

FAMILIES OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Thursday, 18 January 2018 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 30 November 2017. |
| 3 | CAMHS Update (Pages 9 - 68) Report of the Executive Director of Nursing, Patient Safety and Quality |
| 4 | Modern Slavery Update (Pages 69 - 100) Report of Strategic Director, Care Wellbeing and Learning |
| 5 | Performance Improvement Update - Children Presenting at Hospital as result of Self Harm (Pages 101 - 104) Report of Director of Public Health |
| 6 | OFSTED - Annual Report (Pages 105 - 108) Report of Strategic Director, Care Wellbeing and Learning |
| 7 | Work Programme (Pages 109 - 112) Joint Report of the Chief Executive and Strategic Director, Corporate Services and Governance |

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GATESHEAD METROPOLITAN BOROUGH COUNCIL
FAMILIES OVERVIEW AND SCRUTINY COMMITTEE MEETING

Thursday, 30 November 2017

PRESENT: Councillor B Oliphant (Chair)

Councillor(s): B Clelland, A Geddes, M Hall, L Kirton,
K McCartney, E McMaster, R Mullen, S Ronchetti,
D Bradford and C McHugh

CO-OPTED MEMBERS Jill Burrell and Cheryl Lain

F29 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Caffrey, Cllr S Craig, Cllr P Craig and co-opted members Sasha Ban and Maveen Pereira.

F30 MINUTES OF LAST MEETING

The minutes of the meetings held on 19 October 2017 and 1 November 2017 were agreed as a correct record.

F31 OSC REVIEW - CHILDREN ON EDGE OF CARE - FINAL REPORT

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

The review looked at the challenges facing young people on the edge of care, as well as the key ingredients to successful approaches to supporting young people. There was also a focus on the elements of service design that will support best practice and strengthening service delivery to safely reduce the numbers of children coming into care.

During the review partners have been involved, including; health partners, housing, education, commissioning and mental health services. The outcome of the review demonstrated that all partner agencies play a key role, partnership working is a strong element to reducing the number of looked after children and preventing children coming into care.

It was noted that the Committee recognised the importance of a responsive model, in terms of stable housing, housing for care leavers and supporting financial management. The Committee felt that it was important to support families to manage financial issues and the service has incorporated this into the overall service design.

The draft recommendations were outlined as;

- The service to implement the complex child in need team and the rapid response service development by January 2018
- The delivery of the rapid response service to strengthen links with benefits support services
- The service will train staff in systemic approaches as a strengths based model best practice model
- The committee acknowledged the importance of developing the housing options offer for care leavers and agreed that strengthening this offer during the next commissioning process
- The committee agreed that continuing to build joint service delivery with partners is important and needs to continue within the edge of care service development work

In terms of working with partners to provide financial advice it was queried what the response has been from DWP. It was confirmed that there is good access as there is a named person in DWP for care leavers. Housing support has recognised the importance and there are additional opportunities to develop. In terms of private landlords there are links through The Gateshead Housing Company and there is confidence that financial and benefit advice will not be affected by the type of landlord.

RESOLVED - That the Committee agreed to the draft recommendations and referred it to Cabinet on 19 December 2017.

F32 THE COUNCIL PLAN - SIX MONTHLY ASSESSMENT AND PERFORMANCE DELIVERY

Committee received the six monthly performance report which provided an overview of performance and highlighted trends that have improved and declined since the last report.

It was reported that there are seven indicators highlighted as exceptions as they have not improved. Overall performance trends are positive with 15 out of the 22 indicators showing improvement since the last report.

It was noted that 7 out of 12 indicators under the Live Well Gateshead outcome have improved. This includes; an increase in the number of families engaged by the Troubled Families Gateshead programme; a reduction in the use of custody for 10-17 year olds; a reduction in the number of mothers smoking at the time of delivery; a reduction in 4-5 year olds with excess weight issues; a reduction in the number of children subject to a child protection plan and an increase in the proportion of care leavers in suitable accommodation and education, training and employment.

Committee was advised that eight out of 10 indicators under the Prosperous Gateshead outcome have shown improvement. It was reported that there has been an increase in the percentage of schools rated outstanding and the percentage of children offered their preferred primary school place. There has also been an increase in the percentage of children achieving a good level of development at age

5, and those achieving the expected standard at Key Stage 1 and Key Stage 2.

In terms of those indicators that have declined these were outlined by service area. In relation to Learning and Schools there has been a reduction in the number of children offered a place at their preferred secondary school, although performance is 88% and is above the national average this is still a decline from last year. It is expected that this figure will continue to decrease in future years as capacity within the current secondary school system remains as it is. In the Early Help service, performance has declined in relation to the number of eligible two year olds accessing free places, however it is likely that this will improve as information is still being collated. Also, there has been an increase in the number of first time entrants into the youth justice system aged 10-17 years, this is currently being investigated by the YOT Board and prevention staff have moved into Early Help to provide an early intervening co-ordinated service. There has also been a decline in performance in relation to the support for young carers.

In the Public Health service performance has declined in terms of the reduction of excess weight in 10-11 year olds, a Members Seminar has been arranged for January 2018 to look at this issue further. In addition, hospital admissions for self-harm rates have increased, a further report will be brought back to the Committee to look at local level data and analysis. It was reported that there has also been an increase in the percentage of children in low income families, children in poverty, work is ongoing around financial inclusion to mitigate the impact of welfare reforms.

Following actions identified in the last performance report it was noted that work is ongoing to look at the increase in permanent exclusions and focusing on individual pupils to identify issues, a behaviour conference was held in July 2017 with Head teachers to address issues. Work is also underway on developing the Early Help Strategy to empower families and professionals from all sectors. In addition, the statutory duty to provide 30 hours free childcare for eligible 3 and 4 year olds commenced on 1 September. It was noted that a Complex Child in Need Team and Rapid Response Team has been established to improve the planning framework and to address the increase in Child Protection Plans. In the last performance report it was identified that more work was needed to improve outcomes for care leavers, since then a report has been to Corporate Parenting OSC detailing the provision of support to care leavers, including programmes such as Wise Steps, Choices, Pathways 2 Work. Also Service Directors have pledged to offer apprenticeships to care leavers. An action plan is now in place to oversee the SEND Joint Commissioning arrangements.

Key actions over the next six months were noted;

- Continue to develop and implement the learning and actions emerging from the Behaviour conference linked to permanent exclusions
- Allow for the new early help model to settle and ensure that families will not experience delays in receiving the service in the transition period
- Implement the new Rapid Response and Child with Complex Needs teams within Children and Families Social Care
- Continue to develop and implement the learning and actions from the SEND Joint Commissioning arrangement action plan

It was questioned why decreasing the number of children living in poverty was not included in the key actions. It was noted that the key actions were broad objectives with a number of actions ongoing around each key action, and there was an understanding that this was continually looked at over a longer than 6 month period. Committee was reassured that child poverty prevention is a priority even if not listed as a key action. The point was made that there was a limited ability to do anything to solve child poverty due to the financial pressures on all and that the Council did not have the tools to resolve, in particular in the short term. It was agreed that this issue could be considered as a potential review topic in the Committee's work programme next year.

It was questioned whether the decline in the number of people receiving their first choice secondary school was to do with the majority of schools becoming academies. It was noted that there are inequalities across schools in Gateshead in relation to GCSE results and there continues to be extremely popular schools.

It was queried what the care leavers programmes entailed. It was confirmed that these are pre-training preparation for young people, providing an opportunity for them to get a taster of work. There are links with further and higher education establishments through designated staff who can help tailor bespoke work for looked after children.

- RESOLVED -
- (i) Committee agreed that the activities undertaken during April to September 2017 are achieving the desired outcomes in the Council Plan 2015-2020.
 - (ii) That the comments of the Committee be noted in relation to areas it feels require more detail.

F33 SAFEGUARDING CHILDREN LSCB ANNUAL REPORT AND PLANS

Committee received the annual report and business plan from the Local Safeguarding Children Board (LSCB).

It was noted that new legislation states that there is no longer a requirement for an LSCB and sets out requirements for a new strategic partnership made up of the local authority, police and the CCG. The new arrangements will come into effect from April 2018 and preparation is already underway. It was noted that the challenge will be whether this has an impact on safeguarding.

It was reported that over the last year workloads have increased, early help has been reviewed and the LSCB has scrutinised those arrangements. A one year Business Plan has been agreed, however this will change as the future set up of the Board becomes clear.

It was questioned where the most common category of neglect sits within the new early help model. It was confirmed that the early help model runs across and includes various referrals, preventative work continues and in the main a lot of the referrals are due to neglect.

It was confirmed that child death figures include stillborn deaths and suicides.

- RESOLVED -
- (i) That the Committee noted the LSCB and partner agency performance for 2016-2017 and noted and endorsed the proposed priorities and agreed to participate in future consultation around safeguarding priorities.
 - (ii) That the Committee agreed to receive updates in relation to forthcoming changes to the LSCB and safeguarding arrangements as a result of new legislation and Government guidance.

F34 WORK PERMITS FOR THE EMPLOYMENT OF CHILDREN WITHIN THE BOROUGH

A report was presented to Committee on the employment of children under the age of 16. In line with government guidance the Council has byelaws which set out the number of hours children and young people can work.

If a child wants to work the employer must request a work permit from the Council. The application submitted by the employer must set out the hours, days and type of work and officers will ensure it matches regulations. A letter is then sent to the employer stating expectations, the child is also given the letter as well as the child's school asking them to identify any educational impact of the employment. The parent of the child will also receive a letter which makes it clear that any issues as a result of the employment must be highlighted.

It was reported that in the year 2010-2011 110 permits were issued, however in 2016-2017 this figure was only 30. It was noted that this is because there is reduced capacity to send reminders to employers, however if any child employment is brought to the attention of officers they will investigate to ensure the environment is suitable for a child to work in.

It was suggested that the decrease in requests for permits could be because people are unaware of the need to have permits in place.

It was questioned whether this applies to paid work only. It was confirmed that this applies to any occupation where the aim is to make a surplus profit, for example this would not apply to a voluntary position within a youth centre.

- RESOLVED -
- (i) That the Committee noted the contents of the report.
 - (ii) That the comments of the Committee be noted.

F35 WORK PROGRAMME

The Committee received the work programme for the municipal year 2017/18, which is a standing item on the agenda.

It was noted that, following the last meeting, the Permanent Exclusion 14 Point Action Plan has been added to the work programme for March 2018.

- RESOLVED -
- (i) That the provisional work programme be noted.
 - (ii) 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.

TITLE OF REPORT: Children and Young People Local Transformation Plan 2017/18 including update on implementation of new CAMHS model

REPORT OF: Chris Piercy, Executive Director of Nursing, Patient Safety and Quality

Summary

This report provides an update on the refreshed Children and Young People Local Transformation Plan 2017/18 including update on implementation of new CAMHS model.

Background

The Department of Health and NHS England published the 'Future in Mind Promoting, protecting and improving our children and young people's mental health and wellbeing' (March 2015).

'Future in Mind' makes a number of proposals the government wishes to see by 2020. These include: tackling stigma and improving attitudes to mental illness; introducing more access and waiting time standards for services; establishing 'one stop shop' support services in the community and improving access for children and young people who are particularly vulnerable.

The report also calls for a step change in the way care is delivered moving away from a tiered model towards one built around the needs of children, young people and their families.

The local transformation plan for Children and Young People Mental health is refreshed annually and the 2017/18 plan is included within this paper (Appendix 1). A key action is the CAMHS transformation project, Expanding Minds, Improving Lives (EMIL).

Proposals

Following extensive consultation with young people and stakeholders across Newcastle & Gateshead the Newcastle Gateshead Clinical Commissioning Group (CCG) produced a whole systems CAMHS model for Newcastle and Gateshead. The model and subsequent EMIL document describes the need to transform the emotional wellbeing and mental health provision for children and young people and their families across Newcastle and Gateshead. The EMIL document is a high level strategic plan identifying the principles of good services and the CCG are currently initiating a change programme in line with the following

principles:

- Improved access to services
- A seamless step based model
- A single point of access
- Shared care and joint planning
- Choice of provision
- Improved Primary Care
- Increased early identification and effective intervention
- Reduction on the dependency of specialist services
- Workforce development
- Workplace accommodation solutions
- Information solutions

It is expected that the new model will clearly evidence innovation, sustained continuous improvement and utilise the principles of the Thrive Model (AFC Tavistock 2014). The Thrive Model advocates for mental health services to be delivered according to the needs and preferences of young people and their families, using an integrated, person-centred approach to child and adolescent mental health.

The initial phases of the transformation programme consist of developing a single point of access (SPA) to all mental health provider services. The SPA will receive all queries and referrals for children and young people aged 0-18 that were previously directed to Specialist Mental Health Services provided by Northumberland, Tyne & Wear NHS Trust (NTW); the Emotional Health and Wellbeing service provided by South Tyneside Foundation Trust; and the five services that form the Voluntary Services Collaborative (VSC).

Conclusion

The Newcastle and Gateshead Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience will concentrate on achieving these aspirations and clearly articulate the local offer.

Recommendations

Families Overview and Scrutiny committee are requested to:

- Receive this update report on implementation of new CAMHS model.
- Receive and support the Mental Health Governance Structure
- Receive further updates throughout the phased implementation of the CAMHS transformation programme.
- Agree the refreshed Children and Young People Mental Health, Emotional Wellbeing and Resilience plan and implementation group

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| Contact: Catherine Richardson, Commissioning Manager, NewcastleGateshead CCG extension 01912172979 |
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Newcastle Gateshead Clinical Commissioning Group

Families Overview and Scrutiny January 2018

Children and Young People Mental Health Transformation Programme

1. Introduction

This report will update the Families Overview and Scrutiny on the refreshed Children and Young People Local Transformation Plan 2017/18 including progress on implementation of new Children and Adolescent Mental Health Service CAMHS model.

2. Background

The Department of Health and NHS England published the 'Future in Mind Promoting, protecting and improving our children and young people's mental health and wellbeing' (March 2015).

'Future in Mind' makes a number of proposals the government wishes to see by 2020. These include: tackling stigma and improving attitudes to mental illness; introducing more access and waiting time standards for services; establishing 'one stop shop' support services in the community and improving access for children and young people who are particularly vulnerable.

The report introduction includes a statement from Simon Stevens CEO of NHS England he stated '*Need is rising and investment and services haven't kept up. The treatment gap and the funding gap are of course linked*'. The report emphasises the need for a whole system approach to ensure that the offer to children, young people and families is comprehensive, clear and utilises all available resources.

The report also calls for a step change in the way care is delivered moving away from a tiered model towards one built around the needs of children, young people and their families.

Future in Mind identifies key themes fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people. Themes include:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

The Newcastle and Gateshead Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience will concentrate on achieving these aspirations and clearly articulate the local offer.

A multiagency group partnership has been established to take responsibility for the development, implementation and oversight of the Children and Young People Mental Health, Emotional Wellbeing and Resilience Plan as part of the ongoing No Health without Mental Health Implementation and will be accountable to newly established group overseeing the 5 Year Forward View for Mental Health. Updated Mental Health Governance Structure is available appendix 2.

Consultation on the refresh of the Transformation Plan has taken place through the multiagency group partnership group members. The plan is available on Newcastle and Gateshead Local Authority websites and the NGCCG website. This is a live document and current version is attached (appendix 5)

During 2016 there was extensive consultation with young people and stakeholders across Newcastle & Gateshead the Newcastle Gateshead Clinical Commissioning Group (CCG) produced a whole systems CAMHS model for Newcastle and Gateshead (appendix 3). The model and subsequent EMIL document describes the need to transform the emotional wellbeing and mental health provision for children and young people and their families across Newcastle and Gateshead. The EMIL document is a high level strategic plan identifying the principles of good services and the CCG are currently initiating a change programme in line with the following principles:

- Improved access to services
- A seamless step based model
- A single point of access
- Shared care and joint planning
- Choice of provision
- Improved Primary Care
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- Reduction on the dependency of specialist services
- Workforce development
- Workplace accommodation solutions
- Information solutions

It is expected that the new model will clearly evidence innovation, sustained continuous improvement and utilise the principles of the Thrive Model (AFC–

Tavistock 2014). The Thrive Model advocates for mental health services to be delivered according to the needs and preferences of young people and their families, using an integrated, person-centred approach to child and adolescent mental health.

The initial phases of the transformation programme consist of developing a single point of access (SPA) to all mental health provider services. The SPA will receive all queries and referrals for children and young people initially aged 0-18 that were previously directed to Specialist Mental Health Services provided by Northumberland, Tyne & Wear NHS Trust (NTW); the Emotional Health and Wellbeing service provided by South Tyneside Foundation Trust; and the five services that form the Voluntary Services Collaborative (VSC).

3. Service Delivery: Getting Help

Two service specifications have been developed. The first 'Getting Help' will deliver the SPA. The initial mobilisation plan has now been implemented and will continue to deliver this over four phases which commenced 1st December 2017 (with schools), second phase March 2018 for GPs, third phase June for Local Authorities and the fourth phase will incorporate all other referrers including self-referrals by September 2018 (appendix 4).

It is expected that the SPA will be the first point of contact for all requests for advice and referrals for emotional health and wellbeing, and mental health treatment. All referrals will be initially assessed via a triage function with the SPA to improve joint working between provider services, ensuring the child/young person is able to access the right services. The SPA will initially be staffed by specially trained call handlers who will record all demographic and referral information at the point of contact. The SPA team will be located at the Bensham Hospital site in Gateshead with capacity to manage electronic and telephone contacts.

The anticipated SPA activity by provider based upon current referral figures is:

- 520 per month
- 130 per week
- 26 per day

NTW - 52%, STFT - 10%, VSC - 38%

A review of activity is being undertaken during all phases of this implementation process.

4. Service Delivery: Getting More Help

The second service specification 'Getting More Help' is concerned with the delivery of the CAMHS whole system model (appendix 3) with a focus on prevention and early help and reducing demand on specialist services. This

specification will be developed over the coming months with the Children and Young Peoples Mental Health, Emotional Wellbeing and Resilience group.

Getting More Help will support a wide variety of multi-agency professionals working with children, young people and their families. “Universal Provision” refers to services accessible by everyone e.g. GPs, schools, and Health Visitors (the examples on the model are not exhaustive). It is these staff who provide the day to day care and support to our children and young people and their families and they are essential to an effective mental health offer for our communities. Universal services also build resilience in children, young people and their families through preventative work.

Some children and young people will work with professionals and services that are targeted at addressing and supporting their particular needs e.g. within a Youth Offending Service, Drug and Alcohol provision or Children’s Social Care. This is referred to as “Targeted Provision”. These staff work collaboratively with children and young people who have more complex needs of which emotional and mental health needs might be just one factor.

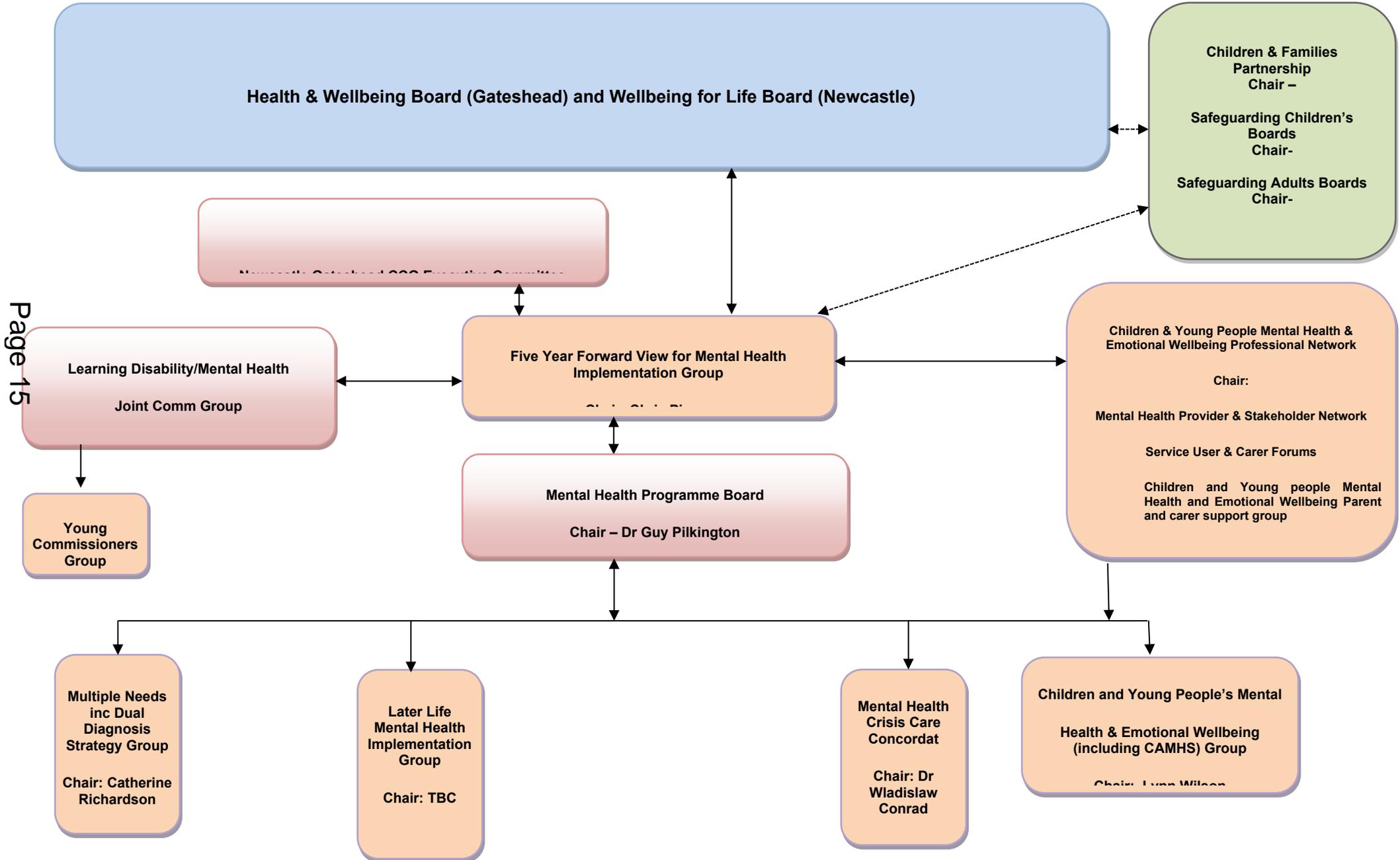
Mental health provision is everyone’s business not just specialist staff. Where a clinical intervention is required to assess and treat a child or young person appropriately qualified specialist staff will provide a variety of interventions based on best practice e.g. NICE Guidance. At this level of clinical need the service provider will assess and treat children and young people with more complex mental health needs e.g. Eating Disorders, personality disorders, a crisis care response etc.

5. Recommendations

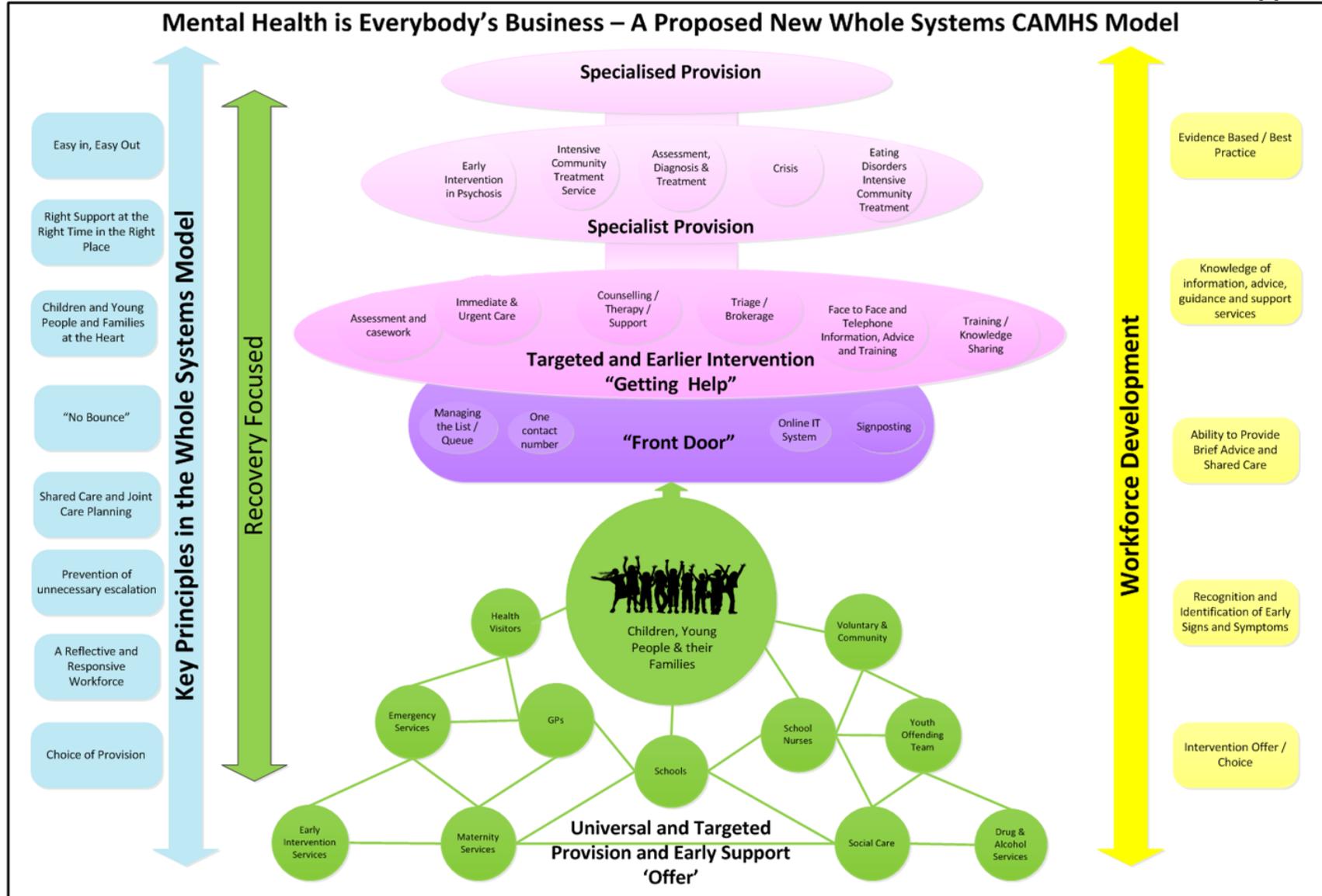
Families Overview and Scrutiny are requested to:

- Receive this update report on implementation of new CAMHS model.
- Receive and support the Mental Health Governance Structure
- Receive further updates throughout the phased implementation of the CAMHS transformation programme.
- Note the refreshed Children and Young People Mental Health, Emotional Wellbeing and Resilience plan and implementation group

Appendix 2 Mental Health Governance Structure



Mental Health is Everybody's Business – A Proposed New Whole Systems CAMHS Model



Newcastle & Gateshead CYP SPA Implementation Plan

| Action Summary | Lead Responsibility | Timescale | Update |
|---|---------------------|------------------------|---|
| 1. Secure accommodation which will host SPA call handlers | STFT NTW | End September 17 | Minor works plan has been submitted to accommodate call handling team at Bensham Hospital adjacent to CYPS services. Work is estimated to take approximately 6-8 weeks therefore interim accommodation arrangements have been agreed. |
| 2. Secure telephone, IT systems, furniture for use by call handlers and triage staff | STFT NTW | End September 17 | Relevant IT, telephony equipment, and furniture has now been ordered. |
| 3. Develop communication plan which will target referrers leading up to single number launch date | CCG | End September 17 | Meeting with NTW telecoms team has now taken place. There are no problems with increasing lines into Bensham to accommodate SPA. Need to decide if SPA is a free phone 0800 number or not and if so who will own 0800 number CCG or NTW. To decide at Transformation meeting. |
| 4. Recruit / transfer 3 x call handlers into SPA | STFT NTW | End October 17 | Job descriptions and adverts for new call handlers have been completed and have gone into NHS Jobs. NTW also have access to Call Handler Bank which can be utilised in the interim if necessary. |
| 5. Develop Standard Operating Procedures for SPA | STFT NTW | End October 17 | Initial meeting took place between Shirley Green and Lesley Gammell on Friday 29.9.17 in order to agree plan. |
| 6. Develop and deliver call handler training to new call handlers | STFT NTW | End October 17 | Training programme has been developed and will be delivered to new staff when they are recruited. |
| 7. Identify SPA supervisor roles and responsibilities | STFT NTW | End September 17 | Initial meeting took place between Shirley Green and Lesley Gammell on Friday 29.9.17 in order to agree plan. |
| 8. Develop virtual triage team rota system which utilises clinical resource from NTW & STFT | STFT NTW | End October 17 | Initial meeting took place between Shirley Green and Lesley Gammell on Friday 29.9.17 in order to agree plan. |

| | | | |
|---|--------------------|------------------------|---|
| 9. Ensure that contracting and governance arrangements are agreed and in place including a memorandum of understanding | CCG STFT NTW | End October 17 | Meeting between SCHFT and NTW execs to be arranged in order to discuss. |
| 10. Agree appropriate monitoring / early warning and escalation processes | CCG STFT NTW | End September 17 | Initial meeting took place between Shirley Green and Lesley Gammell on Friday 29.9.17 in order to agree plan. |



2017 REVIEW OF CHILD AND ADOLESCENT MENTAL HEALTH TRANSFORMATION PLAN 2015-2020

Our Joint Vision, Principles and Plan



Refresh document 6th November 2017

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Acknowledgements

To all our children, young people, parents, carers and professionals who engaged with us during our listening and co-production phases.

To all of the organisations and groups who helped us make such a success of the listening and engagement to ensure we heard from our communities in order to develop an effective sustainable model that meets their needs.

1. Introduction

NHS Newcastle Gateshead Clinical Commissioning Group, Newcastle City Council and Gateshead Council ("the Partners") have been working together with our communities and stakeholders to understand and plan what needs to happen locally to transform the emotional wellbeing and mental health provision for children and young people and their families across Newcastle and Gateshead.

Our Transformation Plan is a living document and sets out our commitment to ensure that children and young people and their families, and professionals working in the field, were at the heart of the transformation, by ensuring the views and experiences of those who have, are or may use services and those who deliver them were listened to and respected. This refreshed plan describes how we have achieved this over the last two years, and identifies actions which are ongoing in their implementation (**See Appendix 1 Action Plan 2017/18, Appendix 1a Risk Log and Appendix 2 Action Plan Outline 2015 - 2020**).

2. Governance

From the outset we developed a governance framework which was operational at the onset of the transformational work. Good governance is about the processes for making and implementing decisions.

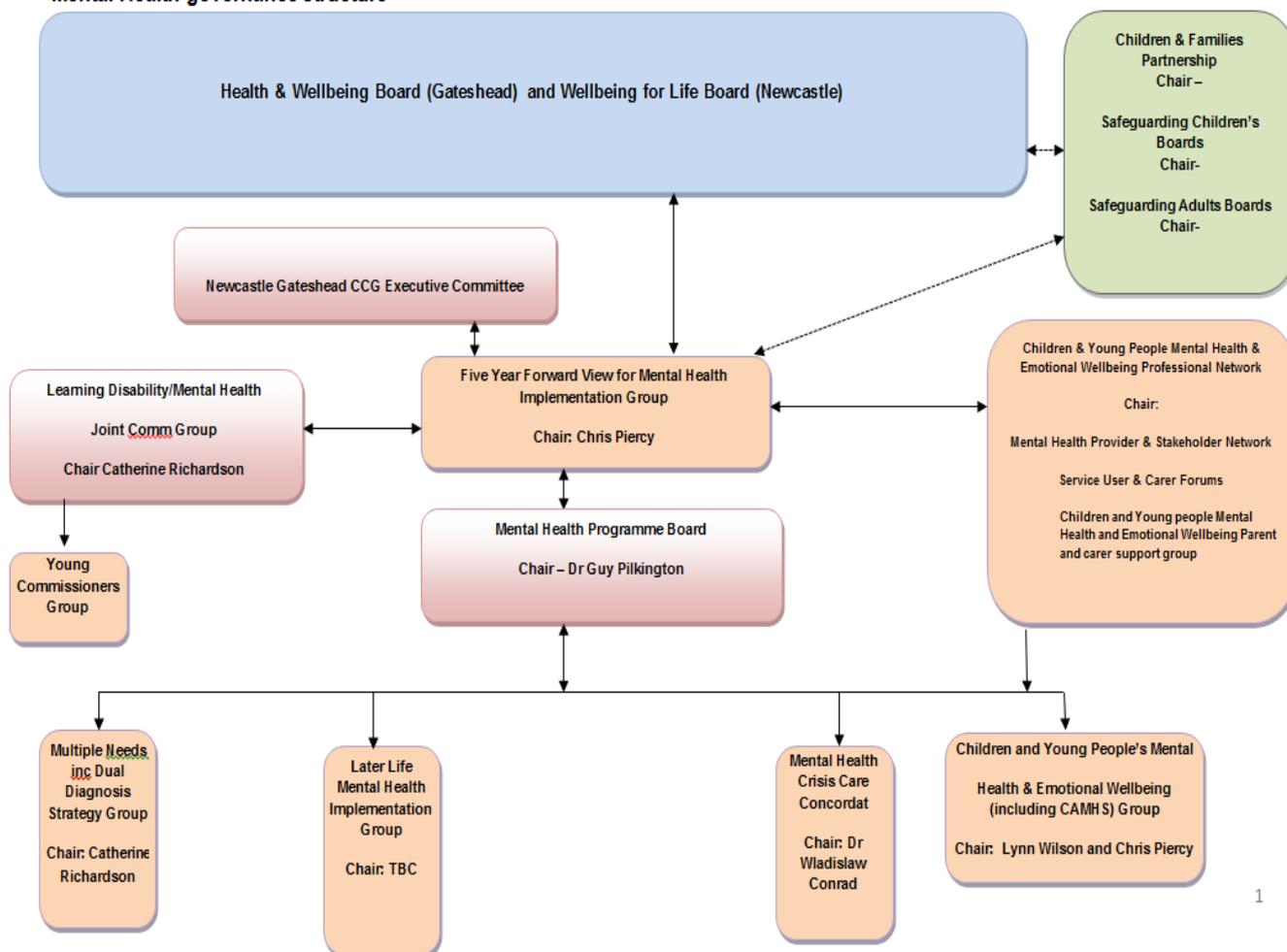
In **Figure 1** we describe our Mental Health Governance Structure and Framework, which has allowed for access to increased knowledge and operational intelligence, has provided challenge and innovation, and has allowed for strategic leadership and decision making.

Accountability has been through the Mental Health Programme Board. Having CAMHS transformational work as a standing item has helped put children and young people much higher on the agenda. There is also a Learning Disability/Mental Health Joint Commissioning group which supports the work of this transformation programme and focusses on place based plans.

At the time of publication we have utilised a partnership approach to agree and refresh with relevant partners such as specialist commissioning, local authorities, local safeguarding boards and local participation groups for children and young people, parents and carers. Due to timing, the plan will continue through the governance processes in terms of sign off and continual progress updates to NHS Newcastle Gateshead CCG Executive, Newcastle Wellbeing for Life Board and Gateshead Health and Wellbeing Board.

Figure 1

Mental Health governance structure



1

3. Our Plan and Progress

The following table **Table 1** sets out progress against the original case for change (**Appendix 3**). We are now entering the implementation phase of delivering the new model, we continue to reflect on the journey so far, consider what we have learnt together, and review our detailed action plan for 2017-18 (**Appendix 1**).

Table 1 Progress against the original case for change

| Stage | Description | Dates | RAG |
|--|--|-----------------------------|-----|
| Establishing the baseline | Getting the detail about how things currently work – marking out what we want to change and what we don't and why the system should transform | April – July 2015 | |
| Pre-Consultation/Listening | Taking a summary of the current services to the community – service users, children and young people, parents and carers, families, providers and commissioners – and listening to what we hear | Aug 2015 – Jan 2016 | |
| Co-producing a new model of emotional wellbeing care and support | Working together to build on the views shared in the listening phase and designing a new approach that enables people to thrive through prevention and early intervention, and when necessary specialised support | Feb – May 2016 | |
| Engaging with communities about the new approach | Sharing the outcome of the co-production phase and engaging with our communities about the new proposed approach. Continuation of targeted engagement activities | June – April 2017 | |
| Implementing single point of access | Meeting with existing providers to discuss the learning and new approach to service delivery. To enable modification to current service provision and undertake proof of concept piece of work. Establish future contracts and commissioning intentions. | December 2017 – March 2018 | |
| Workforce analysis and strategy development | To ensure that we have a workforce that is skilled to deliver the new model | September 2017 – April 2018 | |
| Implementing new model of delivery | Commence new spec see Appendix 1 | January - April 2018 | |

4. Sustainability Transformation Partnerships (STP's) and working with other LTPs

As a Sustainability Transformation Partnership (STP) footprint we are aware of the clear gaps across health and wellbeing and care and quality in relation to mental health. For example, 75% of people with mental health problems receive no support and people with SMI are at risk of dying on average 15-20 years earlier than the general population with large variation in the numbers of hospital admissions, length of stay and readmissions etc.

The core ambition of the STP is to ensure “no health without mental health”. This will involve the development of an integrated life span approach to the integrated support of mental health, physical health and social need which wraps around the person, from enabling self- management, care and support systems within communities, through to access to effective, consistent and evidence based support for the management of complex mental health conditions.

In the Newcastle Gateshead Local Health Economy of the STP we have specifically identified Expanding Minds Improving Lives (EMIL), and the need to develop a responsive CAMHS model with improved access across a range of locations.

The following outcomes and benefits have been identified for the STP:

- Delivery of milestones in the Mental Health 5 Year Forward View and reduction in demand for secondary and tertiary children and young people’s services, reduction in waiting times, and delivery and monitoring of successful outcomes
- Reductions in admissions and length of stay due to more effective integrated management of co-existing physical and mental health conditions through improved support of primary care, access to housing and employment and wider options in crisis support, and development of the recovery college approach
- Reduction in inappropriate A and E attendances supporting delivery of 4 hour wait target and admissions from care homes arising from poor management of mental health in older people
- Consistent access to and delivery of effective evidence based treatment and support for people with more complex needs, leading to measurable outcome improvement.
- Completion of re-design of mental health in-patient care, which is affordable, high quality, 7 day and consistent
- Delivery of multi-agency workforce plan which identifies the additional staff required by 2020

We will link with other LTP areas in and across the STP footprint to ensure a whole system approach and ensure learning and sharing of innovation is utilised as we transform services and implement new care models.

5. Finance update

As part of the refresh of the plan we have included an overview of the spend on these services, this continues to be reviewed with partners as part of our wider review of CAMHS services. **See Appendix 5 LTP Finance Plan.**

6. Baseline Information including local need and inequalities

Nationally, regionally and locally there is recognition that the emotional wellbeing and mental health needs of children and young people and their families are not being met.

The impact of not meeting the mental health needs can be significant for the child or young person, their family and our communities:

- There is strong evidence supporting the importance of positive emotional and psychological well-being in children and young people.
- Mental health problems in children may result in lower educational attainment, impact on the family and result in offending and antisocial behaviour.
- The negative consequences of not acting early or offering the right support at the right time often place preventable costs and demands on health, social care services, schools and the youth justice system.

Currently there is a fragmented system for supporting children and families, within challenging financial circumstances and there is a need to focus on an integrated, early response service.

In Newcastle Gateshead, we have two main providers which offer mental health and wellbeing services for children and young people, Northumberland, Tyne and Wear NHS FT (Tiers 2 and 3) and South Tyneside Foundation Trust (Tiers 2), alongside community and voluntary sector provision to ensure early identification.

By working together we will develop a new way of working that ensures a joined up approach in the commissioning and delivery of children and young people's mental health services with no duplication of provision and a single pathway to the right support at the right time. Our ambition is for emotional wellbeing and mental health to be everybody's business across universal, targeted and specialist provision.

Work is ongoing to ensure that the transformation programme of work will allow us to increase access to high quality mental health services for an additional 70,000 children and young people per year. Key actions include extending access to Children and Young Peoples (CYPS) services by 7% in 17/18 and 18/19 (to meet 32% of local need). Clear defined targets are being developed alongside the proposed model of transformation. The proposed model will also reflect the need to address 24/7 urgent and emergency response times.

Our case for change outlines key deliverables for Mental Health transformation as set out in the 5 year forward view. As well as access for CYP, a priority within the proposed model is focused on community Eating Disorder teams for CYP to meet access and waiting times standards.

Work continues with local providers to improve the data flow as the proposed model is implemented. Our case for change provides detailed information on the local need and our collaborative journey. Work continues to develop robust baselines and reporting mechanisms to track progress against key deliverables.

As part of our model we will be developing a clearly defined performance framework including activity and waiting times.

We are reviewing with partners ongoing financial commitments beyond any pilot transformation programmes for 17/19 Local Transformation Plan.

7. What we have done:

Action: We said we would launch the Expanding Minds, Improving Lives project.

Update: We launched the project and we;

Listened...

In order to fulfil our commitment to ensuring that children and young people and their families are at the heart of the transformation we have undertaken an extensive listening and engagement exercise with our communities to gather their views based on individual experiences of the current service.

We have also engaged with professionals in organisations providing support to our children and young people to understand their experience of the services and the impact services have on our children and young people.

Learned...

We have learned from this phase and adapted our vision, principles and plan to reflect our learning.

8. Our Vision

'We will improve the emotional health and wellbeing of children, young people and families, who will thrive through access to the right support at the right time in the right place'

Our vision now reflects a more collective approach to supporting our children and young people.

9. Our Principles

Success is reliant on all professionals signing up to the principles which underpin the new model (**See New Proposed Model in Appendix 3**). The new model is based on a prevention (where possible) and if not, the earliest possible intervention.

This will result in prevention of unnecessary escalation – shifting our approach to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences. To do this we need a cultural shift, and a reflective and responsive workforce. We also need choice of provision – a dispersed model of provision (as close to home as possible) to enable children and young people to receive care and support in an environment which will be most therapeutic for them. This may be for instance in a clinic environment, a community building, a school, a café or the park. The choice will be with the family and child primarily.

We need to provide the right support at the right time in the right place (we added ‘the right place’ as children, young people and families have clearly said that the present clinic environment does not work for them).

Access to a variety of types of support and therapy should be easy to access ‘Easy in’ and when appropriate should be easy to leave ‘Easy out’ in a planned and controlled way to prevent relapse (our data highlights some children and young people appearing to be static in their care, in in care for too long). Such provision should be ‘recovery focused’ at all times, positively supporting children and young people to get back to ‘normal’ life and live the best lives that they can.

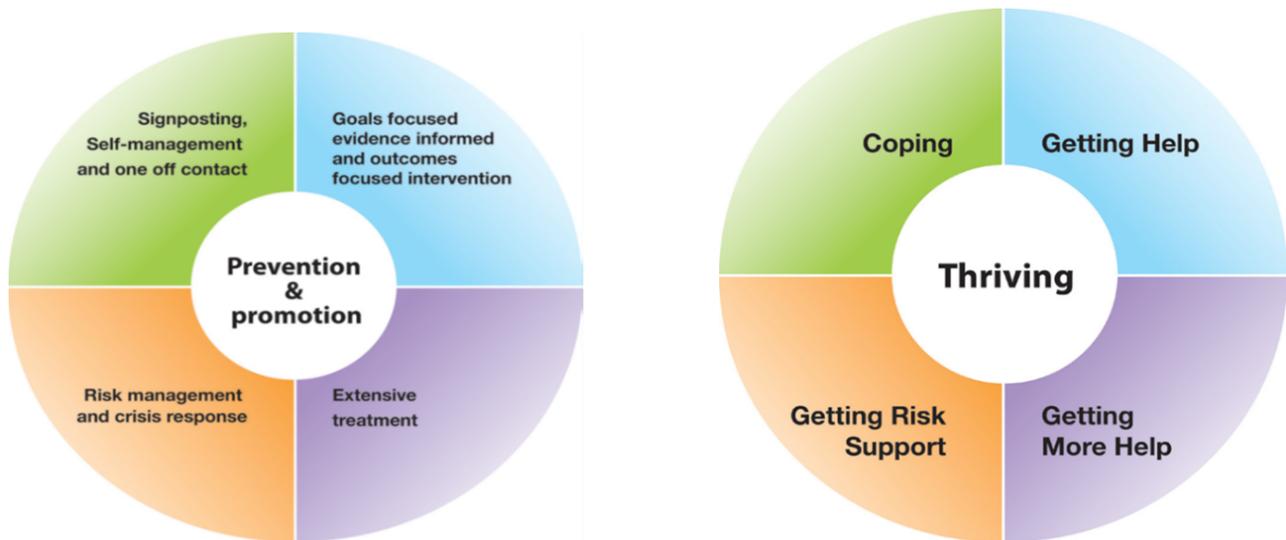
Within this context the needs of children and young people and families are at the heart of what we do and provide, not the needs of services. When someone is referred on we expect ‘No bounce’ by this we mean that individuals should not be bounced from service to service. There should be a shared care and joint planning approach whereby the original referrer always keeps the child or young person in mind and in sight, ensuring everything is going to plan and supporting that recovery focused model of care.

10. The Thrive Model

Our work will be underpinned by and aligned to the Thrive Model (The AFC–Tavistock Model for CAMHS¹) which removes the emphasis from services and re-focuses support to the needs of the child or young person.

The Thrive model also ensures a more flexible, multi-agency response across the whole system that reflects our collaborative approach. ¹

¹ Thrive, The AFC-Tavistock Model for CAMHS, November 2014.



11. Needs assessment

The prevalence of Mental Illness among Children & Young People in Gateshead and Newcastle suggests that just under 1 in 10 children aged 5 to 16 will have some form of mental disorder, with the prevalence increasing with age. The research indicates the most prevalent condition is emotional disorders, with up to 1 in 27 young people aged 5 to 16 having the condition.

The listening and engagement phase has increased our understanding of need and has helped contextualise our learning. It is this learning that has contributed to the new proposed model development. Summarised as follows:

What works:

- Staff are committed and dedicated
- Training and resources enable staff at tier one to work in community settings
- There is good early use of new technologies
- Targeted Mental Health in Schools and school based counselling is well received and evaluated
- Whole school approaches to Emotional and Mental Health are good (dedicated worker – link between mental health trust and schools is highly valued)
- Children identified with special educational needs have good level of support in schools
- Using schools as a community asset
- For C&YP the approach and convenience/access to VCS provision is important as part of the whole system structure
- Access to groups and social/creative activities work.

What needs to be improved?

- Service configuration and performance
- More / improved early intervention / prevention
- Greater support for lower level need /right support from the right services at the right time
- One point of access
- Greater integration with education
- More choice (location, types of support)
- Communication and information sharing
- Poor communication as system is fragmented and complicated
- Lack of clarity around role and expectation of CYPs staff
- Limited follow-up post referral
- Transitions out of CHYP Mental Health Services
- Improved school readiness – need to do more pre school
- “Cliff edge” at 18 with move to adult mental health services
- Moving between CYPs and other services needs to be easier
- Workforce and training
- With the right skills and resources, schools and community based organisations are ideally placed to work at tier one.
- With added capacity and / or support of mental health workers, there is the potential of schools and community based organisations in providing tier 2 support
- Improved understanding roles and functions of key professionals / organisations

12. Service planning

As we are on a transformational journey we acknowledge not all things can change overnight. In year, using some of the transformation funds we have piloted 3 key areas of work as a result of what we have heard and as part of our iterative process to change.

All are aimed at strengthening the upstream, early intervention model we are striving to achieve.

- i. We have procured an interim offer of tier 2 counselling provision for those experiencing mild to moderate mental health problems, including procurement of a specific service for those children with learning difficulties. All successful providers were voluntary and community sector providers and were asked to provide the following:

The provider(s) were required to offer a range of counselling techniques and methods appropriate to age and maturity, and where deemed appropriate also offer support to the family. The provider(s) offer:

- A choice of counselling interventions including group, individual, online etc.

- Involvement with parents or carer if deemed appropriate
- A selection of meeting points / venues for delivery of provision
- Varied access e.g. professional and self-referral
- Clearly demonstrate how outcomes data will be collected and monitored
- Clearly demonstrate how the service will reach and engage vulnerable young people
- After initial assessment, the provider will assess whether the service is suitable to the child or young person's needs. Where support is best provided by another provider the professional will be responsible for onward referral or the provision of supporting information.

In addition to this two new service specifications have been developed for the commissioning of 'Getting Help' referred to as tier 2 this includes the single point of access; and, 'Getting More Help' referred to as tier 3.

- ii. Self-harm response – Our data analysis (a component of the case for change) highlighted that the rate of hospital admissions for self-harm for 10-24 year olds in Gateshead is higher than the national average. In 2014, the Gateshead self-harm rates were identified by both the Gateshead Local Safeguarding Children Board (LSCB) and the Gateshead Children & Families Overview and Scrutiny Committee (OSC) as a priority area of work. The Gateshead CAMHS Steering Group set up a multi-disciplinary self-harm sub group to carry forward this piece of work which resulted in the development of a self-harm protocol for all professionals within the children's workforce across Gateshead and to look at the current training provision around self-harm and to identify any gaps in provision. We have therefore procured some additional training for schools staff to help them identify and support children and young people in need.

A team of multi-agency professionals from the NHS, local authority and tier 2 & 3 CAMHS services have developed the bespoke training together. The providers will initially deliver a programme of self-harm training to key staff members in Gateshead Secondary Schools, other professional groups will be considered for the training in the future. Post evaluation learning from this will be shared across the Newcastle footprint.

- iii. Mental Health Awareness Training for specific frontline staff is a crucial element of our workforce development. However, children and young people highlighted many instances where training specifically for schools based staff would have improved both their chance of early identification and intervention but also would have improved their whole school experience. We agreed to focus our first mental health awareness training at schools staff. Training began in 2017 and includes identification of mental health champions.

Our vision is that every maintained and non-maintained school in Newcastle and Gateshead has a member of staff who is the designated mental health champion. The named mental health champion will be the 'go to' person in each school where a problem arises that cannot be easily resolved. The mental health champion will need to:

- Be knowledgeable about the services available (in and outside of the school environment) to support a child or young person should they need to access service provision
- Each named mental health champion is supported by a named CAMHS professional.
- Engage in the mental health awareness training
- Cascade the learning from the mental health awareness training to teaching and non-teaching staff within their school
- Learning will be shared in a variety of ways that are appropriate to the individual school setting
- Be influential in the school e.g. of sufficient status to help ensure change can happen within the school setting

To support schools and their designated mental health champion a programme of mental health awareness training will be delivered.

13. A major milestone

On the 10th February 2016, we came together at Tyneside 'Pop Up' Cinema with multi agency providers, children and young people and families to celebrate the work of our children who worked with Helix Arts and Roots and Wings² to develop their CHAOS DVD, and the Young Commissioners recruited, trained and supported by Youth Focus North East supported.

At the event we showcased the DVD and those who took part spoke of their experiences as service users and what it felt like to take part in the Arts Project. The Young Commissioners also took to the stage and impressed the audience with their understanding of the issues for children and young people and what they hoped to achieve as Young Commissioners.

The link to the chaos Video can be seen here <https://vimeo.com/173909530>

At the event Commissioners from the CCG and two local authorities made the following pledges to the audience.

² www.rootsandwings.design/work/camhs-report

Schools

Focus specific workforce development at school staff to enable them to identify early and emerging mental health problems, increase their ability to support children and young people, or refer on where appropriate. Work is currently underway in Gateshead schools to develop emotional wellbeing and resilience through programmes such as Mindfulness. The development of apps for children is also being explored as a result of the increase in permanent school exclusions.

Settings

Develop a “dispersed model of access” to suitable and user friendly provision. We will work with young people to ensure the provision chosen is suitable and inviting.

Changing Need

Ensure services can respond to the changing maturity (not just by age) of children and young people to ensure decision making, treatment and support, is shared appropriately.

We also asked providers to make pledges openly to demonstrate their commitment to specific change.

14. Progress made in other areas of our 2015/16 and 2016/17 Action Plan

Workforce Development

Action: We said we would produce a comprehensive workforce development strategy and commence a review of existing workforce including FTEs and skill mix and setting out training needs.

Update: We are currently undertaking a workforce analysis across the partnership that will inform the development of a workforce strategy, but have faced some challenges gathering all of the information.

The workforce development strategy will be based on training needs assessment of wider children and young peoples workforce; staffing data (wte, discipline, skill set) and financial information.

Throughout the plan we do make reference to workforce and training as the various workforce professions are discussed. For example we know that our current providers deliver a wide range of Interventions and therapies which include:

- Dialectical Behaviour Therapy (DBT)
- Cognitive behaviour therapy (CBT)

- Cognitive behaviour therapy informed intervention – chill out group/graded exposure/friends groups
- Eye movement desensitisation therapy (EMDR)
- Positive behaviour management (PBS)
- Sleep Scotland sleep clinics
- Interpersonal therapy (IPT)
- Attention deficit hyperactivity diagnosis (ADHD) – assessment and diagnostics
- Autism spectrum disorder – assessment and diagnostics
- Eating disorder – assessment and diagnostics and maudlsey interventions
- Family therapy
- Psychotherapy
- Art therapy
- Systemic practice
- Crisis intervention and work
- Parenting factor - parenting work

Our intention is to further develop the workforce development strategy as part of the implementation phase of our new model. **See Appendix 3 for the Draft Workforce Development Strategy and Data Collection Tool.**

In the Case For Change Feedback , the engagement and listening phase identified a need to ensure the wider infrastructure is in place for implementation of the new model. This included:

Incredible Years

24 multi agency early years staff across Newcastle & Gateshead have now received Incredible Year’s Training, and as such we have built capacity across the system. These staff are now trained in the delivery of training to parents. Five group sessions have been delivered to parents in Newcastle, with further sessions programmed in over the next few months. Delivery of the programme in Gateshead is scheduled for January 2018.

Self-Harm

We have procured training for secondary schools staff to help them identify and support children and young people in need. The providers will initially deliver a programme of self-harm training to key staff members in Gateshead Secondary Schools, other professional groups will be considered for the training in the future. This training will be evaluated prior to a decision being made on extending delivery across Newcastle.

The training is delivered in 2 parts:

- An initial 4 hour training session that will include looking at what self-harm is and the main forms of self-harm, Identify significant risk factors for self-harm and also describe how young people who self-harm are assessed and managed.

- A follow up training session looking at how participants have utilised the training and what systems, procedures and policies have been introduced into their schools following the training.
- The training programme will be fully evaluated looking at how participants have benefitted from the training and how schools have adapted their policies and procedures as a result of receiving the training.

Mental Health Awareness

Mental Health Training Teaching and Non-Teaching Staff

A consistent message throughout the listening phase was that extra capacity and workforce development was a priority for universal provision. Non-recurrent transformation funding was used to commission If U Care Foundation to develop a mental health awareness training programme that would engage participants representing all 185 schools in Newcastle and Gateshead.

The key deliverables in this training programme includes:

- Enable participants to recognise the early signs of mental ill health in children and young people
- Depression and anxiety
- Suicide and self-harm
- Psychosis
- Eating disorders
- Provide participants with brief intervention tools to promote protective factors and resilience, including age appropriate resources and tools that they can disseminate and cascade/use within the school environment.
- Enable participants to address issues such as bullying and stigma
- Provide an understanding of how the current CAMHS system works and what provision is available to them to utilise in order to support a young person or child with a mental health issue.
- Enable participants to develop a standard and positive model of good mental health that can be applied within the school environment promoting a whole school approach to mental health, which includes promoting mental wellbeing amongst staff groups.

Eating Disorders

Action: We said we would commence and implement a review of existing provision, consult with existing service users and providers, explore best practice, and begin to develop an interim improvement plan.

Update: Eating Disorders

The CYPS Community Eating Disorder Team delivers a service to children and young people who are referred because they meet the threshold for an eating disorder or where an eating disorder is suspected. The team provide an assessment and where applicable

deliver interventions in accordance with the Access and Waiting time Guidance for Children and Young People's Eating Disorder Services 2016. The team work intensively with children and young people where there is significant risk of an inpatient admission and proactively monitor and support young people admitted to an eating disorder inpatient service to facilitate their earliest possible discharge providing ongoing community care thereafter.

Collaborative partners have met regionally as an information sharing and learning exercise. Subsequently we have locally decided that:

- A regional approach to the development and delivery of eating disorder services is favourable. It is hoped that a collaboratively commissioned model will improve access to services. Further workshops are planned late October / early November to take forward this work across the STP footprint.
- As such the eating disorders work will become a sub group within the governance framework of the CAMHS transformational work. A performance framework will be developed to include measurement and monitoring of 1 week urgent referrals and 4 week routine referrals.
- As at Q2 2017/18 80% of routine CYPs starting treatment in that quarter were seen within 4 weeks and all urgent cases were seen within the required standard. As part of the ED transformation work we are working towards achieving the 2020 standards of 95% of routine and urgent cases seen within the required timeframe. This will be embedded within the performance framework which is currently in development.
- Whilst developing this area we are taking into consideration key deliverables for mental health transformation as set out in the NHS Operational Planning and Contracting Guidance 2017 - 2019.

Children and Young People's Improving Access to Psychological Therapies (CYP IAPT)

Action: We said we would provide training to support under 5s

Update: We have increased our delivery of CYP IAPT to meet the needs of under 5's by introducing a robust evidence based training programme for the delivery of 'Incredible Years' across Newcastle and Gateshead.

Action: We said we would review the Newcastle/Gateshead model of delivery, including clinical supervision and reporting infrastructure.

Update: In year transformation funds have been utilised to support the workforce and ensure all children's IAPT trainees have gained access to appropriate trainee supervision (this has been particularly important to VCS providers); IT and analytical support has been provided alongside project management, these roles and functions remain under review. Further workforce development included upskilling the current IAPT workforce to be BABCP accredited. Work is ongoing to upskill the workforce for under 5s, however this is subject to course availability with local universities.

Whilst developing this area we are taking into consideration key deliverables for mental health transformation as set out in the recently published NHS Operational Planning and Contracting Guidance 2017 -2019.

Early Intervention and Prevention

Action: We said we would:

- Review, develop and expand the use of primary mental health workers,
- Commence review of integrated working arrangements.
- Commence review of schools model for increased early intervention and prevention.
- Begin to develop interim improvement plan

Update: Our aim was to shift our approach across the whole system in order to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences and ensure an early intervention and prevention approach is adopted.

Shifting resources could not happen overnight, and as such we needed to resource additional upstream services during the process of change, whilst maintaining safe and accessible provision.

- We have commissioned community counselling and CBT as an interim provision, including a specific service for children with Learning Difficulties.
- A contract has been awarded to deliver Mental Health Awareness training to schools in Newcastle and Gateshead. This training is to be delivered to professionals from every school in Newcastle and Gateshead.
- Multi agency staff in Gateshead are delivering Self Harm training to frontline staff in secondary schools. This directly responds to a higher prevalence of self-harm in Gateshead highlighted through the Case for Change and local knowledge. This training will be evaluated and used as a pilot with the aim for future roll out across Newcastle.

The Right Coordinated Response to Crisis

Action: We said we would explore integrated crisis team model linking to other local developments, and one access point for all. Begin to review data collected related to crisis to inform an improved data system to support the Crisis Care Concordat and begin to develop interim improvement plan.

Update: The listening phase has highlighted the need for an early intervention crisis response that is defined by the individual, and often does not require a clinical response. The new conceptual model acknowledges this and we continue work to develop this aspect of the model.

Reducing Inequalities

Action: We said we would identify areas of improvement for vulnerable groups such as specific cultural and ethnic groups, and groups at particular risk (i.e. those at risk of sexual exploitation).

Update: We are undertaking some additional targeted work with LGBT young people, young people and parents from BME communities, youth offenders, looked after children, young carers, parents of foster children, young people not in employment or education and deaf/hard of hearing parents, children and young people to ensure that our learning to date fully represents their own experiences and views. The report was produced by Roots and Wings (2017).

In continuing to develop and implement the new conceptual model we are acutely aware of the need to ensure links with the broader systems in place to support vulnerable children. We are still considering with present providers how we successfully integrate child and adolescent mental health work into the day to day services supporting vulnerable groups e.g. Youth Offending, Looked after Children. We are avoiding the need for separate provision but are developing a needs based model of care e.g. those with the highest needs being prioritised into care.

We are working hard to ensure that these CAMHS developments link effectively with other on-going transformation plans e.g. Troubled Families. We have supported the Review and Re-commissioning of the 0-19 Service to ensure that inequalities are addressed for vulnerable groups such as young parents through the Family Nurse Partnership (Gateshead) and the development of a vulnerable parents pathway (Newcastle) to incorporate the mental health and emotional wellbeing support as part of the core offer for the universal service. With many transformational plans at different stages of development, establishing the links and suitable care pathways is challenging, however there is a commitment to ensure integration.

Learning Disabilities

The North East & Cumbria Learning Disability Fast Track Plan includes an intention to ensure early intervention and proactive work with families that starts at the earliest possible stage in childhood.

Action: We said we would:

- Review the skill mix in community teams to ensure that learning disability specialists are part of the team and that teams have the training and expertise to work with children and young people with a Learning Disability.
- Work with the Behavioural Assessment and Intervention Team to ensure that they have the capacity to develop a Positive Behavioural Support Training Plan that will support professionals working with children and young people with behaviours that challenge.

- Ensure strengthening the CYP IAPT providers to ensure that they have the skills and capacity to work with children and young people with Learning Disabilities.
- Ensure that parenting programmes are suitable for families caring for children with learning disabilities.

Update: With the available data we reviewed the skill mix of providers and also reviewed the current provision, we have heard during our listening phase that open/fast access to a seamless service is key for this cohort. In year transformation funds were utilized to provide a dedicated counselling service for those children and young people with a Learning Disability and is currently being evaluated and will influence the interim improvement model.

Improve Perinatal Care

Action: Review and respond to the 33 recommendations contained within the Infant Mental Health consultation

Update:

Perinatal

The Community Perinatal Mental Health Team provides a community mental health service for women with mental health problems related to pregnancy, childbirth and early motherhood. The team works to minimise the risk of relapse in those women who are currently well but who have a history of severe mental illness. The service provides:

- Mental health and risk assessment, care co-ordination of women, appropriate, time-limited, evidence based treatments and interventions jointly agreed with the worker and the women, collaborative working with women and, wherever possible, their families.
- Specialist Perinatal medical support and advice to woman, their families and referrers into the service, including up-to-date and comprehensive medication advice.
- Support and advice to promote the detection, prediction and prevention of maternal mental health problems. Developing pathways of care and appropriate tolls to facilitate this within primary and secondary care services.
- Provision of care in the most appropriate setting. Ensuring accessibility and choice. Dependent on need woman will be seen 1-2 weekly.
- Education, advice and appropriate self-help literature given to women and their families.
- Signposting to other statutory and non-statutory services as appropriate.
- Provision of short- and long-term placements for mental health, Health Visitor and midwifery students.
- Multidisciplinary involvement in the planning of effective maternal mental health care.
- Appropriate communication about care with other services as required, taking into account confidentiality.

- The service provides maternal mental health training and advice to statutory and non-statutory groups, as well as structuring training programmes that incorporate recent Department of Health and NICE Guidelines.

The 0 - 19 service in Newcastle now has a specialist health visitor for children with additional needs. This role includes the supporting and training of staff, as such staff have had access to training days focused on particular conditions commonly presenting in childhood. Part of the role is also about signposting for staff so they can better support families and signpost as appropriate back into specialist services when needed.

The team have also received presentations at the health visitor professional forum from organisations such as Contact a Family, Cauldwell Trust and Downs Syndrome Association. Staff are more aware of how to access information regarding other services and can signpost appropriately. Staff have continued to access Early Help and Support from Children's Centres via the CAF process and have regular updates regarding this process.

Action: Link our perinatal care developments to our existing developments such as evidence based programmes (e.g. PIP) in order to reduce inappropriate referrals to the perinatal unit

Parent Infant Psychotherapy Service

Update: In 2014, Newcastle City Council secured over £2.7m of government funding to transform the way families with infants are helped to overcome poor mental health and parental substance misuse.

The funding - which was secured following a successful bid to the government's Transformation Challenge Award - was awarded to develop two new key projects in the city for families experiencing mental ill-health, alcohol & substance misuse, family conflict and neglect. These projects were the development of: a Parents under Pressure Programme (PUP), and a Parent Infant Psychotherapy Service.

The aim of both of these initiatives is to reduce the need for costly support services in later life and, instead, focus on providing families with the up-front support they need to turn their lives around.

The Parent Infant Psychotherapy service is based on the Parent Infant Partnership model overseen by the charity PIPuk.

Following a consultation with key stakeholders and parents, Newcastle City Council undertook a competitive tendering exercise and have awarded a contract to Children North East to deliver this service. The service is now known as "NewPiP and is fully staffed with a clinical psychologist lead, psychotherapists and a specialist health visitor.

The service started to receive referrals in early summer and although numbers are still relatively small (44), parents are engaging with this therapeutic intervention and work is ongoing to develop staff skills and knowledge in relation to improving parental mental health and infant attachment and referral pathways.

Based on national prevalence data for maternal ill health and the current birth rate we estimate that approximately 215 families will benefit from interventions offered by this service. We anticipate that the service will work closely with acute perinatal mental health team as well as front line service providers such as midwives, health visitors and our community family hub which consists of our Surestart Children's Centres and early help and family support services.

Action: Review the pending Perinatal Care National Guidance when published.

The Perinatal work will involve commissioners and providers working in collaboration, using findings of the National Maternity Review "Better Births" to inform strategic and local plans.

Early Intervention in Psychosis (EIP)

Update: The Access and Waiting Time Standard for EIP and the Five Year Forward View tasks the service to see 50% of new cases within two weeks and be able to offer service users a NICE compliant care package. This covers an age range of 14-65. The standard extended EIP services to assess and treat people showing signs of an At Risk Mental State for psychosis (ARMs).

The Newcastle and Gateshead EIP teams continue to achieve the access part of the standard, with performance routinely above 70%. This includes people under the age of 18 from any referral source. There is a joint working protocol with CYPS which encourages co-working to ensure the young person receives the optimal treatment package.

Action: The first CCQI audit of NICE concordance highlighted a number of gaps in service provision. Referral rates for the service have increased markedly since the service was extended, beyond what was anticipated from increasing the age range from 35 to 65. This appears to be consistent with trends in all urban areas of England and included increases in CYP. The percentage of CYP on the caseload is monitored annually. This additional demand has impacted on caseload size and the ability to offer treatments and is being closely monitored by the CCG.

Next steps will work towards improving the quality element of the standard to provide Cognitive Behavioural Therapy for psychosis, Family Interventions and Individual Placement Support to all service users. Development of staff to provide further evidence based interventions is required to improve NICE concordance.

15. Next steps

We will continue to use the Newcastle Future Needs Assessment (NFNA) and the Gateshead Joint Strategic Needs Assessment (JSNA) to support our work and help us to understand the key issues facing children, young people and families in Newcastle and Gateshead as we continue on our transformational journey in the coming months.

The following bullet points indicate the ongoing areas of work required to ensure we meet our ultimate aim to improve the emotional health and wellbeing of children, young people and families, who will thrive through access to the right support at the right time in the right place.

- Awareness raising through GP Child Health Leads across Newcastle and Gateshead
- Implement the two new service specifications with providers 'Getting Help' and 'Getting More Help'
- Variation to contracts to include improved performance and activity data that will inform a robust performance framework
- Phase one to four implementation of the new model
- Test out our new delivery model, this will influence how we refine care pathways
- Continued workforce development across children's workforce
- Continued work around transitions
- Continue to work collaboratively with the LD transformation board on a regional and local level. This will also include how it interfaces with SEND reforms.
- Review current workforce arrangements
- A bid was successful as an early adopter perinatal mental health service by provider, we are now developing the model and transforming the service.
- A bid has been submitted to improve mental health in schools and improve collaborative working between mental health services, schools and colleges.

The plan will be reviewed and refreshed as a minimum at least once a year with all system partners, children, young people, families and carers involved in the process; it is a living document that that will be updated by the partners as milestones are reached and actions are implemented.

| Appendix 1: Action Plan 2017-18 | | | | | | |
|--|---|---|-------------------|-------------|-----------------------------|------------|
| Area | Transformation Priority | Objective | Any update | Lead | Timescale | RAG |
| 1 | Expanding Minds, Improving Lives | Implementation of new whole system approach: Getting Help inc single point of access and Getting More Help services | | CCG | Dec 2017 – Sept 2018 | |
| | | Incorporate multi-media access for SPOA | | CCG | April 2018 | |
| | | Evaluation phase by phase of Getting Help inc single point of access and Getting More Help services | | CCG | January 2018 – October 2018 | |
| | | Implementation of new whole system approach: New model | | CCG | April 2018 | |
| | | Incorporate peer support into new model spec | | CCG | April 2018 | |
| | | Evaluation new model | | CCG | April 2019 | |
| | | Ensure all requirements are captured within the financial plan. | | CCG | April 2018 | |
| | | Develop performance framework and incorporate recommendations from Childrens Commissioner Childrens Mental Health in England indicators (Oct 2017), KPI's and agreed outcome measures | | CCG | December 2017 | |
| | | Review demand and waiting | | CCG | December 2017 | |

| | | | | | |
|--|--|---|--|--------------|----------------|
| | | times for CAMHS service | | | |
| | | To review activity/demand on VCS services | | Third Sector | December 2017 |
| | | <p>Review full pathways which specifically include pathways relating to:</p> <ul style="list-style-type: none"> • services within VCS • inpatient CHYP MHS pathway including specialised commissioning • mental health and behavioural support for CHYP in contact with the Justice System perpetrators and / or victims of crime, including sexual assault and those in the welfare system and on the edge of care. • those requiring bereavement support including support after suicide. | | CCG | Jan – May 2018 |
| | | Adopt better use of technology within CAMHS services Increase the use of | | CCG | September 2018 |

| | | | | | | |
|--------|-----------------------------------|--|--|-----|-------------------------|--|
| | | texts, emails and skype etc for appts. This work should be informed by CHYP and Families. | | | | |
| | | Develop support pathways for children and young people and for parents/carers who have alcohol problems | | LA | Sept 2018 | |
| Page 7 | | CHYP supported to develop mental health and wellbeing APP promoting self care | | CCG | July 2018 | |
| | | All schools, colleges, primary care will have a named lead on mental health | | CCG | Sept 2018 | |
| 3 | Workforce Development Plan | Develop a comprehensive workforce strategy based on training needs assessment of wider children and young peoples workforce; staffing data (wte, discipline, skill set) and financial information. | | All | April 2018 | |
| | | Implementation of workforce development strategy | | All | April 2018 – March 2019 | |
| 3 | Eating Disorders | Demonstrate improvements to early intervention and avoidable hospital admissions, implement regional approach | | CCG | Dec 2017 | |

| | | | | | | |
|---|-----------------|---|--|-----|-----------|--|
| | | <p>Build capacity within community mental health services to deliver evidence based eating disorder treatment - Specialist Community Eating Disorder Team to have opportunity to access the multi-systemic family therapy, linked to Children and Young People IAPT</p> <p>A performance framework will be developed to include measurement and monitoring of 1 week urgent referrals and 4 week routine referrals.</p> | | | July 2018 | |
| 4 | CYP IAPT | <p>Continue implementation of improvement plan ensuring providers have the skills and capacity to work with children and young people including those with Learning Disabilities</p> <p>Review training priorities and target workforce - training opportunities for under 5's and</p> | | CCG | July 2018 | |

| | | | | | | |
|------------------|--|---|---|-----|--------------|--|
| | | LD and Autism Undertake scoping re extension of the current CYP IAPT programme to train staff to meet the needs of children and young people who are not supported by the existing programme | | | | |
| 5 Page 49 | Early Intervention and Prevention | Implement improved early intervention and prevention arrangements. | | CCG | April 2018 | |
| | | Deliver early intervention and prevention through the health visitor, family nurse partnership and school nurse new specification and contract | In service spec contract start date July 2018 | LA | July 2018 | |
| | | Pilot mindfulness in Gateshead schools x3 | Staff training commenced | LA | June 2018 | |
| | | Incorporate mental health and wellbeing in schools via 0-19 contract | In service spec contract start date July 2018 | LA | July 2018 | |
| | | Promote CYP mental health and wellbeing opportunities via early help social care model | Service changes underway | LA | April 2018 | |
| | | Submit DfE bid for mental health in schools programme for Gateshead and Newcastle | Submitted 19/10/17 | LA | October 2017 | |

| | | | | | | | |
|---------|---|---|---|---|---------------|------------|--|
| | | Explore development of apps for schools with Young Commissioners | Part of school exclusions action plan | LA/CCG | April 2018 | | |
| Page 50 | The Right Coordinated Response to Crisis | Continue to implement interim improvement plan developing options for early intervention crisis response based on a 24/7 model of care and provided in their local communities ensuring care is provided as close to home as possible or within their own homes. Develop the model for intensive home treatment for children and young people with complex needs. Develop of a multi-agency crisis care pathway | | CCG | December 2018 | | |
| | | Reducing Inequalities | Monitor new arrangements and continue improvement activities | Refresh joint strategic needs assessment CYP mental health and wellbeing to inform future commissioning | LA | April 2018 | |
| | | | Promote education and employment opportunities for care leavers | | LA | April 2018 | |

| | | | | | | |
|----|--------------------------------|--|--|-----|---------------|--|
| 8 | Learning Disabilities | Monitor and review new arrangements. Understand local impact of the LD transformation programme ensure services are responsive to individual needs and are able to wrap round those YP with complex needs to prevent placement breakdown. | | CCG | Dec 2018 | |
| 9 | Autism | Scope local need and service development to deliver assessment and treatment compliant with national and local standards for children and young people with learning disability, autistic spectrum disorder, attention deficit and hyperactivity disorder, to improve access and multi-agency intervention | | CCG | December 2018 | |
| 10 | Perinatal Mental Health | Review the pending Perinatal Care National Guidance when published and the better births recommendations Review impact of perinatal maternal mental health pathways | | LA | Dec 2018 | |

| | | | | | | |
|--|---------------------------|--|--|------------|-----------------------|--|
| | | <p>on primary care and specialist services to establish potential need for a community perinatal mental health service</p> <p>Implement a service model to include support for both parents which is equitable place based.</p> <p>Ensure local birthing units have access to a specialist perinatal mental health clinician.</p> | | | | |
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 52</p> | <p>Transitions</p> | <p>Implement best practice in regard to transition from children's mental health services to adult mental health services within the new service model.</p> <p>Improve support to children and young people in transitions years, particularly between services for pre and post-16yr olds, Primary secondary, Secondary- +16, CAMHSAMHS, Care leavers</p> <p>Undertake CHIMAT transitions tool with CAMHS service and</p> | | <p>CCG</p> | <p>September 2018</p> | |

| | | | | | | |
|---------------|--------------------------------------|---|--|-----|--------------|--|
| | | <p>with social care (children's and adults' services)</p> <p>Use outcomes of tool to develop clear pathway of support between services for children and young people and those for adults</p> <p>Review whether work is needed to improve pathways between preschool years and school</p> | | | | |
| 12 Page 53 | Specialist In-Patient | <p>Implementation and monitoring of programme to ensure children and young people in need of specialist in patient care are able to access services timely and near to home as possible.</p> <p>Explore opportunities to increase outreach work through utilisation of children's centres and general practice.</p> | | NTW | October 2018 | |
| 13 | Sexual Abuse and/or exploited | Ensure those who have been sexually abused and/or exploited receive | | CCG | July 2018 | |

| | | | | | | |
|--|--|---|--|---------|---------------|--|
| | | <p>comprehensive assessment and referral to appropriate evidence based services</p> <p>Develop and implement comprehensive assessment and provide care plan which is owned by young person which includes access to appropriate evidence based services with a Lead Professional supporting throughout.</p> | | | | |
| | Early Intervention in Psychosis (EIP) | <p>Improve the quality element of the EIP standard by providing Cognitive Behavioural Therapy for psychosis, Family Interventions and Individual Placement Support to all service users. Development of staff to provide further evidence based interventions is required to improve NICE concordance.</p> | | NTW/CCG | December 2018 | |

Appendix 1a Risk Log

| STRATEGIC/ OPERATIONAL RISK (or both) | RISK IDENTIFIED & POTENTIAL IMPACT | RAG | ACTION PLAN | LEAD OFFICER(S) |
|--|--|-----|--|---------------------------|
| Strategic/Operational Risk | Non engagement of staff | | System partners already well engaged in the process and service development to date and ongoing mechanism in place. Risk reviewed 5YFVMH Imp Group | All partners |
| Strategic/Operational Risk | Data sharing and performance metrics not yet agreed | | Performance metrics to be agreed with relevant organisations and mechanisms for reporting | All partners |
| Strategic/Operational Risk | Disruption/confusion in the system | | Phased approach accompanied by communication plan aimed to minimise/eliminate disruption/confusion. | NTW and STFT |
| Operational Risk | Workforce/appropriately trained staff to deliver evidence based interventions does that workforce exists | | Workforce analysis already underway. Further links to be identified within STP LWAB and LWAG | All partners |
| Operational Risk | Lack of clarity re voluntary sector involvement | | CCG to advise/confirm agreed arrangement with voluntary sector. | CCG |
| Strategic/Operational Risk | Activity increase exceeds resource allocation based on current activity levels with no further resource identified | | Phased approach and review/agreement before proceeding to next phase identified in mobilisation. | CCG and providers |
| Operational Risk | Increased referrals to Children's Services | | CCG to confirm appropriate plan to support. | CCG and Local Authorities |
| Operational Risk | Capacity/availability of staff within current system not meeting required staffing | | Staffing structure and training needs to be reviewed as part of the workforce plan to ensure workforce meets capacity and capability. | All partners |

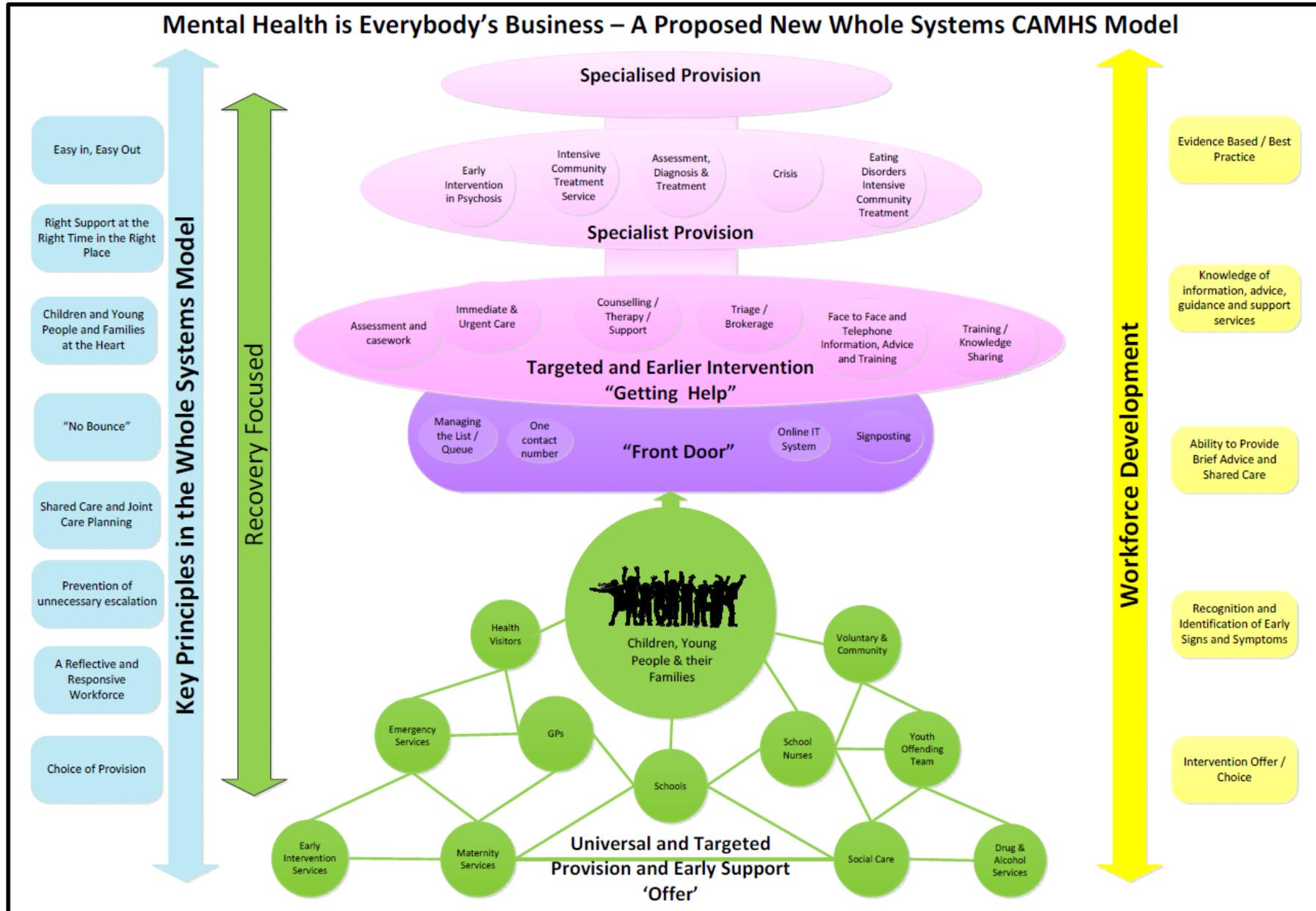
| Appendix 2: Action Plan Outline 2015-2020 (Review October 2017) | | | | | | |
|--|--|--|---|--|---|--|
| <i>Transformation Priority</i> | <i>2015/16</i> | | <i>2016/17</i> | | <i>2017/2018</i> | <i>2018/19</i> |
| <i>Expanding Minds, Improving Lives</i> | <i>Launch transformation project</i> | | <i>Complete transformation project, formal consultation and commence implementation</i> | | <i>Implementation of new whole system approach</i> | |
| <i>Workforce Development Plan</i> | <i>Review existing workforce including FTEs and skill mix and setting out training needs.</i> | | <i>Begin implementation of workforce development plan – aligning Expanding Minds, Improving Lives</i> | | <i>Continue implementation of workforce development plan.</i> | <i>Fully trained workforce within transformed new whole system approach.</i> |
| <i>Eating Disorders</i> | <i>Review existing provision, consult with existing service users and providers, explore best practice, and develop an interim improvement plan.</i> | | <i>Begin implementation of interim improvement plan – aligning to Expanding Minds, Improving Lives.</i> | | <i>Able to demonstrate improvements to early intervention and avoidable hospital admissions. Continue implementation of improvement plan.</i> | <i>Fully implemented improved model of care.</i> |
| <i>CYP IAPT</i> | <i>Gateshead review partnership model of delivery. Newcastle review arrangements for</i> | | <i>Gateshead develop arrangements for clinical supervision and reporting infrastructure. Develop under 5 CYP IAPT</i> | | <i>CYP IAPT is compliant with national guidelines and fit for purpose locally.</i> | |

| Appendix 2: Action Plan Outline 2015-2020 (Review October 2017) | | | | | | |
|--|--|--|---|--|---|--|
| <i>Transformation Priority</i> | <i>2015/16</i> | | <i>2016/17</i> | | <i>2017/2018</i> | <i>2018/19</i> |
| | <i>clinical supervision and reporting infrastructure. Training to support under 5s CYP IAPT</i> | | | | | |
| <i>Early Intervention and Prevention</i> | <i>Review, develop and expand the use of primary mental health workers. Review integrated working arrangements. Review schools model for increased early intervention and prevention. Develop interim improvement plan</i> | | <i>Implement interim improvement plan – aligning to Expanding Minds, Improving Lives.</i> | | <i>Implement improved early intervention and prevention arrangements.</i> | <i>New whole system approach in place.</i> |
| <i>The Right Coordinated Response to</i> | <i>Explore integrated crisis team model linking to other</i> | | <i>Begin to implement interim improvement plan – aligning to Expanding minds,</i> | | <i>Continue to implement interim improvement plan</i> | <i>New whole system approach in place</i> |

| Appendix 2: Action Plan Outline 2015-2020 (Review October 2017) | | | | | | |
|--|--|--|---|--|--|--|
| <i>Transformation Priority</i> | <i>2015/16</i> | | <i>2016/17</i> | | <i>2017/2018</i> | <i>2018/19</i> |
| <i>Crisis</i> | <i>local developments, and one access point for all. Develop interim improvement plan Review data collected related to crisis to inform an improved data system to support the Crisis Care Concordant.</i> | | <i>Improving Lives. Begin to implement new ways of working, and improved data collection.</i> | | | |
| <i>Reducing Inequalities</i> | <i>Identify priority areas for improvement linked to the NFNA and the GHD JSNA, and the Expanding Minds, Improving Lives Case for Change. Explore ways to provide more</i> | | <i>Begin implementation of interim improvement plan – aligning to Expanding Minds, Improving Lives.</i> | | <i>Monitor new arrangements and continue improvement activities.</i> | <i>Monitor new arrangements and continue improvement activities.</i> |

| Appendix 2: Action Plan Outline 2015-2020 (Review October 2017) | | | | | | |
|--|--|--|---|--|---|----------------|
| <i>Transformation Priority</i> | <i>2015/16</i> | | <i>2016/17</i> | | <i>2017/2018</i> | <i>2018/19</i> |
| | <i>effective support to vulnerable groups. Develop interim improvement plan.</i> | | | | | |
| <i>Learning Disabilities</i> | <i>Review the skill mix and capacity in the community team and the Behavioural Assessment Team Review the skills of the CYP IAPT provides to work with CYP with learning disabilities. Review parenting programmes to ensure they are fit for this group of children and young people.</i> | | <i>Begin to implement interim improvement plan – aligning to Expanding minds, Improving Lives</i> | | <i>Monitor and review new arrangements.</i> | |

| Appendix 2: Action Plan Outline 2015-2020 (Review October 2017) | | | | | | |
|--|--|--|--|--|---|----------------|
| <i>Transformation Priority</i> | <i>2015/16</i> | | <i>2016/17</i> | | <i>2017/2018</i> | <i>2018/19</i> |
| <i>Young People at Risk of Developing Personality Disorders</i> | <i>Review services available for young people at risk of developing personality disorders.</i> | | <i>Begin to implement interim improvement plan – aligning to Expanding Minds, Improving Lives.</i> | | <i>Monitor and review new arrangements.</i> | |



Draft Workforce Development Strategy and Data Collection Tool

Workforce plan (Draft)

Workforce planning, training and development needs to underpin the transformational change required in the Transformation Plan, however we acknowledge that building system wide capacity and capability to enable transformation is a challenge.

At STP level the North East and North Cumbria 'local' Workforce Action Board (WAB) is established, with membership of the from senior managers and clinical leaders selected to represent profession and/or sector rather than organisation because of their knowledge, experience, credibility and authority to make decisions on behalf of their constituency.

The LWAB is intended to:

- Agree the strategic workforce priorities to achieve transformation and sustainability across the 3 STP areas.
- Agree workforce change programmes led by Trusts, CCGs and others • Influence HEE led workforce programmes
- Engage with local and national stakeholders to co-ordinate inputs from both HEE and other STP member organisations

We also have a Workforce Action Group (WAG) to ensure 'local' workforce concerns and ambitions are fed into WAB commissioning decisions. The group has agreed to look at how we work collectively across the system to understand current and future workforce requirements, recognising that we will need to move from organisational to system workforce planning across health and social care; this requires us all to have an appreciation of current organisational workforce issues as well as working collectively to align future workforce to new models of care.

We are currently undertaking a workforce analysis across the partnership that will inform the development of a workforce strategy, but have faced some challenges gathering all of the information. We are reviewing the existing workforce including FTEs and skill mix and setting out training needs, the information collected to date is outlined in the Children and Young People Mental Health and Emotional Wellbeing Workforce Data Collection Tool (2017 Refresh).

Our intention is to further develop the workforce strategy plan as part of the implementation phase of our new model.

However, we already know some key areas of focus for the workforce that have been identified through the STP workstreams as follows

- Focus on prevention and early intervention with C&YP at risk of or with mental health problems, working with schools to improve mental health and wellbeing.
- Integrated community, acute and mental health pathways, with a focus on improving the physical and mental health of the population.
- Reduce suicide beyond national targets and a zero suicide ambition
- FYFV and local integrated pathways will focus on the improvement of care, in particular ensuring all ages receive evidence based care and the measurement of outcomes, contributing to closing the gap in terms of care and quality

Children and Young People Mental Health and Emotional Wellbeing Workforce Data Collection Tool (2017 Refresh)

| Core Services | | | Allied Services | | |
|--|--|--|--|--|--|
| | Number of Practitioner/Clinical staff in post October 16 | Number of Practitioner/Clinical staff in post October 17 | | Number of Practitioner/Clinical staff in post October 16 | Number of Practitioner/Clinical staff in post October 17 |
| School Based Services (insert as many rows as necessary) | | | School Based Services (insert as many rows as necessary) | | |
| Sub-Total | | | Sub-Total | | |
| LA Based Service (insert as many rows as necessary) | | | LA Based Service (insert as many rows as necessary) | | |
| Services targeted at other vulnerable children - YOT | | 7FTE | | 37FTE | |
| Services targeted at other vulnerable children - LAC | | | | | |
| Services targeted at other vulnerable children - PRS | | | | | |
| Services targeted at other vulnerable children – Education Support Workers | 3FTE | 3FTE | | | |
| Services targeted at other vulnerable children – Educational Psychology | 9.4 FTE | 9.4FTE | | | |
| Services targeted at other vulnerable children – Primary Behaviour Support Workers | 6FTE | 6FTE | | | |
| Services targeted at other vulnerable children – Higher Incident needs Team (HINT) | 8FTE | 8FTE | | | |
| Services targeted | 23.6FTE | 23.6FTE | | | |

| | | | | | |
|---|-------|----------|--|--|--|
| at other vulnerable children –Lower incident needs team (LINT) | | | | | |
| Services targeted at other vulnerable children – Early years assessment intervention team | 12FTE | | 12FTE | | |
| Sub-Total | | | | Sub-Total | |
| Third Sector Based Services (insert as many rows as necessary) | | | Third Sector Based Services (insert as many rows as necessary) | | |
| | | | DISC (Platform) Young People's Drug and Alcohol Services (Gateshead) | One children and young people's substance misuse practitioner post who takes a lead role in emotional health and wellbeing | One children and young people's substance misuse practitioner post who takes a lead role in emotional health and wellbeing |
| Sub-Total | | | | Sub-Total | |
| NHS Based Services (insert as many rows as necessary) | | | NHS Based Services (insert as many rows as necessary) | | |
| Consultant | | 5.9FTE | | | |
| Speciality Dr's | | 1.8FTE | | | |
| Learning Disability | | 11.35FTE | | | |
| Mental Health | | 37.03FTE | | | |
| Neurological | | 20.69FTE | | | |
| ICTS | | 13.07FTE | | | |
| Eating Disorder | | 5.3FTE | | | |
| Sub-Total | | | | Sub-Total | |
| Total | | | | | |

LTF Finance Plan

Children and Young People Mental Health and Emotional Wellbeing Finance Table (2017 Refresh)

| Service Type | Newcastle LA Funded 15/16 | Newcastle LA Funded 16/17 | Gateshead LA Funded 15/16 | Gateshead LA Funded 16/17 | CCG Funded 15/16 | CCG Funded 16/17 | Other funding source 16/17 |
|------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|------------------|------------------|----------------------------|
| Total by commissioner | tbc | tbc | £556,584 | £586,112 | £7,292,057 | £8,279,086 | £3,270,791 |

Note

1. Newcastle City Council figures to follow.
2. Ongoing review of spending and costs for future years

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TITLE OF REPORT: Modern Day Slavery update

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

Summary

The purpose of this report is to provide an overview of Modern Day Slavery legislation and how we respond strategically and operationally within Gateshead.

Background

1. Modern Day Slavery and Trafficking is happening on a local, regional, national and global scale however the true extent is unknown. There is no particular victim profile. They can be a child or an adult. However, it is likely that the person is already vulnerable in some way and could be of a minority or socially excluded group.
2. Some of the reasons people may be vulnerable to slavery or trafficking may include poverty, limited opportunities for education and employment, unstable social and political conditions, economic imbalances and war. Victims can be passed from one trafficker to another and may be subject to more than one type of abuse, slavery or exploitation.
3. The Modern Day Slavery Act 2015 was introduced in July 2015 and consolidates slavery, servitude, forced and compulsory labour and Human Trafficking into one act with maximum life sentences. The Act ensures that Police and other law enforcement agencies have the powers they need to pursue, disrupt and bring to justice those engaged in Modern Slavery activities.

Modern Slavery Act

4. The Modern Slavery Act (2015) introduced various new measures to tackle modern slavery including:
 - Consolidating existing slavery and trafficking offences
 - Increasing the maximum penalties for slavery and trafficking offences
 - Establishing the role of the Independent Anti-Slavery Commissioner
 - Introducing new measures for the protection and support of victims, slavery and trafficking
 - Creating a statutory duty for businesses over a certain threshold to make public statements on the transparency of their supply chains

5. Section 52 of the Act has created a statutory duty for specified public authorities (including the Local Authority) to notify the Home Office when they have reasonable grounds to believe that a person may be a victim of slavery or human trafficking. A notification to the Home Office will either be:
 - A referral to the National Referral Mechanism (NRM) for children and adults (who consent)
 - An anonymised notification to the Home Office for adults who do not consent

Types and Indicators of Modern Day Slavery

6. There are four recognised types of Modern Day Slavery:
 - **Forced / Bonded Labour** – Victims (often legitimate migrant workers) reach a destination country having been promised work and a chance for a better life. Often they are found legitimate work (factories, takeaways, food packaging, recycling) and given accommodation but are forced to forfeit their wages as payments for expenses. Essential documents and access to information is often withheld and verbal and physical violence can be used or threatened.
 - **Sexual Exploitation** – Victims are forced to perform non-consensual or abusive sexual acts against their will. Whilst women and children make up the majority of victims, men can also be affected.
 - **Criminal Exploitation** – Victims are often controlled and maltreated and forced into crimes such as cannabis cultivation or pick pocketing against their will.
 - **Domestic Servitude** – Once their employment transfers into a situation whereby they cannot move around freely or leave, it is enslavement.
7. Possible indicators of Modern Day slavery are numerous. These can include physical appearance, isolation, poor living conditions, few or no personal possessions (including passports, bank details, visas), restricted freedom of movement, unusual travel times. Victims are often reluctant to seek help, or are often frightened and unsure of who to trust.

Role for Local Authorities

8. Both the Modern Slavery Act and Care Act (2014) have given Local Authorities new statutory responsibilities in this area. In terms of the Care Act, it outlines Modern Slavery as one of the ten categories of abuse within Safeguarding Adults. The Modern Slavery Act places statutory duties on local authorities to respond when they judge someone to be a victim of modern slavery.
9. Key areas where local authorities can respond are around:

- **Victim Identification and response** – local authority staff need to be able to recognise the signs that indicate that someone may be a victim. A range of frontline council services may be the only public services that interact with victims, providing opportunities to spot the signs or receive intelligence that they are victims; an example may be when identifying and addressing rough sleeping and homelessness.
- **Victim support** – local authority staff may need to attend to the immediate physiological needs of victims, as well as the longer term social and psychological needs
- **Assisting with the repatriation of** victims - local authority staff may need to attend to the immediate physiological needs of victims, as well as the longer term social and psychological needs
- **Prevention and disruption of crime** – local authorities may have a role in assisting the police in disrupting organised criminal networks and reducing demand for victims of modern slavery in their area. This might be through their licensing and inspection powers: Trading Standards, planning enforcement, licensing, environmental health, anti-social behaviour and safeguarding powers can minimise the harm of modern slavery and organised crime on local people and communities. An example may be around inspecting houses in multiple occupation or gaining access to premises where victims may be working.
- **Working in partnership** – local authorities will need to cooperate with other agencies, including the third sector, the police and immigration services, as well as other levels of government and the public sector.
- **Awareness Raising** - local authorities have a vital role to play in raising awareness of the issues locally. Local community groups can work together with the police, Local authorities and other stakeholders to identify trafficking in the local area

Gateshead Strategic Exploitation Group

10. The Gateshead Strategic Exploitation Group is a joint sub-group of the Local Safeguarding Children's Board and the Safeguarding Adults Board. It is Chaired by a Chief Inspector from Northumbria Police and Co-ordinated by the Business Managers from both Boards. The Strategic Exploitation Group membership includes representatives from a wide range of organisations including the statutory and voluntary sectors. The remit of the group includes Child and Adult Sexual Exploitation, Modern Slavery, Trafficking and Female Genital Mutilation.
11. The Strategic Exploitation Group has approved the operational response to Modern Slavery outlined below. The group have committed to the production of an overarching Modern Day Slavery Strategy that will feed into the Local Safeguarding Children's Board, Safeguarding Adults Board and Community

Safety Board. This will also link to a regional Modern Slavery Strategy that is currently being co-ordinated by the Safeguarding Adults lead of Northumberland County Council.

12. The Strategic Exploitation Group has oversight of the multi-agency children's MSET (Missing, Sexually Exploited and Trafficked) meeting which takes place on a monthly basis. As an example of caseloads, 9 children were discussed in detail at the meeting in December 2017.
13. The Strategic Exploitation Group have also produced a draft framework for responding to Victims of Sexual Exploitation in Gateshead. The guidance is relevant for all cases of Adult Sexual Exploitation, regardless of whether the individual meets the Safeguarding Adult definition or if the individual is also a victim of Modern Day Slavery. The final draft will be submitted to the Safeguarding Adults Board for approval in early 2018. The guidance provides information on referral routes, screening and case management. The Strategic Exploitation Group have also agreed to the establishment of an operational Sexual Exploitation Group (SEG) which will provide a multi-agency forum for partners to discuss Adult Sexual Exploitation referrals and cases in Gateshead. The Group will be responsible for:
 - Analysing trend information and repeats for all referrals
 - Supporting the Sanctuary South social worker, Multi-Agency Safeguarding Hub and Safeguarding Adult Team with open cases
 - Mapping hotspot areas within Gateshead
 - Sharing good practice
14. The Strategic Exploitation Group have commissioned Hope for Justice to undertake training for front line practitioners in Gateshead during December 2017 and January 2018.

Gateshead Modern Slavery Concept of Operations

15. The operational response to Modern Day Slavery in Gateshead is co-ordinated by the Resilience and Emergency Planning Team which is located within the Communities and Environment Directorate.
16. A Gateshead Council Modern Slavery, Trafficking and Exploitation (MSTE) Concept of Operations (ConOps) – September 2017 has been developed to provide an overview as to how a response to issues in the Gateshead area would look like, whether this is an adult or a child.
17. The purpose of the document is to provide a framework that supports a multi-agency approach to supporting people who have been subject to modern slavery, trafficking and exploitation in the following situations:

- Responding to acute/no notice incidents within normal service operating capacity
 - Co-ordination of pre-planned operations
 - Escalation to an emergency/major incident situation including the activation of a Victim Reception Centre under the Emergency Response Process
18. The document supports a Multi-Agency response to an issue but focuses very much on what roles and responsibilities the council and partner organisations may undertake within that response.
19. The Concept of Operations:
- Describes agreed single and multi-agency aims and objectives
 - Identifies appropriate powers, policies and procedures
 - Describes access routes to agency services
 - Provides an overview of council services for victims of MSTE
 - Supports the activation and staffing of a Victim Reception Centre
 - Ensures Multi-Agency Organisations incorporate this within their own Emergency Plans
20. The plan also details:
- The single point of contact for any calls received which is Gateshead Council Care Call on 0191 478 7665 which is then coordinated by the Emergency Response Team
 - the communication processes and key contacts
 - how Gateshead Council services can be accessed during working hours; Out of Hours and in an Emergency Situation/Major Incident
 - a process for pre-planned operations, escalation processes and the various response levels
 - the victim approach and working practice
21. A copy of the document is attached as Appendix 1.
22. The Concept of Operations document has been tested over the last 12 months during Operation Bridler and this is attached as a case study in Appendix 2. However on this occasion there were no children involved but this provides an overview of this would operate in any particular situation.

Conclusion

23. Within Gateshead we have responded pro-actively to the Modern Day Slavery agenda. There is multi-agency Governance via the Strategic Exploitation Group and an agreed operational framework for Modern Day Slavery which has been tested. Work is ongoing with the production of an overarching Modern Day Slavery strategy, the roll out of training, the co-ordination of the Children's Missing, Sexually Exploited and Trafficked Group and the establishment of the Adult's Sexual Exploitation Group.

Recommendations

24. Overview and Scrutiny Committee is requested to:

- Consider and comment on the progress report
- Indicate whether it is satisfied with the progress achieved

| |
|--|
| Contact: Elaine Devaney Extension: 2704 |
|--|

Case Study - Operation Bridler

1. Operation Bridler was a joint investigation with the National Crime Agency (NCA) and Northumbria Police. This involved victims and offenders that were resident in both Gateshead and Newcastle and was designed to tackle human trafficking and modern slavery related issues within the area. To facilitate this, the Resilience Teams in both Gateshead and Newcastle have been working with services and partner agencies to develop appropriate support response arrangements.
2. Operation Bridler took place across Gateshead, Newcastle and the Manchester areas on the morning of Monday 19 June 2017, led by the National Crime Agency in conjunction with Northumbria Police.
3. As part of the operation, there were 4 properties visited within the central area of Gateshead, 3 properties within Newcastle and 1 within the Manchester area. There were 3 suspects arrested (1 from Gateshead and 2 from Newcastle).
4. A total of 10 potential victims were spoken to (8 in the Northumbria Police area – 5 from the Gateshead area, 3 from the Newcastle area, and 2 from the Manchester area). 5 females from the Gateshead area attended Victim Reception Centres in Newcastle and Washington, and were offered safeguarding advice. However all the females declined support and wanted to return to their home addresses. There were no children involved in this operation.
5. A Community Engagement Process was implemented by Northumbria Police and key messages were developed for affected councillors and local communities. This monitored any tensions within communities arising from the operation with a specific communication and engagement plan implemented.
6. A number of press releases were circulated following the operation and links are included below:

https://www.northumbria.police.uk/news_and_events/latest_news/2017/06/22/we_join_the_nca_in_a_crackdown_on_modern_day_slavery_in_our_region/

<http://www.chroniclelive.co.uk/news/north-east-news/six-arrests-police-bust-human-13222026>

<http://www.nationalcrimeagency.gov.uk/news/1122-international-human-trafficking-arrests-in-uk>
7. A Multi-Agency Planning Group was implemented to coordinate the arrangements with key partner organisations being led by Newcastle. This has been replicated in Gateshead and a Planning Team was also implemented with council services to facilitate this and ensure that the necessary planning and resources are identified ensuring support is provided to the operation from a Gateshead perspective.

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Modern Slavery, Trafficking and Exploitation (MSTE) Concept of Operations

Version: September 2017

| | | |
|---------------------|---|---|
| Status: | ACTIVE | Plan Author: David Patterson |
| Published: | August 2017 | Review Date: July 2018 |
| Circulation: | Resilience Team Adult Social Care Children and Families Emergency Duty Team Housing Services Community Safety Team Environmental Health & Trading Standards Communications Team Care Call Safeguarding Adults Team Northumbria Police NHS England British Red Cross | e-location: Resilience Direct ERT share point site |

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Purpose of the plan

The purpose of the Gateshead Council Modern Slavery, Trafficking and Exploitation (MSTE) Concept of Operations (ConOps) is to provide a framework that supports a multi-agency approach to supporting people who have been subject to slavery, trafficking and exploitation in the following situations:

- Responding to acute/no notice incidents within normal service operating capacity
- Escalation to an emergency/major incident situation including the activation of a Victim Reception Centre under the Emergency Response Process

To complement this plan the following should also be read from the suite of documents:

- MTSE Pre-Planned Operation Response Plan [when required]
- MTSE Victim Reception Centre Plan [when required]

This plan should also be used in conjunction with:

- **Northumbria Police Modern Slavery/Human Trafficking Joint Protocol**
The purpose of this protocol is to define the role of Northumbria Police, Newcastle, Sunderland, Gateshead, South Tyneside, North Tyneside and Northumberland Local Authorities (LA), the United Kingdom Borders Agency (UKBA) and safeguarding partners, and to agree a formal process when dealing with adults and children victims of modern slavery/ human trafficking.
- **Gateshead Council - Emergency Response Process and Action Cards**
These documents provide details of Gateshead Council's arrangements for responding to emergency situations or a major incident
- **Gateshead Council - Community Tensions Framework**
The framework set out how, as a Partnership, issues that have the potential to cause increased tensions within local communities are captured, monitored and acted upon.
- **Northumbria Local Resilience Forum Major & Critical Multi-Agency Incident Declaration Protocol**
This protocol is for the Northumbria Local Resilience Forum Major or Critical Incident activation. It defines a Major Incident, Police defined Critical Incident and Civil Emergency and details the activation plan.

The Concept of Operations will:

- Describe agreed single and multi-agency aims and objectives
- Consider the response to MSTE within Joint Decision Model processes
- Identify appropriate powers, policies and procedures
- Describe access routes to agency services
- Provide an overview of council services for victims of MSTE
- Support the activation and staffing of a Victim Reception Centre
- Ensure Multi-Agency Organisations incorporate this within their own Emergency Plans

Aims and Objectives

Multi-agency Strategic Aim

To respond to offences of Modern Slavery, Trafficking and Exploitation (MSTE) within the Northumbria Police Area through the delivery of a multi-faceted and targeted response

Gateshead Council Strategic Aim

To provide appropriate support to people who have been identified as having been victims of MSTE within Gateshead

Working strategy

The strategic aims for Modern Slavery Operations are based on the following intention

- To investigate and prosecute individuals who exploit people by means of modern slavery and support those who are its victims

To achieve this, operations will:

- Rescue and safeguard victims
- Respond in such a manner as to increase the opportunities for evidential accounts and improve their lives significantly through the provision of an appropriate humanitarian response

Multi-Agency Operational Objectives

The multi-agency operational objectives are:

1. Formulate and deploy a multi-agency approach that minimises the risks faced by as yet unidentified victims of MSTE through:
 - i. effective safeguarding
 - ii. promotion of initial and on-going welfare needs
 - iii. comprehensive investigation
2. Develop and implement a victim strategy that will provide professional, and if appropriate specialist support, to victims including referral to the National Referral Mechanism (ANNEX A)
3. Convene and support a Victim Reception Centre (VRC) if people cannot be housed within council emergency accommodation either because of their needs or numbers
4. Coordinate and manage investigations, ensuring that relevant evidence, intelligence and information relating to those investigations is appropriately linked to maximise investigative opportunities
5. Identify and bring to justice offenders that are linked through evidence and analysis to victims of MSTE
6. Ensure the impact on communities resulting from reports of Modern Slavery are properly assessed and that supporting actions are put in place through a Community Tension Assessment and Engagement Plan to mitigate the identified risks
7. Ensure that effective response and communication plans are in place to manage any approaches to agencies from other victims, offenders, witnesses and concerned members of the public.
8. Engage partner agencies to provide specialist advice and support
9. Ensure that emergency plans and policies are adjusted accordingly in the event of supporting a response
10. Ensure all agencies are properly briefed and kept updated
11. Develop and implement communication to address the requirements of the victims, the investigation, partner agencies, public reassurance and community confidence
12. Ensure that public confidence is maintained in the responding agencies through the deployment, conduct and professionalism of properly trained and suitably experienced staff
13. Ensure that organisational and individual learning is identified and disseminated at an appropriate juncture
14. Ensure the response to MSTE is undertaken within legislative and policy framework and consider powers, policies and procedures (ANNEX A)

Roles and Responsibilities

Multi-Agency Organisations

Northumbria Police / National Crime Agency

- Overall lead of the operation
- Lead and manage the Victim Reception Centre
- Liaise within the Major Incident Room (if operational)
- Lead the Tactical Co-ordinating Group
- Ensure that regular briefings are made to update people as to what is happening.
- Co-ordinate public messaging and community engagement

Hope for Justice

- Provide appropriate support for people who have been trafficked
- Inform the practice of all agencies providing services within the Victim Reception Centre

Salvation Army

- Support access to the National Referral Mechanism

British Red Cross

- Provide welfare, emotional wellbeing and first aid to victims within the Victim Reception Centre

NHS England

- Identify and activates appropriate health resources for the Victim Reception Centre (e.g. nurse practitioners, community nurses, GPs etc)
- Address the immediate health needs of victims at the Victim Reception Centre
- Provide support in accessing replacement medication
- Liaise with the wider health economy and social care to support survivors as necessary, particularly those deemed to be more vulnerable

Gateshead Council

Adult Social Care, Gateshead Council

- Undertake an initial social care assessment for adults where necessary with referrals to Mental Health, Deprivation of Liberty Safeguards or Safeguarding Teams if required
- Adult Social Care would respond to human rights acts assessments for those who have no recourse to public funds and care act assessments for those who meet the threshold e.g. mental or physical impairment/condition or are elderly and an appearance of need (social care need not housing) or health

Children and Families, Gateshead Council

- Undertake safeguarding and social care enquiries for children where necessary

Communications Team, Gateshead Council

- Coordination of an external media response in conjunction with the lead agency if appropriate
- Monitoring of social media

Roles and Responsibilities

Community Safety Team, Gateshead Council

- Activate the Community Tensions Framework and assess the level of risk evident from the issues
- Contact all members of the Community Tensions Response Group with information relating to the incident to support the reassurance, enforcement and engagement process
- Depending upon the nature/severity of the issues, in conjunction with the police, undertake a Community Tension Assessment
- Establish a Communications/Engagement Plan in conjunction with the Resilience/ Emergency Response Team [see communication section]
- Identify how to provide feedback to communities and consider actions designed to improve community cohesion

Emergency Duty Team, Gateshead Council

- Provide the Council's out of hours social care service for both adults and children

Emergency Response/Resilience Team, Gateshead Council

- Act as a single point of contact and conduit for MTSE calls received by the Council and refer to relevant teams for support
- Establish a Communications/Engagement Plan in conjunction with the Community Safety Team [see communication section]
- Support Northumbria Police to operate a Victim Reception Centre if needed and liaise with partner agencies to deliver appropriate support services
- Manage the coordination of Council Services in an emergency situation or major incident
- Activate the communications protocol in an emergency situation or major incident
- Support multi-agency decision making in the event of a Tactical Coordination Group being established

Environmental Health Team, Gateshead Council

- Undertake environmental health inspections of private rented properties
- Initiate any actions with the Trading Standards Team around proceeds of crime implications

Housing Services, the Gateshead Housing Company

- Provide free, confidential and impartial advice for people in housing need, in a potentially homeless situation or simply wishing to access different types of housing
- Identify appropriate accommodation for victims where appropriate
- Liaise with Adult Social Care if there is no statutory provision for a Human Rights Assessment to be undertaken looking at additional rights that someone may have

Communication

Upon notification of a **planned operation/unplanned incident** of Modern Day Slavery or Human Trafficking, the Community Tensions Framework will be activated by Community Safety to help monitor and respond to tensions within local communities.

As part of this process, a discussion will take place between Resilience and Community Safety to ascertain who is in the best position to share information on the incident with relevant/affected stakeholders (e.g. Councillors, Strategy Group, Leader of the Council and Chief Executive etc.). This is to provide an overview at a Strategic level of any potential issues for the Council to be highlighted and standby arrangements to be implemented within teams if required.

In a planned operation, a specific Operational Response Plan will be developed that will provide key delivery arrangements, communications, engagement and key contacts.

A briefing will be provided to the Leader, Deputy Leader, Chief Executive, Strategy Group and the chair of the Safeguarding Adults and Local Safeguarding Children's Boards prior to the STRIKE PHASE of any planned operation by the Resilience Team.

In an out of hours situation, or if an emergency situation / major incident is declared the Emergency Response Communications Protocol will be activated and this will be led by the Emergency Response Team. The identified Incident Controller will lead on communication and arrange for the Leader, Deputy Leader and affected Ward Councillors to be informed. The Community Safety Team will be informed as part of this protocol to help and monitor any tensions, and then take the lead the next working day to provide progress updates once the emergency/major incident is scaled down.

In the event of an **emergency situation/Major Incident** to support the development of a shared situational awareness, the Major Incident Room will produce and circulate agency Situation Reports [frequency to be determined] during its period of the operation.

If the Major Incident Room is non-operational, Situation Reports will be developed and circulated to partners, Strategy Group and Leadership Team by the lead HQ Co-ordinator from the Emergency Response Team. Any information briefings for Councillors will be provided by the Coms Officer within the Major Incident Room as part of the Communications Protocol of the Emergency Response Team.

Accessing Gateshead Council Services

Victims of MSTE may present in a number of different ways:

- Self-presentation to a statutory or voluntary agency
- Agency identification through their
 - normal business activities e.g. police investigations
 - multi-agency road traffic collision response
 - supply chain transparency investigations
 - social care activity
- Discovery during an organised police raid

It is the responsibility of the presenting organisation to inform Northumbria Police of the situation through business as usual routes. If local authority support is required, the following contact processes should be used whether issues are reported during working hours, out of hours or as part of a Major Incident or Emergency Situation:

During Working Hours

Northumbria Police Identify someone who is thought to be a victim of modern slavery and/or exploitation

Information required by the Council

- How many people have either self presented or been rescued?
- What is needed immediately e.g. adult or child safeguarding assessment, capacity assessment or emergency housing?
- Do their circumstances suggest that they might be eligible for the National Referral Mechanism?
- Is this an on-going incident and are more people likely to be self presenting/rescued in the next few hours/days?
- Care Call to use 1.9 Care Call check list (METHANE template)

Care Call contact the Emergency Response Team who undertake intelligence gathering using Intel Template

Adult Social Care
Single Point of Access

0191 433 8371
0191 433 2308

Housing Services

0191 433 2642

Children & Families
(if children involved)

0191 433 2653

Community Safety

0191 433 3243
For community tension
monitoring

Information needed for a housing assessment

- Client Information
- Nationality, Immigration Status
- Last accommodation details
- Local connection details
- Support needs and medical details
- Physical health issues
- Substance use
- Employment
- Personal Documentation
- Institutional History
- Housing History
- Historical / Current housing issues
- Mental Health Needs
- Are an elderly person
- Ex Offender
- Welfare benefits and income

EDT should also be made aware at the end of the working day

Out of Hours

Northumbria Police Identify someone who is thought to be a victim of modern slavery and/or exploitation

Information required by the Council

- How many people have either self presented or been rescued?
- What is needed immediately e.g. adult or child safeguarding assessment, capacity assessment or emergency housing?
- Do their circumstances suggest that they might be eligible for the National Referral Mechanism?
- Is this an on-going incident and are more people likely to be self presenting/rescued in the next few hours/days?
- Care Call to use 1.9 Care Call check list (METHANE template)

Care Call contact the Emergency Response Team who will pass on to The Emergency Duty Team for social care or the Housing Options Officer, depending on the issues

Emergency Duty Team

0191 477 0844 for the
Emergency Duty Team for
Assessments

Housing Services

0191 433 2642

Information needed for a housing assessment

- | | |
|--|--|
| <ul style="list-style-type: none">- Client Information- Nationality, Immigration Status- Last accommodation details- Local connection details- Support needs and medical details- Physical health issues- Substance use- Employment | <ul style="list-style-type: none">- Personal Documentation- Institutional History- Housing History- Historical / Current housing issues- Mental Health Needs- Are an elderly person- Ex Offender- Welfare benefits and income |
|--|--|

EDT should also be made aware at the end of the working day

- Emergency Response Team complete intelligence template
- Adult Social Care/Children & Families informed
- Community Safety Team

Emergency or Major Incident Situation

If issues escalate or the responding service assesses the situation to be more than operational capacity, and is developing into an emergency situation, Care Call should be contacted to alert the Emergency Response Team.

Activate
Emergency Response Process

Lead
Incident controller with support
from the Emergency Response Team

Consider declaring a
**COUNCIL EMERGENCY
SITUATION**
or **MAJOR INCIDENT**

If a Police Critical Incident, Major Incident or Major Incident Standby is declared, Care Call will Immediately contact the Emergency Response Team

Council Considerations

Following a request for council support for people thought to be victims of MSTE, Adult Social Care, Children's Services or the Emergency Duty Team should consider the following issues:

| | | |
|-----|---|--|
| 1 | How many people require support and what assistance is required? | |
| 2a | Does the requested support require recipients to be eligible for access to the public purse? | |
| 2b | If the victim doesn't have recourse to public funds, what support can be provided | |
| 3 | What timescale are Northumbria Police working to: | |
| 3a | Evidence of trafficking and/or exploitation has been discovered during un-related police activity and the victim (s) require immediate social care support - Immediate support is required | |
| 3b | People have self-presented and require emergency housing and/or social care whilst investigations are on-going - Urgent support is needed, but people are in a place of safety | |
| 3c | People have self-presented and their condition requires immediate health interventions and subsequent council support - Support is needed but people's immediate needs are being met | |
| 3d | An urgent police strike is expected to take place within the next few hours - Planned support is needed for potentially large numbers of people about whom little is known | |
| 3e | A planned police strike is expected to take place within the next few days - Planned support is needed for potentially large numbers of people about whom some is known | |
| 3f | For each service involved in the delivery of the requested actions consider the following questions | |
| | Can the support be provided with currently deployed resources? If it can't: | |
| 3fa | <ul style="list-style-type: none"> • where can additional resources be found | |
| 3fb | <ul style="list-style-type: none"> • who needs to agree to the re-allocation or procurement or additional resource | |
| 3fc | <ul style="list-style-type: none"> • how long would it take for the resources to be made available | |
| 4a | What could be the impact on business as usual be if the requested level of support was provided? | |

Council Considerations

| | | |
|----|--|--|
| 4b | If the impact is significant, consider whether existing continuity arrangements provide appropriate resources to maintain agreed service levels | |
| 4b | Identify who can sign off the: | |
| | acceptance of a time limited reduction of council services in line with agreed continuity or surge plans | |
| | offer of reduced support that would not compromise our statutory obligations | |
| | refusal of requested support to Northumbria Police | |
| 4c | Consider contacting the Emergency Response Team [via Care Call] to declare an Emergency Situation if the support needed cannot be fulfilled by business as usual or a corporate response is required due to the size and nature of the request | |
| 5 | If the impact is moderate discuss the potential for the incident to escalate with Northumbria Police and service managers and consider preparing to provide for increasing or prolonged support | |

Guidance for victims who have no recourse to public funds

If there is no statutory provision for a Human Rights Assessment to be undertaken looking at additional rights that someone may have. Adult Social Care would respond to human rights acts assessments for those who have no recourse to public funds and care act assessments for those who meet the threshold e.g. mental or physical impairment/condition or are elderly and an appearance of need (social care need not housing) or health.

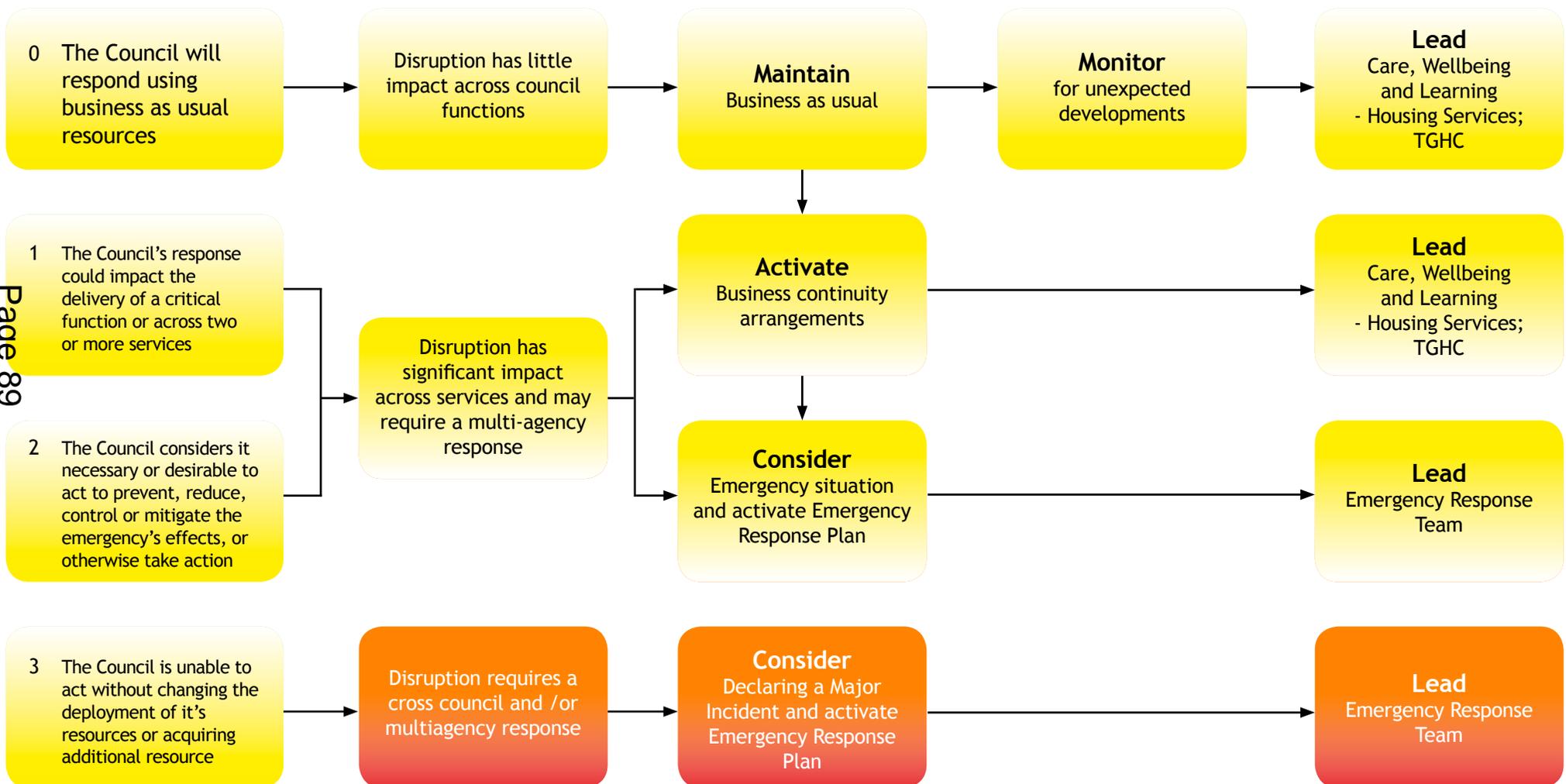
Pre-Planned Operations

In the event of a pre-planned operation an addendum 'Operational Response Plan' will accompany this document which will provide specific details for that operation of:

- Operational Delivery Arrangements
- the Victim Reception Centre (if required)
- Roles and Responsibilities of Multi-Agency Partner Organisations within that operation
- Command and Control Structure
- Key Contacts (with named individuals and points of contact)
- Strike Information

Escalation Process

This diagram shows the council's modern slavery and trafficking response from business as usual to a major incident response. It does not apply to pre-planned multi agency operations



Response Levels (numbers are indicative values only)

| | About the people who need support | Response initiated by | Leadership will be provided by | Support will be provided by |
|----------------------------|--|--|--|---|
| Business as Usual | <ul style="list-style-type: none"> • 1-5 people who have no safeguarding concerns • 1-3 people who need accommodating • Emergency accommodation can be provided using existing resources | <ul style="list-style-type: none"> • Adult Social Care • Children and Families • Housing Options Team • Emergency Duty Team during a shift | <ul style="list-style-type: none"> • Business as usual contact | <ul style="list-style-type: none"> • Existing resources within the Care, Wellbeing and Learning and The Gateshead Housing Company |
| Emergency Situation | <ul style="list-style-type: none"> • 6-10 adults who have no safeguarding concerns • Emergency accommodation support can only be provided using external resources <p>(numbers are indicative values only)</p> | <ul style="list-style-type: none"> • Adult Social Care • Children and Families • Housing Options Team • Emergency Duty Team during a shift • Care Call | <ul style="list-style-type: none"> • Emergency Response Team (in and out hours) | <ul style="list-style-type: none"> • Existing resources within the Care, Wellbeing and Learning and The Gateshead Housing Company • Emergency Response Team to coordinate |
| Major Incident | <ul style="list-style-type: none"> • Numbers exceed the availability of emergency housing support • 3+ victims who do not have access to support from the public purse • 11 + adults who have limited safeguarding concerns • 5+ adults who have moderate or significant safeguarding concerns • 5+ adults who have been trafficked for sexual exploitation • 5+ adults who have significant safeguarding concerns <p>(numbers are indicative values only)</p> | <ul style="list-style-type: none"> • Adult Social Care • Children and Families • Housing Options Team • Emergency Duty Team during a shift • Care Call • Emergency Response Team | <ul style="list-style-type: none"> • Emergency Response Team (in and out hours) | <ul style="list-style-type: none"> • Existing resources within the Care, Wellbeing and Learning and The Gateshead Housing Company • Emergency Response Team to coordinate |

The Victim Approach and Working Practice

Victim Reception Centre

Depending upon the severity of the issues and number of victims involved, a Victim Reception Centre may need to be implemented with the purpose of:

- Providing a place of safety for people who have been directly involved in an incident but who do not need immediate acute hospital treatment
- Facilitating the provision of immediate humanitarian assistance and first aid
- Providing short term accommodation for up to 5 days
- Enabling the delivery of emotional support
- Providing information to victims about what is happening
- Facilitating the collection of witness statements for Northumbria Police
- Directing victims on to further assistance

The Victim Reception Centre (VRC) will be located in an appropriate building agreed between Gateshead Council and Northumbria Police

An addendum 'Victim Reception Centre Plan will accompany this document which will provide specific details and information.

Gather information and intelligence

Preparation

Northumbria Police will lead on the gathering and analysis of intelligence relating to MSTE operations. This information will be shared with partner agencies in a timely and appropriate manner. This will include contacting the Emergency Response Team to undertake any necessary local authority checks using the information sharing template at ANNEX B. This should then be provided to the lead Police Officer to feed into the overall intelligence picture.

If other agencies become aware of information relating to MSTE during the course of their everyday activities, it should be reported to the police on 101 x 62553 or 101 x 66442 or if in immediate danger 999.

During an emergency situation / Major Incident, or in the preparation phase of a planned operation, the Emergency Response Team will co-ordinate data and intelligence sharing between council services, partner agencies and Northumbria Police.

Implementation

When responding to an ad hoc report of MSTE, information and intelligence will be shared and stored using business as usual processes.

During a planned operation, or following the declaration of an emergency situation or Major Incident, information and intelligence gathering from within the council will be co-ordinated by the Emergency Response Team.

This will be shared with Strategic Coordination or Tactical Coordination Groups through the Gateshead Council Incident Controller [IC]. This will be in conjunction with the Emergency Response Process and the Northumbria Local Resilience Forum Major Incident Declaration Protocol.

Assess risks and develop a working strategy

Different responder agencies may see, understand and treat risks differently. Each agency should carry out their own 'dynamic risk assessments' but then share the results so that they can plan control measures and contingencies together more effectively.

By jointly understanding risks and associated mitigating actions, organisations can promote the safety of responders and reduce the impact that risks may have on members of the public, infrastructure and the environment. This is demonstrated in ANNEX E.

Definitions

If incidents occur as a result of MSTE action, all agencies recognise that an emergency situation or a Major Incident as defined within the Gateshead Council Emergency Response Process - ANNEX C.

The issues may also be presented by the Police as a Critical Incident (CI) which is defined as any incident where the effectiveness of the police response is likely to have a significant impact on the confidence of the victim, their family and/or the community. However this is not a recognised definition within the Gateshead Council Emergency Response Process and issues should be responded to as an Emergency Situation.

Decision Making

Single and multi-agency decision making will follow this general pattern of the JESIP principles:

1. Working out what's going on (Situation)
2. Establishing what needs to be achieved (Direction)
3. Reflecting on operational and agency values and purposes (Ethics)
4. Deciding what to do about it (Action)

These activities will be supported by the Joint Decision Model (JDM) of the JESIP Framework - ANNEX E and ANNEX F.

Briefings

Briefings will be carried out in a way that can be easily understood by those who will carry out the actions or support activities. To ensure all those involved in an activity covered by this plan, the IIMARCH principles will be used to develop the messages. Where possible, briefings should be multi-agency to ensure consistent activities during the response. The template is attached as ANNEX D.

Action and Review

As actions within the operation are implemented, the delivering agency will review their impact in real time and make the necessary adjustments to ensure the agreed outcome is delivered

If the response has triggered the council's Emergency Response Plan, the Emergency Response Team and the Major Incident Room (if operational) will record the actions, desired and actual outcomes within the digital Incident Log. A retrospective review will be undertaken as part of the North East Debrief Protocol by the Resilience Team.

If partner agencies are concerned about the outcome of any action (or the potential impact of future activities) they should express their concerns immediately through their management chain for consideration and review.

Key Contacts

| Team | Contact no |
|--|---|
| Resilience & Emergency Planning Team, Gateshead Council | 0191 433 2807 0191 433 3986 |
| Adult Social Care, Gateshead Council | 0191 433 8371 0191 433 2308 |
| Care Call, Gateshead Council (out of hours contact all other enquiries) | 0191 478 7665 0191 478 7666 0191 477 0844 (alternative out of hours number) |
| Children and Families, Gateshead Council | 0191 433 3983 0191 433 3989 |
| Emergency Response Team (to activate the team in an emergency or Major Incident situation) | 0191 477 4684 |
| Emergency Duty Team, Gateshead Council | 0191 477 0844 |
| Housing Services, Gateshead Council | 0191 433 3174 0191 433 2642 0191 433 2516 |
| Community Safety Team, Gateshead Council | 0191 433 3243 |
| Communications Team, Gateshead Council | 0191 433 2076 0191 433 3544 |
| Environmental Health and Trading Standards, Gateshead Council | 0191 433 3922 0191 433 3910 |
| Multi-Agency Partner Organisations | |
| Operation Sanctuary Team, Northumbria Police | 101 x 62553 101 x 66442 |
| British Red Cross (on-call officer - 24 hrs) | 0300 023 0700 |
| Hope for Justice (activation via Police) | 0300 008 8000 |
| Salvation Army (on-call officer) | 07718 183859 |
| NHS England (for pre-planned operations) | 0113 824 8019 07917 013008 |

ANNEX A - Consider powers, policies and procedures

The response to MSTE is undertaken within the following legislative and policy framework

Civil Contingencies Act 2004

<https://www.gov.uk/guidance/preparation-and-planning-for-emergencies-responsibilities-of-responder-agencies-and-others>

JESIP (Joint Emergency Services Interoperability Programme) www.jesip.org.uk/

Council of Europe Convention on Action against Trafficking in Human Beings

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236093/8414.pdf

Directive Preventing and combating trafficking in human beings and protecting its victims

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:101:0001:0011:EN:PDF>

Human Rights Act 1998 <http://www.legislation.gov.uk/ukpga/1998/42/contents>

Modern Slavery Act 2015 <http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>

Safeguarding Vulnerable Groups Act 2006 <http://www.legislation.gov.uk/ukpga/2006/47/contents>

Care Act 2014 <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm>

Children Act 1989 <http://www.legislation.gov.uk/ukpga/1989/41/contents>

Children Act 2004 <http://www.legislation.gov.uk/ukpga/2004/31/contents>

Achieving Best Evidence in Criminal Proceedings

http://www.cps.gov.uk/publications/docs/best_evidence_in_criminal_proceedings.pdf

Housing Act 2004 <http://www.legislation.gov.uk/ukpga/2004/34/contents>

Environmental Protection Act 1990 <http://www.legislation.gov.uk/ukpga/1990/43/contents>

National Referral Mechanism

<https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales>

Convention for the Protection of Human Rights and Fundamental Freedoms

http://www.echr.coe.int/Documents/Convention_ENG.pdf

Ranstev v Cyprus (25965/04) (2010) 51 EHRR 1

https://www.coe.int/t/dghl/cooperation/economiccrime/corruption/Projects/CAR_Serbia/ECTHR%20Judgements/English/RANTSEV%20v%20CYPRUS%20%20RUSSIA%20-%20ECHR%20Judgment%20_English_.pdf

Galdikas and Ors R v Secretary of State for the Home Department and Ors EWHC 942

<http://www.bailii.org/ew/cases/EWHC/Admin/2016/942.html>

ANNEX B - Information Sharing Template

Please complete one template per address that is provided by Police:

| | |
|--|--|
| Address: | |
| Postcode: | |
| Tenure: | |
| Landlord Details: | |
| Names, DOBs and nationality of known occupants/tenants within the property: | |
| Names, DOBs and nationality of any known children within the property: | |

| Gateshead Council | Comments and/or information known: |
|--|---|
| Care First (social care information system) Contact x 8371 for Adult Social Care Contact: x 3983 for Children and Families Information provided by and date: | |
| Council Tax Records Contact Benefits Team on x 3660 for property and individual checks Information provided by and date: | |
| Community Safety Team Contact: x 3541 for any known info re. area Information provided by and date: | |
| The Gateshead Housing Company Contact: x 5326 for checks on any council tenants and properties Information provided by and date: | |
| Housing Services Contact x 3174 for checks on any housing assessment or homelessness applications Information provided by and date: | |
| Private Rented Sector & Environmental Health Teams Contact x 3922 for checks on private rented properties and landlords Information provided by and date: | |

ANNEX C - Definitions

If incidents occur as a result of MSTE action, all agencies recognise that an emergency situation or a Major Incident is defined within the Emergency Response Process as being:

An Emergency Situation is defined in the Civil Contingencies Act 2004 (CCA, 2004) as:

- An event or situation which threatens serious damage to human welfare and /or environment in a place in the UK; or
- War or terrorism which threatens serious damage to the security of the UK.

Additionally to constitute an emergency, an event or situation must also pose a considerable test for an organisation's ability to perform its functions, and;

- would be unable to act without changing the deployment of its resources or acquiring additional resources and;
- where the organisation would consider it necessary or desirable to act to prevent, reduce, control or mitigate the emergency's effects.

The issues may also be presented by the Police as a **Critical Incident (CI)** which is defined as any incident where the effectiveness of the police response is likely to have a significant impact on the confidence of the victim, their family and/or the community. However this is not a recognised definition within the Gateshead Council Emergency Response Process and issues should be responded to as an Emergency Situation.

A Major Incident within Gateshead is any emergency that requires the implementation of special arrangements by one or all of the emergency services, partner agencies or the local authority for one or more of the following:

- The rescue and transportation of a large number of casualties
- The involvement either directly or indirectly of large numbers of people
- The handling of a large number of enquiries likely to be generated from the public and the news media, usually to the police
- The mobilisation and organisation of the emergency services and supporting organisations, e.g. local authorities, to cater for the threat of death, serious injury or homelessness to a large number of people
- The large-scale deployment of the combined resources of the emergency services

A Major Incident can also be declared by any emergency responder or agency, however a Major Incident to one organisation may not be so to another. It is important that all responding agencies are made aware of such incidents to enable them to be put on standby or to provide an appropriate supporting response, even if not directly involved.

1. "Emergency responder agency" describes all category one and two responders as defined in the Civil Contingencies Act (2004) and associated guidance.
2. A major incident is beyond the scope of business-as-usual operations, and is likely to involve serious harm, damage, disruption or risk to human life or welfare, essential services, the environment or national security.
3. A major incident may involve a single-agency response, although it is more likely to require a multi-agency response, which may be in the form of multi-agency support to a lead responder.
4. The severity of the consequences associated with a major incident are likely to constrain or complicate the ability of responders to resource and manage the incident, although a major incident is unlikely to affect all responders equally.
5. The decision to declare a major incident will always be a judgement made in a specific local and operational context, and there are no precise and universal thresholds or triggers. Where LRFs and responders have explored these criteria in the local context and ahead of time, decision makers will be better informed and more confident in making that judgement

ANNEX D - Briefings

Briefings will be carried out in a way that can be easily understood by those who will carry out the actions or support activities. To ensure all those involved in an activity covered by this plan, the IIMARCH principles will be used to develop the messages. Where possible, briefings should be multi-agency to ensure consistent activities during the response. The template is below.

| IIMARCH | Key questions | Considerations |
|----------------------------|---|--|
| Information | What, where, when, how? What might? How many? | |
| Intent | Why are we here? What are we trying to achieve? | Strategic aim and objectives Joint working strategy |
| Method | How are we going to do it? | Command, control and coordination arrangements Tactical and operational policy and plans Contingency plans |
| Administration | What is required for effective, efficient and safe implementation? | Identification of commanders Tasking, Timing, Decision logs Equipment, Dress code & PPE Welfare, food and logistics |
| Risk assessment | What are the relevant risks? What measures are required to mitigate them? | Joint understanding of risk Decision controls |
| Communications | How are we going to initiate and maintain communications with all partners and interested parties? | Other means of communication Understanding of interagency communications Information assessment Dealing with the Media, develop a joint media strategy and plan |
| Humanitarian issues | What humanitarian assistance and human rights considerations arise or may arise from this event and the response to it? | Requirement for humanitarian assistance Information sharing and disclosure Potential impacts on individuals' human rights |

ANNEX E - Joint Understanding of Risk

| | |
|--|--|
| IDENTIFY HAZARDS | This begins with the initial call to a control room and continues as first responders arrive in scene. Information gathered by individual agencies should be disseminated to all first responders, control rooms and partner agencies effectively. |
| CARRY OUT A DYNAMIC RISK ASSESSMENT (DRA) | Individual agencies carry out dynamic risk assessments, reflecting the tasks/objectives to be achieved, the hazards identified and the likelihood of harm from those hazards. The results should then be shared with any other agencies involved. |
| IDENTIFY TASKS | Each individual agency should identify and consider their specific tasks, according to their role and responsibilities. These tasks should then be assessed in the context of the incident. |
| APPLY RISK CONTROL MEASURES | Each agency should consider and apply appropriate control measures to ensure any risk is as low as reasonably practicable. The 'ERICPD' mnemonic may help in agreeing a coordinated approach with a hierarchy of risk control measures: Eliminate, Reduce, Isolate, Control, Personal Protective Equipment, Discipline |
| HAVE AN INTEGRATED MULTI-AGENCY OPERATIONAL RESPONSE PLAN | The outcomes of the hazard assessments and risk assessments should be considered when developing this plan, within the context of the agreed priorities for the incident. If the activity of one agency creates hazards for a partner agency, a solution must be implemented to reduce the risk to as low as reasonably practicable. |
| RECORD DECISIONS | The outcomes of the joint assessment of risk should be recorded, together with the jointly agreed priorities and the agreed multi-agency response plan, when resources permit. This may not be possible in the early stages of the incident, but post-incident scrutiny focuses on the earliest decision making. |

Agencies should maintain oversight of their staff risk exposure by:

1. Identifying hazards e.g. risks to personal safety, safety of other, property and equipment and agency reputation
2. Carrying out dynamic risk assessments and communicating these across the responding agencies
3. Ensuring actions undertaken by agency officers are within their area of personal expertise and agency responsibility
4. Working towards developing an environment where the risks people face are as low as reasonably practicable
5. Operating as part of a multi-agency team
6. Recording decisions, and the information used to make them, contemporaneously within note books and/or incident logs

ANNEX F - Decision Making

Single and multi-agency decision making will follow this general pattern of the Joint Decision Model (JDM) of the JESIP Framework:



Decision making controls and considerations

Decision makers should use the following decision controls to ensure that the proposed action is the most appropriate

1) Why are we doing this?

- a) What goals are linked to this decision
- b) What is the rationale and is that jointly agreed
- c) Does it support working together, saving lives and reducing harm

2) What do we think will happen

- a) What is the likely outcome of the action; in particular what is the impact on the objective and other activities
- b) How will the incident change as a result of these actions, what outcomes do we expect

3) In light of these considerations, is the benefit proportional to the risk

- a) Do the benefits of proposed actions justify the risks that would be accepted

4) Do we have a common understanding and position on

- a) The situation, its likely consequences and potential outcomes
- b) The available information, critical uncertainties and key assumptions
- c) Terminology and measures being used by all those involved in the response
- d) Individual agency working practices related to a joint response
- e) Conclusions drawn and communications made

5) As an individual

- a) Is the collective decision in line with my professional judgement and experience
- b) Have we (as individuals and as a team) reviewed the decision with critical rigour
- c) Are we (as individuals and as a team) content that this decision is the best practicable solution

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TITLE OF REPORT: **Performance Improvement Update 2017
Hospital admissions as a result of self-harm
Children and young people (age 10 to 24 years)**

REPORT OF: **Alice Wiseman, Director of Public Health**

SUMMARY

The purpose of this report is to provide the Committee with an overview of hospital admissions as a result of self-harm children and young people (age 10 to 24 years) in Gateshead, and an update on the work that has taken place over the last twelve months.

1. Background

1.1 The Committee has received reports on hospital admissions as a result of self-harm since 2014. Reports have included definitions of self-harm, why people engage in self-harm, national context, local context, service information and actions taken to address self-harm.

2. Key findings in Gateshead, North East and statistical neighbours

Child Health Profile

- 2.1 The child health profile produced annually by Public Health England presents a picture of child health and wellbeing for each Local Authority area. The profile (published in March 2017) shows that 189 children and young people age 10 to 24 years were admitted to hospital as a result of self-harm in 2015/16 (544.9 per 100,000 population). This is a slight increase from 2014/15 which was 179 (531.3 per 100,000).
- 2.2 In the North East Gateshead has the second highest rate of hospital admissions for self-harm for children and young people (age 10 to 24) with Stockton-on-Tees being the highest at 577.6. Newcastle has the lowest rate at 369.9. The England average rate is 430.5 and the North East average is 442.9 (all per 100,000 population).
- 2.3 When compared with our statistical neighbours Gateshead has the fifth highest rate out of 11 areas in total. St Helens has the worst rate at 958.9 and Halton has 836.1 (both per 100,000 population).

- 2.4 It should be noted that the data refer to episodes of admission and not persons. Any indicator based on hospital admissions may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence. Public Health England has advised that there are some concerns regarding the quality of the data for this indicator.
- 2.6 Information from North East Commissioning support confirms that in Gateshead frequently admitted patients continue to impact on the figures and this would suggest that some children and young people are not having their needs met and as a result they repeatedly self harm.
- 2.6 There are a number of areas that require further exploration in relation to the data submissions. We will work with our research and intelligence team in the council, Gateshead and Newcastle CCG and Newcastle public health team to investigate this data and potential differences in coding and data collection.

3. Actions to address self-harm

- 3.1 Newcastle/Gateshead Clinical Commissioning Group provided funding in late 2016 to facilitate self-harm training in schools as part of the wider strategic transformation plan for children and young people's mental health. The training was delivered to a total of 60 staff across 13 schools in Gateshead. The training was delivered via two 3 hour training sessions. Schools were asked to identify key members of staff who would benefit from training in this area which included roles such as senior leadership staff, designated safeguarding leads, inclusion support staff and learning outcomes.
- 3.2 The training aimed to increase participant's knowledge about self-harming behaviour and increase skills in communicating with students regarding these issues. The training covered attitudes to self-harm and emotional impact, risk factors and warning signs, why do young people do it, how to help young people, prevention and building resilience, assessing levels of crisis and signposting accordingly. Schools were also introduced to the mental health toolkit for schools and looked at a number of case studies from practice.
- 3.3 Data was gathered regarding the impact of the training and 85% of the staff who completed ratings at both sessions reported improvements in confidence in dealing with self-harm issues in schools and 85% also reported improvements in their knowledge regarding the risk factors for self-harm.
- 3.4 Gateshead Local Safeguarding Children Board continue to provide level 3 training sessions for people working with children and/or their families and people in adult care services who work with young people who are self harming or likely to self-harm.
- 3.5 Committee members received an update at the July 2017 meeting on the progress of the transformation work for children and young people's mental health services. The update gave an overview of the proposed model and the next steps to

implement the model. The new model will utilise the principles of the Thrive model which advocates for mental health services to be delivered according to the needs and preferences of young people and their families, using an integrated, person centred approach to child and adolescent mental health.

- 3.6 Two service specifications are currently being developed. The first “Getting Help” will deliver the single point of access and access to early help which may include providing advice and signposting to self-help, community resources or other mental health service providers, brief interventions, work to become “therapy ready”, The single point of access will be the first point of contact for all requests for advice and referrals for emotional health and wellbeing and mental health treatment.
- 3.7 The second specification “Getting More Help” requires the provider to deliver a range of evidence based therapeutic services to children and young people which may include, but not be limited to a combination of a number of interventions such as pharmacological, psychosocial support, behavioural therapy, cognitive behavioural therapy, self-help support (including the use of online and technology based support materials especially whilst waiting for therapy to commence.
- 3.8 The contract for public health 0-19 services (health visiting, school nursing and family nurse partnership) has been awarded to Harrogate and District Foundation Trust and delivery of this service will commence on 1 July 2018. The service will have a dedicated emotional resilience nurse (ERN) to work specifically with the 11-19 population including parents and school staff and ensure a seamless step up and step down into CAMHs. The ERN will promote resilience, raise awareness of mental health in young people and co-ordinate and deliver the Youth Awareness in Mental Health (YAM) programme.
- 3.9 Following an expression of interest Gateshead and Newcastle have been chosen to take part in the Mental Health Services and Schools Link Programme run by the Anna Freud National Centre for Children and Families. This is an exciting opportunity to support the mental health and wellbeing of children and young people in Gateshead by improving the way that mental health services and schools work together.
- 3.10 Two workshops will be facilitated by Anna Freud clinicians. The aim of the programme is for schools and mental health professionals to make changes in the way they support children and young people with their mental health and for this reason it is very important that workshops are attended by senior members of staff from schools who going forward could act as a mental health lead within their setting and make changes in accordance with what is learnt during the two workshops. To date 40 schools in Gateshead have expressed an interest in taking part.

4. Recommendations

- 4.1 The committee is asked to note the content of the report and to provide comments on the information provided.
- 4.2 The committee is asked to agree the following:

- a) Work to be undertaken with Gateshead Council Research and Intelligence team, Newcastle and Gateshead CCG and Newcastle Public Health Team to investigate the self-harm data and potential differences in coding and data collection.
- b) Future updates on hospital admissions as a result of self-harm children and young people (age 10-24 years) should be included as part of the Council Plan – Six Month Assessment of Performance and Delivery 2017/18 report that is submitted to this committee.

Contact: Moira Richardson

Ext: 3034

TITLE OF REPORT: Analysis of School Inspections Autumn Term 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 autumn 2017.

Background

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

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

The quality of Early Years and 6th Forms are also assessed.

September 2015 saw the introduction of a significantly different approach to school inspection. Essentially, “outstanding” schools are largely exempt.

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/Nursery School | School Type | Previous Inspection | Present Inspection |
|-------------------------------|--------------------|----------------------------|---------------------------|
| Crookhill Primary | Maintained | good | good |
| The Drive Primary | Maintained | good | good |
| Dunston Hill Primary | Maintained | good | good |
| St. Oswald's Catholic Primary | Maintained | good | good |
| Bensham Grove Nursery | Maintained | outstanding | outstanding |
| Ryton Infant School | Maintained | Requires improvement | good |

| Special School | School Type | Previous Inspection | Present Inspection |
|-----------------------|--------------------|----------------------------|---------------------------|
| The Cedars Special | Academy | good | good |

Over the autumn terms 7 inspection reports were published:

6 Primary/Nurse Schools

- 1 school was judged to be outstanding
- 5 schools were judged to be good
- 1 school improved on its previous grade.
- 0 schools received a more negative grade.
- 5 schools received the same grade as in the previous inspection

1 Special School

- 1 school was judged to be good

- This schools received the same grade as in the previous inspection

Overall Summary

68 Primary Schools – 63 Good or Outstanding, 5 Require Improvement

6 Specials – 6 Good or Outstanding

Recommendations

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

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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 • Work Programme |
| 1 November 17 (Additional meeting) | <ul style="list-style-type: none"> • Permanent Exclusions and the Pupil Referral Unit |
| 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 • 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 • Children and Young People’s Commissioning • Permanent Exclusion 14 Point Action Plan* (<i>added following 1/11/2017 meeting</i>) • Work Programme |
| 19 April 18 (5.30pm meeting) | <ul style="list-style-type: none"> • Liaison with Gateshead Youth Assembly • Monitoring - OSC Review of Oral Health • Closing the Gap – Annual Report 2016/17 • NEET Care Leavers – Progress Update • LSCB Emerging Priorities • OSC Work Programme Review |

Issues to slot in:

- Progress Update –How Adult and Children’s Services are working Together (*deferred to 2018-19 work programme*).
- Best Start in Life – Outcome of Pilot Self- Assessment (*deferred to 2018-19 work programme*).