

FAMILIES OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Thursday, 7 September 2017 at 1.30 pm in the Bridges Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for absence
2	Minutes of last meeting (Pages 3 - 8) The Committee is asked to approve as a correct record the minutes of the last meeting held on 18 July 2017
3	Monitoring Report - Review of Oral Health (Pages 9 - 18) Report of Director of Public Health, Care Wellbeing and Learning
4	SEND Inspection Outcomes (Pages 19 - 28) Report of Strategic Director, Care Wellbeing and Learning
5	Ofsted Inspections/School Data - Progress Update (Pages 29 - 32) Report to Strategic Director, Care Wellbeing and Learning
6	Work Programme (Pages 33 - 36) Joint Report of the Chief Executive and Strategic Director, Corporate Services and Governance

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EMAIL: rosalynpatterson@gateshead.gov.uk, Date: Wednesday, 30 August 2017

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GATESHEAD METROPOLITAN BOROUGH COUNCIL FAMILIES OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 18 July 2017

PRESENT: Councillor B Oliphant (Chair)

Councillor(s): M Hall, L Caffrey, S Craig, L Kirton,
S Ronchetti, D Bradford and P Craig

CO-OPTED MEMBERS Maveen Pereira

F8 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Clelland, Cllr Mullen, Cllr McCartney, Cllr Adams, Cllr Thompson and co-opted members Jill Steer and Sasha Ban.

F9 MINUTES OF LAST MEETING

The minutes of the meeting held on 15 June 2017 were agreed as a correct record.

F10 CAMHS - PROGRESS UPDATE

Committee received a presentation which provided an update on the review of Children and Adolescent Mental Health Services (CAMHS) across Gateshead and Newcastle.

Newcastle Gateshead CCG, along with both Councils, began a review in 2015 into children and young people's mental health provision. The aim of the review is to design an integrated, early response to the emotional and psychological needs of children, young people and families. Throughout the review process communities, service users and stakeholders were engaged. It was noted that the new model is a move towards a single point of access, to ensure all services are joined up.

In terms of progress so far it was reported that strategic planning and engagement work was completed in December 2016. The procurement of services process is ongoing until August and service monitoring and evaluation will be undertaken from September 2017.

The goals of the new service were outlined as;

- Collaboration between all providers
- Shift focus of service delivery to first line early intervention
- Reduce inappropriate referrals to specialist services
- Implement workforce development to ensure good succession planning and therefore sustainability of the service

- Delivery within the current financial envelope

It was reported that the new service will be focused on prevention and early intervention, it will respond to the needs of children and young people and will have clear routes to the right support. The service will be recovery focused, with a shared care approach, so no bounce between services for patients, and will allow for ease of access and choice. It was also confirmed that the new service will provide appropriate escalation when necessary and has integrated working at its heart.

It was reported that the new service will have a clear single point of access for all referrers. There will be a move away from the tiered structure which is currently in place, the service will use more easily understandable language.

In terms of the next steps it was noted that a workshop has been held with two providers at which it was agreed that weekly meetings would be held until September to agree how the service will be delivered. Implementation of the new service will be a phased approach, phase one; implementation of service specification is ongoing. Phase two from September will be pathways development and evaluation of new service and December will see the formal launch of the new provision. It was acknowledged that there are financial challenges in terms of the implementation phase.

The point was made that there are currently young people failing to get care due to issues with GP access to services and length of waiting lists and it was therefore queried what is being done to tackle this. It was confirmed that listening events have been held and issues identified by service users are hoped to be avoided under the new service provision. It was acknowledged that waiting times will be based on the clinical need of the child. It was questioned whether families can go out of the area to access services, it was confirmed that this would only be if the required support was not available in Gateshead.

It was questioned whether there would be a period with which to defer full discharge in cases where a child may need re-referring. It was agreed that this information would be sought and Committee informed.

It was pointed out that work is ongoing to become more responsive to special classes of children and young people, such as; LAC, children subject to child protection orders or victims of CSE and youth offenders. It was also noted that previously patient flow between services has not been effective and the new model is aimed at preventing this in the future.

It was questioned how the service will be scrutinised by the Council. It was noted that the Council does not directly commission the CAMHS service, however the 0-19 nursing service supports children and families to prevent them requiring medical services and this will be scrutinised through the Council's OSC process.

A further update is scheduled for Committee in January 2018.

RESOLVED - (i) That the content of the report and comments of the Committee be noted.

- (ii) That an update on the development of a new Children and Adolescent Mental Health Service across Gateshead be received in six months.

F11 OSC REVIEW - CHILDREN ON EDGE OF CARE - SCOPING REPORT

Committee received a report outlining the scope of the review into the support to young people and families with complex needs on the edge of care.

It was reported that the council is working on changing service delivery in order to meet the changing demands for adolescent young people on the edge of care. There is a high level of adolescents on the edge of the care system, with this age group making up 45% of children in need, 23% of children on a child protection plan and 24% of Serious Case Reviews. It was noted that in Gateshead there is a peak in the number of teens in terms of crisis intervention.

It was noted that there are challenges with the adolescent cohort due to the diverse complexity of need within this group. In terms of the national picture, 64% of adolescents face challenges with their mental and emotional health. In addition 3,000 young people per year who enter the care system are looked after for less than eight weeks, it was acknowledged that this turnover is something that needs to be avoided in the future.

The scope of the review was outlined, it was proposed to focus on; key ingredients to successful approaches to support young people and families with complex needs on the edge of care, strengthen service delivery to better meet the needs of local families with multiple needs at risk of becoming looked after. The review will also look at safely reducing the numbers of children coming into care and service design that will support young people on the edge of care.

It was suggested that there should also be a focus on how these children access the mental health system. It was acknowledged that currently plans are tailored around the specific young person, for example that could include treatment services or parental techniques. Outcomes are measured through Strength and Difficulties Questionnaire (SDQ) with the young person which aims to establish if they see improvement.

It was questioned how young people on the edge of care are identified. It was confirmed that professionals are involved in complex families and they are looked at in terms of if they reach the threshold for assessment and if not professionals would look at the lower level need.

RESOLVED - That Committee agreed the scope, process and timescale for the review, as set out in the report.

F12 UPDATE ON FEMALE GENITAL MUTILATION (FGM) AND CHILD SEXUAL EXPLOITATION (CSE)

Following a request at its previous meeting the Committee received a briefing report on the numbers of Female Genital Mutilation (FGM) and Child Sexual Exploitation (CSE) cases in Gateshead.

It was reported that the latest data available relates to 2015/16. In terms of FGM the majority of cases seen in the Newcastle Gateshead CCG area are in adults, from historical procedures carried out, mostly in Northern Africa between the ages of five and nine. Newcastle Gateshead CCG contributes to almost all of the FGM recorded in Cumbria and the North East (the majority in Newcastle).

In relation to CSE, Committee was advised that the Missing Sexually Exploited and Trafficked (MSET) sub group has oversight of cases where there are concerns about sexual exploitation. In 2016/17 47 young people were discussed at MSET, this is an 8.5% increase from the previous year. Work has been undertaken in schools through drama to raise awareness of CSE. In addition joint work has been delivered to ensure all taxi drivers licensed by Gateshead Council are aware of the signs of CSE and how to respond.

RESOLVED - That Committee noted the information provided in the report.

F13 ANNUAL REPORT ON COMPLAINTS AND REPRESENTATIONS - CHILDREN

Committee received the annual report on Children's Services complaints and representations during 2016-2017.

It was reported that the two key themes of complaints were the same as the previous year, around quality of service and staff conduct. During 2016/17, 13 complaints (41%) regarding members of staff were received. Any complaints regarding staff conduct and behaviour are responded to formally, working closely with management.

Committee was advised that there have been a number of low level issues, however frontline staff are experienced at resolving them before they escalate to formal complaints.

It was noted that there was a 14% decrease in formal complaints received compared to the previous year. Although, to date there has been no benchmarking across the region so it is not clear how Gateshead compares, it was agreed this information would be provided to Committee once received. During the year there was one stage two complaint, this is a decrease of 80% on the previous year. There were four Independent Review Panels held during the year, however they were a direct progression of the Stage 2 investigations carried out the previous year.

Five queries were received from young people and LAC through the MOMO (Mind of My Own) app, one was upheld, one resolved and one partially upheld.

It was reported that over the year, 44% of complaints were not upheld, which is a 17% increase on the previous year. 50% of all complaints were partially upheld. The majority of complaints were not resolved within timescale and the Service is considering how they can improve performance in this area.

Service improvements from complaints were outlined in the report, with the main focus of improvement being on better communication. There has been learning around communication in relation to Section 20 orders as complaints were received that this information was unclear and many service users found it difficult to listen when they were at crisis point. Following this, leaflets have been developed so that parents and Section 20 accommodators can be better informed.

It was confirmed that overall there has been a decrease in complaints and an increase in the number of compliments received.

- RESOLVED -
- (i) That the Committee noted the annual report.
 - (ii) That the Committee was satisfied with the performance of Care, Wellbeing and Learning in responding to complaints and ensuring that this results in continuous service improvement.

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TITLE OF REPORT: Review of Children's Oral Health in Gateshead
- Six month update September 2017

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 carried out a review of children's oral health in Gateshead. The review was carried out over a six month period and the final report and recommendations were presented to the Committee in April 2017. The final report was also presented to Cabinet on 23 May 2017 by Councillor Oliphant.

Update on recommendations

1. The final report set out four recommendations which were agreed by the Committee. Progress to date against some of the recommendations has been limited due to a number of reasons including the 0 to 19 procurement work that has been ongoing since May 2017. The following paragraphs outline progress to date against each recommendation.

Recommendation 1 – 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):

2. There has been limited progress against recommendation 1 to date due to the development of the specification for the 0 to 19 public health nursing service procurement (health visiting, school nursing and family nurse), which has

included consultation with various committees and stakeholders. However following initial discussions with NHS commissioners oral health promotion has now been included in the 0-19 specification (see paragraph 4 for full details).

3. The Gateshead dental health profile in relation to the National Epidemiology Programme Survey (school dental survey of 5 year olds) which took place in 2015 has just recently been published in July 2017 (see appendix 1). In summary:
 - a. Gateshead has levels of decay that are lower than the average for England;
 - b. The higher levels of decay are concentrated in the South and Centre cluster;
 - c. The prevalence of decay that is related to longer term bottle use is lower than the national level.

Further work will take place with NHS commissioners over the next six months to examine the findings from the 2015 survey and identify how we can work together to address inequalities, particularly in relation to higher levels of decay in the South and Centre cluster.

4. The most recent National Dental Epidemiology Programme Survey was completed at the end of July 2017. Details of the findings from this survey will not be available until summer 2018. As this is a national survey the results for the whole of England will need to be collated.

Recommendation 2 – 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:

5. Oral health promotion work has been embedded in the new specification for the 0 to 19 service public health nursing service and the following are key requirements:
 - a. All staff within the 0 to 19 service promote good oral health and access relevant training that is regularly updated;
 - b. All staff know the evidence based advice and treatment that should be given to improve oral health;
 - c. Staff understand how to help people change behaviour;
 - d. A Making Every Contact Count approach is adopted which focuses on staff working with the public giving appropriate and timely advice on health and wellbeing;
 - e. Service Users are encouraged by their Health Visitor or Family Nurse to take their child's personal child health record to their first 3 dental appointments to obtain completion of the dental visits record by the dental practice

6. In addition the new specification details the key resources that the Provider should use in relation to oral health promotion to ensure good practice and deliver key oral health messages across the life-course. However it should be noted that the new contract will not commence until 1 July 2018.
7. Although oral health promotion work has been embedded in the new specification further work will need to be carried out with NHS England over the next six months to ensure that all commissioners are clear as to the role and remit of the 0 to 19 Public Health Nursing Services in relation to this area of work.

Recommendation 3 – Embed oral health promotion across the early help strategy to ensure a life course approach to oral health improvement:

8. The restructure within early help services and the continued development of the early help strategy has been taking place over the past six months. The strategy has a number of key outcomes one of which is “ensure a strong focus on prevention, health promotion including emotional health and dental health, early identification of needs and clear packages of support”.
9. As the new early help structure is still in the process of being implemented the public health team will work with the Service Director over the next six months to look at how we can ensure that a life course approach is taken in relation to oral health promotion. We will need to equip early help staff with oral health promotion knowledge to enable them to have conversations with families, children and young people and promote attendance at dentists. The emphasis will be on the Making Every Contact Count approach to ensure staff are able to use any contact with families to facilitate discussions about children and young people’s oral health.

Recommendation 4 – Ensure Making Every Contact Count approach incorporates Change 4 Life programme (e.g. sugar smart, food smart):

10. The public health team has recently appointed a number of MECC posts and a public health resource and information assistant who will work together to ensure that they incorporate appropriate Change 4 Life programme materials as part of the MECC training programme. In addition the resource assistant will promote the use of Change 4 Life apps and resources with partners and services and can support anyone who needs help in accessing the apps and resources.

Next steps

1. The committee is asked to note and comment on the update of the oral health review 6 monthly update.
2. The committee is asked to receive a further update in six months time when the recommendations will have been progressed further.

Contact: **Alice Wiseman** Ext **2777**



Public Health England

Gateshead

Published July 2017

Dental health profile

Dental health of five-year-old children

This report provides detail about the oral health of five-year-old children in the area covered by Gateshead local authority. The full results of the 2015 National Dental Epidemiology Programme survey of five-year-old children are available at: www.nwph.net/dentalhealth

The level of dental decay in five-year-old children is a useful indicator of the success of a range of programmes and services that aim to improve the general health and wellbeing of young children. In the public health outcomes framework¹ one of the indicators is the proportion of children aged five-years free from dental decay.

In the 2015 National Dental Epidemiology Programme survey, 292 children were sampled in Gateshead of whom 175 (61.3%) parental consent was provided to take part in the survey and were clinically examined at school by trained and calibrated examiners, who used the national standard method².

Figure 1: The average number of decayed, extracted or filled teeth (d_3mft) and the proportion of children affected by dental decay ($\% d_3mft > 0$) among five-year-old children in Gateshead compared with England and local authorities in the North East region.

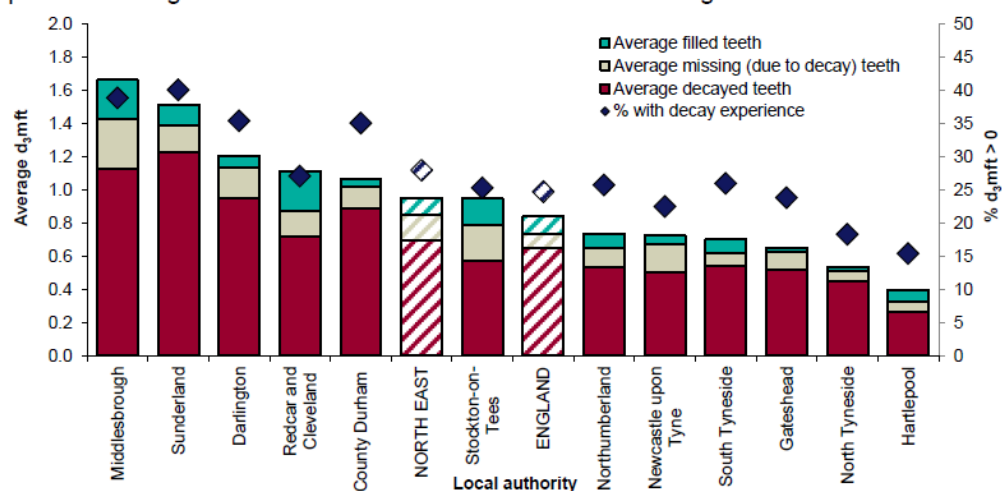


Table 1: The average number of decayed, missing (due to decay) or filled teeth (d₃mft), the proportion of children affected by dental decay along with the average d₃mft in those children with decay experience in Gateshead compared with England and local authorities in the North East region.

Local authority	Average d ₃ mft	% with decay experience	Average d ₃ mft in those with decay experience
Middlesbrough	1.7	38.8	4.3
Sunderland	1.5	40.1	3.8
Darlington	1.2	35.4	3.4
Redcar and Cleveland	1.1	27.1	4.1
County Durham	1.1	35.1	3.0
NORTH EAST	1.0	28.0	3.4
Stockton-on-Tees	0.9	25.3	3.7
ENGLAND	0.8	24.7	3.4
Northumberland	0.7	25.7	2.9
Newcastle upon Tyne	0.7	22.5	3.2
South Tyneside	0.7	26.0	2.7
Gateshead	0.7	23.8	2.7
North Tyneside	0.5	18.3	2.9
Hartlepool	0.4	15.4	2.6

Table 2: A range of measures of oral health among five-year-olds in Gateshead local authority compared with their statistical neighbours,ⁱ England and the North East.

	Gateshead local authority	Statistical neighbour within North East: Sunderland local authority	Statistical neighbour comparator 1: Sunderland local authority	North East	England
Average d ₃ mft	0.7	1.5	1.5	1.0	0.8
% without decay experience	76.2%	59.9%	59.9%	72.0%	75.2%
% with decay experience	23.8%	40.1%	40.1%	28.0%	24.7%
Average d ₃ mft in those with decay experience	2.7	3.8	3.8	3.4	3.4
% with active decay	22.5%	34.9%	34.9%	24.3%	21.5%
% with experience of extraction ⁱⁱ	1.4%	4.8%	4.8%	3.7%	2.5%
% with dental abscess	0.0%	8.3%	8.3%	2.2%	1.4%
% with teeth decayed into pulp	3.3%	7.9%	7.9%	5.3%	3.6%
% with decay affecting incisors ⁱⁱⁱ	3.3%	11.5%	11.5%	6.2%	5.6%
% with high levels of plaque present on upper front teeth ^{iv}	0.4%	6.5%	6.5%	3.4%	1.7%

ⁱ generated by the Children's services statistical neighbour benchmarking tool, within the North East the comparator is "Extremely Close" and comparator 1 is "Extremely Close"³.

ⁱⁱ experience of extraction of one or more teeth on one or more occasions. The majority of children attending hospital for extractions have general anaesthetics for these procedures.

ⁱⁱⁱ decay involving one or more surfaces of upper anterior teeth. This pattern of decay is often linked with long term use of a feeding bottle with sugar-containing drinks.

^{iv} indicative of a non-brusher.

Figure 2: Prevalence of decay by Index of Multiple Deprivation 2015 quintiles for Gateshead local authority (including 95% confidence limits shown as black bars).

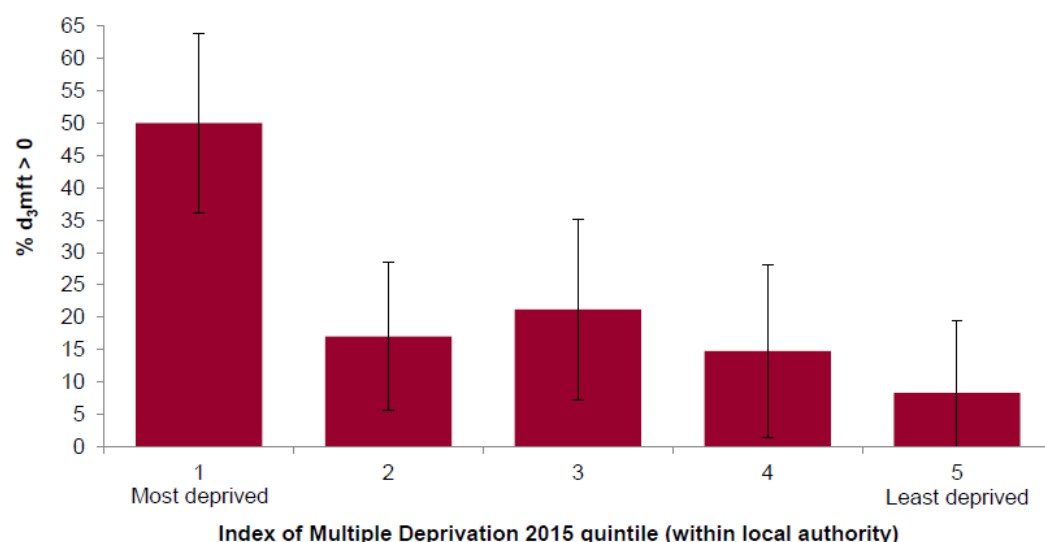


Table 3: Decay severity and prevalence by clusters in Gateshead local authority.

Cluster	Average d ₃ mft	% with decay experience	Average d ₃ mft in those with decay experience
Central	1.0	36.1	2.8
East	0.6	18.4	3.3
Inner West	0.5	16.0	3.0
South	1.2	39.1	3.1
West	0.5	21.6	2.2

Summary

In summary, Gateshead local authority has levels of decay that are lower than the average for England. The higher levels of decay experience are concentrated in the South and Central clusters. This indicates that efforts to improve oral health and reduce inequalities should be targeted at these areas.

The prevalence of decay that is related to long term bottle use is lower than the national level.

If further local analysis is required, contact your local PHE Dental Epidemiology Coordinator:
Kamini Shah, kamini.shah@phe.gov.uk

The small sample sizes in some areas mean it is not possible to provide information at ward level. Future surveys can be commissioned to provide samples large enough to facilitate local analysis.

In 2016 PHE published 'Commissioning High Quality Information to Support Oral Health Improvement: A toolkit about dental epidemiology for local authorities, commissioners and partners' to support commissioning of oral health surveys⁴.

References

1. Public Health England (2014). Public Health Outcomes Framework [Online]. Available at: www.gov.uk/government/collections/public-health-outcomes-framework [Accessed 11 August 2016].
2. Pine, C.M., Pitts, N.B. and Nugent, Z.J. (1997a). British Association for the Study of Community Dentistry (BASCD) guidance on the statistical aspects of training and calibration of examiners for surveys of child dental health. A BASCD co-ordinated dental epidemiology programme quality standard. Community Dental Health 14 (Supplement 1):18-29.
3. Children's services statistical neighbour benchmarking tool [online]. Available at: www.gov.uk/government/publications/local-authority-interactive-tool-lait [Accessed 15 February 2017].
4. Public Health England (2016). Commissioning high quality information to support oral health improvement. A toolkit about dental epidemiology for local authorities, commissioners and partners [Online]. Available at: www.nwph.net/dentalhealth/2016DentalEpidemiologytoolkit/Commissioning%20High%20Quality%20Information%20to%20Support%20Oral%20Health%20Improvement.pdf

More information is available at www.nwph.net/dentalhealth
Please send any enquiries to DentalPHIntelligence@phe.gov.uk

PHE publications gateway number: 2016680

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TITLE OF REPORT: Joint local area SEND Inspection in Gateshead

REPORT OF: Strategic Director, Care, Wellbeing and Learning

Summary

The purpose of this report is to provide information to the Families OSC on the outcome of the joint local area SEND inspection in Gateshead.

Background

Between 6 February and 10 February 2017, Ofsted and the Care Quality Commission conducted a joint inspection of the local area of Gateshead to judge its effectiveness in implementing the special educational needs and disability reforms as set out in the Children Act 2014. This is a new inspection framework which came into force in April 2016 will inspect all local areas over a five year period.

The inspection programme began in June 2016 and focusses on 3 key questions:

- a) How well does the local area identify children and young people who have special educational needs and disabilities?
- b) How well does the local area assess and meet needs of children and young people who have special educational needs and disabilities?
- c) How well does the local area improve outcomes for children and young people who have special educational needs and disabilities?

The inspection leads to a published outcome letter that:

1. provides children and young people, parents, elected council members, local providers and those who lead and manage the delivery of services at local level with an assessment of how well the local area is meeting the needs of children and young people with special educational needs and/or disabilities, and how well service providers work together to deliver positive outcomes
2. provides information for the Secretary of State for Education about how well the local area is performing its role in line with its statutory responsibilities and the Code of Practice

3. promotes improvement in the local area, its education, health and social care provision where relevant, requires the local area to consider the actions that it should take in light of the report and prepare a written statement that sets out those actions and the timetable for them. There have been 30 SEND Inspection outcome letters published, 8 of which have required areas to produce a written statement.

Conclusion

The findings of Inspectors from both Ofsted and the CQC were published on 16 June 2017. Inspectors from both Ofsted and the CQC spoke to children and young people and parents and carers as well as professionals in education, health and social care. They found that there is a strong commitment in Gateshead to making sure children and young people with and special educational needs and disabilities are safe; that all agencies worked well together to meet the needs of children with SEND; that Gateshead's multi agency early years work meant that babies and children with complex needs and disabilities were identified early and received support quickly and that parents and carers were positive about the support their children received.

Inspectors also identified a number of other strengths in the local area's work with children and young people including; good support for children with visual and hearing impairments; services offering support being clear, easy to follow and successfully signposting families to other sources of help and information and that concerns about children's delays in development and progress were quickly identified.

It was also noted that children's special educational needs and disabilities were not seen as a barrier to achievement in Gateshead and that leaders took prompt action when they were concerned about children's lack of progress.

Some areas for further development were suggested by the CQC and Ofsted, but Gateshead is not required to submit a written 'statement of action' because the inspection did not raise any significant concerns.

However, key areas for future development that Gateshead ' local area is already working on include; a stronger focus on early help so that children and young people receive the support they need to prevent the need for more specialist help, such as support with mental health and emotional and behavioural issues; working with health services to improve processes, so that children receive the kind of support they need as quickly as possible and more travel training for young people with SEND, to help develop their independence and life chances.

Recommendations

Members of Families OSC are asked to note and discuss the content of the report.

Contact: Deborah Mason	Extension: 3575
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13 April 2017

Ms Sheila Lock
Interim Strategic Director, Care Wellbeing and Learning
Gateshead Metropolitan Borough Council
Civic Centre
Regent Street
Gateshead
NE8 1HH

Ms Maggie Lilburn, NHS Newcastle Gateshead Clinical Commissioning Group

Deborah Mason, Local area nominated officer

Dear Ms Lock

Joint local area SEND inspection in Gateshead

Between 6 February 2017 to 10 February 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Gateshead to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a children's services inspector from the Care Quality Commission (CQC).

Inspectors spoke with children and young people who have disabilities and/or special educational needs, parents and carers, local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

This letter outlines our findings from the inspection, including some areas of strength and areas for further improvement.

Main findings

- Senior leaders have a strong commitment to implementing the reforms and ensuring that children and young people who have special educational needs and/or disabilities are safe and achieve the best outcomes.

- The close working partnerships between health, social care and education services are developing into a well-integrated multi-agency approach to meeting the needs of children and young people who have special educational needs and/or disabilities and their families.
- The local area has successfully worked to increase the involvement of children and young people and to give them the support they need to have a stronger and more influential voice. The active young people's forum is a valuable source of information about the difficulties that young people face in Gateshead.
- Multi-agency work is well developed and effective for babies and children aged 0 to 4 years old, for children and young people with complex needs and disabilities, and for children in the care of the local authority.
- There is good evidence of services being jointly commissioned at the outset of the reforms. However, leaders did not take enough account of children and young people's needs, nor did they consider how these services would work in an integrated way. Since 2016, leaders have taken a strategic and coordinated approach to jointly commissioning the services that children, young people and families need.
- Leaders have gathered accurate information about the level of need in the local area. They are starting to use this information to inform future plans and to anticipate where needs may arise in future. The local area's self-evaluation is honest and accurate.
- Processes are in place to gather information for education, health and care plans. Occasionally, however, opportunities for some key staff, such as school nurses and providers in nursery settings, to provide important information and observations about children are missed. Plans are not always written with parents and carers in mind and some contain too much jargon.
- The information, advice and support provided by Parents in Power and Barnardo's are a valuable resource for those seeking additional help and guidance. Parents and carers who know of, and have used, the Autism Information Hub are very satisfied with the support they receive.
- Parents and carers are positive about the work taking place to support their children while at school and at times of transition from nursery to primary and on to secondary school and college. Sometimes vital equipment does not transfer with a young person, especially when they are moving on to further education, and their swift start to learning is delayed.
- The local offer is clear, easy to follow and signposts families to other sources of help and information. However, many families have limited knowledge of the local offer, as do some school staff. There is much work to do to ensure that families know where to get help and how to access the support that they need.

The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities

Strengths

- Families and new-born babies benefit from the consistent approach to early screening and development checks by midwives and health visitors. These promote good early identification of the needs of babies and young children. There are clear systems in place for health professionals to refer children for further assessments. As a result, children's special educational needs and/or disabilities are identified quickly and accurately. This leads to early engagement with health professionals.
- The pre-school health and care panel acts as a single point of reference for early concerns and, if appropriate, will recommend children for assessment for an education, health and care plan (EHC plan). Children who are not meeting developmental milestones are referred to services, assessed quickly and receive timely support from the most appropriate service to meet their needs.
- There is good delivery of the healthy child programme by health visitors, including a pre-school check at age four, leading up to children entering school. For toddlers aged two and a half years old, an integrated review is in place. This enables appropriate intervention and support for children and their families where the child is making less than expected progress. Children who have sleep problems are well supported by services.
- Children who have hearing impairments and those who have visual impairments are effectively supported by specialist teams who provide very early identification and continuing support and assessment from birth to adulthood.
- Assessments and checks on children and young people, together with early discussions between teachers and parents, mean that concerns about delays in children's development and progress are identified quickly by education providers.
- Completion rates of EHC plans are high and all transfers are completed within timescales. Parents and carers are involved in the production of their children's plans. Some children and young people told inspectors that they have been involved too.
- A positive aspect of the local area's work is the multi-agency support provided for children and young people with complex needs and disabilities and their families. The team around the family (TAF) approach involves identifying individual needs at an early stage in a child's life, with all the relevant agencies involved in assessing the needs of the child and producing a plan of support which is regularly reviewed. Around 20% of all children and young people who have special educational needs and/or disabilities are supported by such teams.
- Services such as speech and language therapy, occupational therapy and physiotherapy work effectively and collaboratively in assessing children and

young people with additional needs. Assessments are detailed and include ideas and suggestions for ways of working with children, particularly in schools. Inspectors saw good evidence of therapists working together to achieve the best possible outcomes for children.

Areas for development

- The identification of new and emerging needs, particularly of school-age children and young people with social, emotional and mental health needs, is not focused strongly enough on early help to prevention.
- Information-gathering in education, health and care planning processes is occasionally fragmented in health services. Some staff are asked about their involvement with and knowledge of a child, whereas others, for example school nurses and providers in nursery settings, are not. This limits the quality of health advice and information in some EHC plans.
- Outdated practice in some primary and secondary schools means that a few parents and carers are not always informed, in ways they understand, about why additional support is being provided for their child. This shows a collective lack of understanding about the principle of co-production.
- Although the local area is completing EHC plans within the required timescale, the quality of some plans could be improved. A lack of clarity in actions and outcomes was noted in some plans. This means that plans are not as useful as they could be in precisely identifying the difference that support is intended to make to children and young people's education and health outcomes.

The effectiveness of the local area in meeting the needs of children and young people who have special educational needs and/or disabilities

Strengths

- Most parents are very satisfied that their children's needs are clearly recognised in their plans and with the implementation of plans. Parents and carers have regular meetings and discussions with teachers, care and health professionals to review the impact of the work being done to meet their child's needs. Some parents said they had an active choice in the provision that their child currently attends, especially those who wanted their child to benefit from inclusion in mainstream schools.
- Children and young people who met with inspectors in schools and colleges were generally happy with the support they receive. They were positive about their learning and explained the difference the support had made to them.
- Good arrangements are in place to support children who have special educational needs and/or disabilities to make the transition to the next phase of education and into college. For example, at the earliest stage, when children transfer from nursery settings into school, teachers from the receiving school visit the nursery to observe them and seek information from nursery

staff to help the smooth transition of children into a new setting. Where possible, nursery staff accompany children to their new school to support their transition. A standard early years transfer document is used as part of the process. This helps children to settle quickly and ensures good information-sharing.

- Coordination between education and social care agencies working with children and young people who are in the care of the local authority is effective. Children who have special educational needs and/or disabilities and who require emergency placements are very well supported by social care services.
- Children and young people who have special educational needs and/or disabilities who are educated out of borough receive good support from the local area. Local area leaders ensure, through attendance at annual reviews and frequent visits, that children and young people are making progress. Short breaks are well aligned to individual pupils' needs and plans.
- A very small number of children and young people who have special educational needs and/or disabilities are electively educated at home. Access to further advice, support and procedures for requesting assessments are clear.
- Families who use the local area's special educational needs and disabilities information, advice and support service (SENDIASS), provided by Barnardo's in Gateshead, and the parent and carer partnership, known as 'Parents in Power', feel well supported. The number of parents and carers who self-refer to these services is increasing as a result of their effective support.
- Leaders in Gateshead have actively encouraged and developed the voice and influence of children and young people who have special educational needs and/or disabilities. Children and young people who attend the Young People's Forum, for example, are well informed, confident and articulate in giving their views. Their cogent arguments helped to avert a reduction in overnight short-breaks and residential stays at Grove House. Local area leaders are starting to canvass the opinion of children and young people who have used child and adolescent mental health services (CAMHS) in order to remodel the way services are delivered.

Areas for development

- The language used in children and young people's EHC plans is not always clear to them or their parents and carers. Not enough care is taken to write plans clearly and to avoid using specialist clinical terms.
- The local offer is detailed and meets requirements but a lot of families and professionals do not use it. Often, parents and carers access information and advice by other means. For example, in one nursery it was recognised that not all parents had internet access and information was printed in order that

they could benefit from the detailed information it contains. Local area leaders need to do more to make sure that the local offer is widely understood and used.

- The use of interpreting services is inconsistent because the responsibility for funding them is unclear in Gateshead. Good interpreting services are important in ensuring the effective engagement of children, young people, parents and carers.
- At points of transition, equipment does not always transfer with children and young people when they leave or move to another school, academy or college. This means that there is a risk that children and young people will be left without the vital equipment they need.
- The local area commissions a speech and language therapy service to provide support for children and young people aged 0 to 18 and up to 19 years of age if the young person remains in education. For young people over 18, there are gaps in this provision and the quality of the service is variable.

The effectiveness of the local area in improving outcomes for children and young people who have special educational needs and/or disabilities

Strengths

- An improving trend in educational outcomes and progress is evident in Gateshead since the special educational needs reforms were introduced. Upward trends are stronger in the early years and primary phases than in secondary and post-16.
- Most children in the early years are making a positive start to their education as a result of effective joint work and timely support from education, health and care services.
- Between key stages 1 and 2, in 2016, pupils who received support for their special educational needs made progress in reading, writing and mathematics that is comparable with, and sometimes better than, the progress made by other children nationally with similar starting points.
- Leaders believe that children and young people's special educational needs and/or disabilities are not a barrier to their achievement. They monitor the gaps between the progress that children and young people who have special educational needs and/or disabilities make compared to their peers in every provision in Gateshead and wherever children and young people are placed. Leaders delve deeper and take prompt action when they are concerned about rates of progress. Plans to secure improvement in outcomes for children and young people who have special educational needs and/or disabilities are monitored effectively by local area leaders.
- Participation rates of post-16 and post-19-year-olds who have a statement of special needs or an EHC plan in education and training are improving as a

result of more effective and coherent work to identify the barriers they experience.

- The extension of services and support beyond ages 16 and 18 is embedded and all young people have a place on a suitable course or a suitable placement. Well-coordinated, personalised learning programmes are developing in all post-16 providers in response to structured work by the local area. As a result, the range and quality of courses is improving.
- Increasing numbers of young people who have special educational needs and/or disabilities are successful in gaining the qualifications they need to move onto the next phase of education, training and employment. From a low baseline, the number of supported internships, apprenticeships and work placements is increasing. This is helping young people to enter employment with the skills and confidence they need.
- Support to prepare young people who have special educational needs and/or disabilities for adulthood is effective. Increasing numbers of young adults with learning disabilities have more choice and the opportunity to make decisions about where they live and who they live with. This is as a result of a wider range of schemes, including supported independent living, home ownership and shared tenancies in Gateshead.
- There are clear transition pathways within health services for young people at the age of 18 who have psychoses or learning disabilities. This enables young people to have continued access to services that support their identified and assessed mental health needs.
- Local area leaders have appointed a designated clinical officer (DCO) to support the clinical commissioning group (CCG) in meeting their special educational needs responsibilities. The DCO has a background relevant to the responsibilities of the post and is extremely knowledgeable about special educational needs and the work of all agencies.
- Accessible, high-quality information, produced by the CCG, is helping parents know when to seek advice and prevent children being taken to hospital or to the doctor unnecessarily.

Areas for development

- While pupils who have EHC plans make increasingly strong progress in their communication, reading and mathematics skills, their progress is slower in secondary schools than it is in primary schools.
- Young people in secondary schools are largely positive about the support and teaching they receive. However, a small number are not always challenged as well as they would like and, as a result, they do not always make the swifter progress they want.
- The local area is meeting its legal responsibility to provide personal budgets to support young people who are moving into adult services at age 18. However,

there is more to do to explain the opportunities and options well in advance so that parents, carers and young people can make informed choices and plan ahead.

- Young people who have special educational needs and/or disabilities want to be able to travel independently in the same way as other young people. The need to better coordinate independent travel training and increase provision to meet demand is recognised by the local area. However, arrangements to do so are not underpinned by an audit of this demand or young people's needs.
- Not all staff have accessed training about the special educational needs reforms, and some confusion exists. The health and care elements of EHC plans are sometimes misunderstood. A number of examples were cited whereby children who were deemed academically able and had additional difficulties were considered as not requiring such plans, despite the views of other professionals. Professionals were not always aware of how to request an education, health and care plan or their right to appeal.
- There are few families who are in receipt of personal health budgets. Commissioners have recognised that this is an important area for development.

Yours sincerely

Gina White

Her Majesty's Inspector

Ofsted	Care Quality Commission
Cathryn Kirby HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Gina White HMI Lead Inspector	Pauline Hyde CQC Inspector
James Hourigan Ofsted Inspector	

Cc: DfE Department for Education
Clinical commissioning group(s)
Director Public Health for the local area
Department of Health
NHS England

TITLE OF REPORT: Analysis of School Inspections Spring and Summer Terms 2017

REPORT OF: Caroline O'Neil, Strategic Director, Care, Wellbeing and Learning

Summary

This report details the position of Gateshead schools in relation to Ofsted Inspection findings for the spring and summer terms 2017.

Background

In this version of the school inspection framework each school is given an overall **effectiveness grade** based upon four areas;

- effectiveness of leadership and management
- quality of teaching, learning and assessment
- personal development, behaviour and welfare
- outcomes for pupils.

September 2015 saw the introduction of a significantly different approach to school inspection. Essentially, “outstanding” schools are largely exempt, “good” schools receive a one day inspection and “requires improvement” schools a two day inspection.

Ofsted use the following grading system

- 1 = Outstanding
- 2 = Good
- 3 = Requires Improvement
- 4 = Inadequate

Schools identified as “requires improvement” will usually be re-inspected within two years, and often before. Schools that are judged as requires improvement with a leadership management grade of requires improvement will receive regular monitoring visits from HMI.

Full copies of all inspection reports can be found at www.ofsted.gov.uk.

Outcomes

Primary School	School Type	Previous Inspection	Present Inspection
Bill Quay Primary	Maintained	good	good
Blaydon West Primary	Maintained	good	good
Chopwell Primary	Maintained	good	good
Colegate Primary	Maintained	good	good
Falla Park Primary	Maintained	good	requires improvement
Front Street Primary	Maintained	good	outstanding
Harlow Green Primary	Maintained	good	good
High Spen Primary	Maintained	good	good
Kibblesworth Academy	Academy	requires improvement	good
Rowlands Gill Primary	Maintained	good	requires improvement
St Alban's Catholic Primary	Maintained	good	good
St Augustine's Catholic Primary	Maintained	good	good
St Anne's Catholic Primary	Maintained	requires improvement	good
St Mary's Catholic Primary	Maintained	good	good
Swalwell Primary	Maintained	good	requires improvement
Wardley Primary	Maintained	good	good
Winlaton West Lane Primary	Maintained	requires improvement	good

Special School	School Type	Previous Inspection	Present Inspection
Eslington Special	Maintained	outstanding	outstanding
Furrowfield Special	Maintained	good	good
Gibside Special	Maintained	outstanding	outstanding

Secondary School	School Type	Previous Inspection	Present Inspection
Heworth Grange	Maintained	good	inadequate
Kingsmeadow	Maintained	requires improvement	requires improvement
Lord Lawson of Beamish	Academy	good	requires improvement

Over the spring and summer terms 23 inspection reports were published:

17 Primary Schools

- 1 school was judged to be outstanding
- 13 schools were judged to be good
- 3 schools were judged to require improvement
- 4 schools improved on their previous grade.
- 3 schools received a more negative grade.
- 10 schools received the same grade as in the previous inspection

3 Special Schools

- 2 schools were judged to be outstanding
- 1 school was judged to be good
- All schools received the same grade as in the previous inspection

3 Secondary Schools

- 2 schools were judged to require improvement
- 1 school was judged to be inadequate

- 2 schools received a more negative grade.
- 1 schools received the same grade as in the previous inspection

Recommendations

OSC is asked to consider the position of schools in relation to ofsted inspections.

Contact: Steve Horne	Extension: 8612
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TITLE OF REPORT: Annual Work Programme

REPORT OF: Sheena Ramsey, Chief Executive
Mike Barker, Strategic Director, Corporate Services and Governance

Summary

The report sets out the provisional work programme for Families Overview and Scrutiny Committee for the municipal year 2017/18.

1. The Committee's provisional work programme was endorsed at the meeting held on 6 April 2017 and Councillors have agreed that further reports will be brought to future meetings to highlight current issues / identify any changes/additions to this programme.
2. Appendix 1 sets out the work programme as it currently stands. Any changes proposed to the programme will be set out in bold and italics for ease of identification.

Recommendations

3. The Committee is asked to
 - a) Note the provisional programme;
 - b) Note that further reports on the work programme will be brought to the Committee to identify any additional policy issues, which the Committee may be asked to consider.

Contact: Angela Frisby

Extension: 2138

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APPENDIX 1

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 • Update- Changing role of LAs in Education • Work Programme
18 July 17 (Additional meeting)	<ul style="list-style-type: none"> • Review – Children on the Edge of Care - Scoping report • CAMHS – Progress Update • Annual Report on Complaints and Representations – Children • Update on FGM / CSE • Work Programme
7 September 17	<ul style="list-style-type: none"> • SEND Inspection Outcomes • Ofsted Inspections/School Data – Progress Update • Monitoring – OSC Review of Oral Health • Work Programme
19 October 17	<ul style="list-style-type: none"> • Review – Children on the Edge of Care - Evidence Gathering • Update - Care Pathway for Foetal Alcohol Spectrum Disorder • Early Help Strategy • Best Start in Life – Outcome of Pilot Self- Assessment • Work Programme
30 November 17	<ul style="list-style-type: none"> • Review – Children on the Edge of Care – Final Report • The Council Plan – Six Monthly Assessment and Performance Delivery • Employment of Children within the Borough- Update • Safeguarding Children - LSCB Annual Report and Plans • Work Programme
18 January 18	<ul style="list-style-type: none"> • Performance Improvement Update – Children Presenting at Hospital as result of Self Harm • Ofsted – Annual Report • Liaison with Gateshead Youth Assembly • CAMHS Update • Modern Slavery Update • Work Programme
1 March 18	<ul style="list-style-type: none"> • Annual Conversation with Head Teachers of Special Schools • Update on Healthy Schools Programme • Recruitment and Retention of Social Workers – Progress Update • Work Programme
19 April 18 (5.30pm meeting)	<ul style="list-style-type: none"> • Monitoring - OSC Review of Oral Health • Closing the Gap – Annual Report 2016/17 • NEET Care Leavers – Progress Update • OSC Work Programme Review

Issues to slot in:

- Progress Update –How Adult and Children's Services are working Together (PROVISIONALLY November 2017)
- Children's Commissioning (January / March 2018 – tbc)

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