 - Hospital Admissions arising from Alcohol related Harm****Links to****Vision 2030****Council Plan 2015-20**

Performance Issue – Target LW13 – Rate in Gateshead significantly higher than NE average and the England rate and provisional data indicates a rise in 2015-16 from 2014-15.

Partner Feedback**NHS Newcastle Gateshead CCG**

The focus on alcohol, smoking and workforce is welcome, all of which are a huge area of concern for us all and we look forward supporting these areas with our local authority partners.

Tyne and Wear Fire Service

The Service is fully supportive of the emerging themes and priority issues identified and is able to provide information / evidence on the following areas:-

- What the Service can do to help “address harms caused by tobacco” and reduce “ hospital admissions arising from alcohol related harm”.
- How the Fire Service can become a ” health asset” as the Service is planning on developing its risk assessments to incorporate a total “ health and wellbeing assessment”

Corporate Resources OSC

It is proposed that this OSC focus on two Case Studies within its 2017-18 work programme as follows:-

Case Study 1 – Procurement of Goods and Services from Local Suppliers (to focus on how the Council procures locally)

Links to:-**Vision 2030****Council Plan 2015-20**

Case Study 2 – Impact of Welfare Reform (in light of ongoing implementation of reforms and roll out of key areas such as Universal Credits)

Links to:-

Vision 2030

Council Plan 2015-20

Partner Feedback

NHS Newcastle Gateshead CCG

We support the OSC scrutinising the impact of Welfare Reform as this is an area which will / is having an impact on healthcare and its delivery.

DWP/ Job Centre Plus

Support the focus on the themes identified. May be able to contribute to the case study on welfare reform and would be pleased to be contacted to see if they can support this work.

CVS Newcastle

Overall the work programmes for the OSCs look comprehensive. On a specific note the issue of welfare reform is having a huge impact on the voluntary and community sector and the people that they support. They held an Open Forum last week on the issue with an excellent presentation from Alison Dunn, Citizens Advice. They could provide notes and information from this event to support consideration of this issue.

Economy, Environment and Culture Board

Supportive of the OSC scrutinising the impact of Welfare Reform.

Families OSC

Review Topic – Children on the Edge of Care (to focus on the needs of this group (toxic trio);evidence of the impact of neglect on life chances ;what the council and partners are currently doing; what the gaps are; what we need / are planning to do.)

Links to:-

Vision 2030

Council Plan 2015-20

Case Study 1 - Best Start in Life Outcome of Pilot Self -Assessment

Links to:-

Vision 2030

Council Plan 2015-20

Case Study 2– Early Help Strategy / Outcomes Framework / Performance Indicators

Links to:-

Vision 2030

Council Plan 2015-20

Communities and Place OSC

Review Topic – The Council and Partner’s Approach to Roads and Highways – to include:-

- road safety / road traffic accidents
- road and pavement repairs / funding
- bus lanes
- traffic congestion

(to focus on current position / challenges/ areas for future action)

Links to

Vision 2030

Council Plan 2015 – 20

Referral from Council – 22 Sept 2017 – Council asked Communities and Place as part of its work programme to review the work of all relevant agencies holding road safety responsibilities due to recent loss of life in road traffic accidents in Gateshead.

No Case study this year – Replaced with four progress update reports on:-

- Development and Extension of the Quality Bus Partnership
- Environmental Enforcement
- Future Direction of Leisure Services
- Housing Growth

Community Safety Sub OSC

Case Study – Impact of Alcohol on Community Safety

Links to:-

Vision 2030

Council Plan 2015-20

Partner Feedback

NHS Newcastle Gateshead CCG

The CCG is pleased to see the impact of alcohol in the community safety OSC work programme as this allows consideration of the influence of alcohol on the wider determinants of health.

Tyne and Wear Fire Service

The Service is fully supportive of the emerging themes and priority issues identified and is able to provide information / evidence on the following areas:-

- How the Fire Service can become a " health asset" as the Service is planning on developing its risk assessments to incorporate a total " health and wellbeing assessment"
- The Service is also heavily involved in tackling Anti-Social Behaviour (ASB). A good example is a project called the Phoenix Project which is a bespoke course which has been reintroduced within Gateshead to tackle specific ASB problems.

The Service would like the OSC to consider including scrutiny of "deliberate fires" as a priority issue for its work programme going forwards.

Corporate Parenting Sub OSC

Case Study – Performance / Planning / Safeguarding of Care Leavers

Links to:-

Vision 2030

Council Plan 2015-20

LSCB Annual Report and Plans