Gateshead Council

Public Document Pack

GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 30 November 2018 at 10.00 am in the Whickham Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	**Apologies for Absence**
2	**Minutes** (Pages 3 - 12)
3	**Declarations of Interest** Members of the Board to declare an interest in any particular agenda item.
	Items for Discussion
4	**Gateshead Health & Care Partnership Update - All**
5	**Delivery of Children and Young People's Mental Health and Wellbeing Service and Local Transformation Plan Refresh - Chris Piercy** (Pages 13 - 102)
6	**Deciding Together, Delivering Together: Update - Caroline Wills** (Pages 103 - 106)
7	**Annual Report on Permanent Exclusions (2017/18) - Jeanne Pratt** (Pages 107 - 130)
	Assurance Items
8	**Gateshead Local Safeguarding Children Board Annual Report 2017/18 - Caroline O'Neill & Saira Park** (Pages 131 - 172)
9	**Health Protection Assurance Annual Report 2017/18 - Gerald Tompkins** (Pages 173 - 196)
	For Information
10	**Link to Consultation on Draft Housing Strategy 2019-2030** www.gateshead.gov.uk/Housingstrategy
11	**Updates from Board Members**
12	**A.O.B.**

Contact: Melvyn Mallam-Churchill, Email: melvynmallam-churchill@gateshead.gov.uk, Tel: 0191 433 3045, Date: Thursday, 22 November 2018

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 19 October 2018

PRESENT	Councillor Councillor Lynne Caffrey (Gateshead Council) (Chair)	
	Councillor Paul Foy	Gateshead Council
	Councillor Ron Beadle	Gateshead Council
	Councillor Malcolm Graham	Gateshead Council
	Councillor Michael McNestry	Gateshead Council
	Caroline O'Neill	Care Wellbeing and Learning
	Dr Mark Dornan	Newcastle Gateshead CCG
	James Duncan	Northumberland Tyne and Wear NHS Foundation Trust
	Dr Bill Westwood	Federation of GP Practices
	Alice Wiseman	Gateshead Council
	Sally Young	Gateshead Voluntary Sector
IN ATTENDANCE:	Susan Watson	Gateshead NHS Foundation Trust
	Wendy Hodgson	Gateshead Healthwatch
	John Costello	Gateshead Council
	Jane Mullholland	Newcastle Gateshead CCG
	Iain Miller	Public Health

APOLOGIES:

HW57 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Mary Foy, Councillor Martin Gannon and Councillor Gary Haley, Mark Adams and Sheena Ramsey

HW58 MINUTES

RESOLVED:

(i) The minutes of the meeting held on 7 September 2018 were agreed as a correct record.

HW59 ACTION LIST OF PREVIOUS MEETING

The Board were provided with an update of the Action List from the agenda pack. It was highlighted that the system wide response to the LGA Green Paper is now complete; the Chair expressed her thanks for those who had contributed.

It was also noted that there will be further updates as required on the update on

Integrated Care System/Integrated Care Partnership. It was further noted that the work to identify members for the Health & Wellbeing Strategy Refresh steering group is ongoing.

From the report it was also noted that updates from the Local Safeguarding Adults Board will continue to feed in to the Board's forward plan.

RESOLVED:

(i) The Board noted the updates from the Action List.

HW60 DECLARATIONS OF INTEREST

RESOLVED:

(i) There were no declarations of interest.

HW61 UPDATE ON GATESHEAD HEALTH & CARE SYSTEM APPROACH

The Board received a report providing an update from the local systems leaders on the progress in taking the integration of health and care in Gateshead, building upon the recommendations agreed by the Board on 8 September 2017 and a report-out from a week-long workshop to Board members.

It was noted from the report that a Gateshead 'Place' based approach to Health and Care needs to support the 'Thrive' agenda. It was highlighted that a key outcome from the June workshop was the commitment to pursue a primacy of place approach in taking forward health and care integration in Gateshead. It was noted that it also means that it is recognised that it is of importance to local people, local politicians and professionals to be directly involved in shaping health and care services.

It was highlighted that a place-based approach has implications for the relationship with wider footprints at Integrated Care System (ISC) level and Integrated Care Partnership (ICP) North level that includes Gateshead.

From the report a summary of the Integrated Planning proposals was also provided. It was noted that the development of integrated health and care planning is complex and multi-faceted but provides an opportunity to bring together the health and care system.

It was also noted from the report that there is an opportunity to jointly address key challenges facing the local health and care economy and to make the most of opportunities to do things differently through joint working arrangements.

It was noted that a Gateshead Plan is being developed to capture the key components of the new approach, it was also highlighted that the plans are not a 'strategy'.

An overview of the System Priority Areas for 2019/20 was provided which included children and young people's mental health, frailty and people with multiple and

complex needs. A summary of system behaviours was also provided noting that discussions have identified the need for a better way of having conversations regarding the contracting round and that arrangements are being made to get the appropriate people together to move this forward.

From the report the role of the voluntary and community sector was also detailed. It was noted that the work of the sector is recognised by the local system whether or not contracted health and care services are provided. The Board were also provided with a summary of the report appendix which illustrated the Gateshead 'Primacy of Place' based approach to health and care integration and the Gateshead Care Partnership Framework for Better Outcomes.

A comment was made that the prevent agenda needs to be pushed to minimise the strain on local services in the first place. The Board were also advised that at a recent summit in Manchester it became clear that Gateshead are ahead of the game in terms of integrated care.

A question was asked regarding the integration of ICT systems, it was also asked whether staff who deliver services are being consulted. It was noted that a bid has been submitted for north east local authorities for funding to join up health and social care digital records; it was also highlighted that staff are to be involved from a 'grass-roots' level.

It was noted that the report makes no reference to 'listening' or 'responding' to the needs to people and that the mentions of communication and engagement feel 'top heavy'. It was said that Gateshead are performing well in terms of key performance indicators however outcomes for the community do need to improve.

RESOLVED:

(i) The Board noted the contents of the report and agreed to receive further updates by April 2019.

HW62 JSNA UPDATE / REFRESH

The Board received a report and presentation to provide an update on progress made against ongoing action areas and next steps identified in the Gateshead Joint Strategic Needs Assessment since 8 September 2017.

From the presentation and report a summary of areas for action were provided, these included:

1. Develop a film on 'How to use the JSNA'

2. Look to pull together information on getting support with benefits claims in time for the roll out of Universal Credit

3. Engage appropriate members of Migrant communities in development of the Migrant health section of the JSNA

4. Get agreement, and plan, a Members seminar on JSNA

5. Explore Physical Disability and Sensory Impairment Issues

6. Discuss ways to incorporate intelligence on Gateshead's assets, community infrastructure and support into the JSNA to support the importance of social networks in the wellbeing of members of the community

7. To review and update the 'expert authors' list and to continue to engage 'expert authors' in developing and reviewing the content of the JSNA and to secure the outstanding updates required

Further details on the evidence and rationale for prioritisation were provided within the report appendix.

A suggestion was made that the issue of air quality could be included in a future update at the Health and Wellbeing Board; this feedback was noted by the presenting officers.

It was asked what the impact of Universal Credit had had on Gateshead. It was stated that there is no finalised data at present but that a review of the impact is currently underway.

A comment was made that the JSNA website is a useful tool for partners and the public.

RESOLVED:

(i) The Board noted the progress on the continuing developments of the JSNA.
(ii) The Board supported the planned next steps of the JSNA.
(iii) The Board agreed to retain the existing strategic priorities for October 2018
(iv) with the addition of air quality.
(v) The Board agreed to receive a further update in September 2019.

HW63 PERSONAL HEALTH BUDGETS UPDATE

The Board received a report to advise how Newcastle Gateshead Clinical Commissioning Group (NG CCG) will continuously develop the local offer for Personal Health Budgets.

From the report the Board were advised that the NHS Five Year Forward View sets out a vision for the future NHS including a new relationship with patients and communities that supports people to gain far greater control of their own care when they need health services. It was also noted that a key part of this is developing how Personalised Care is offered to individuals.

It was highlighted from the report that Personal Health Budgets offer people a chance to take as much or as little control over the care that they receive as they want. It was further noted that some individuals don't want to have the responsibilities that come with having direct payment personal health budgets and

have chosen to have a 'notional' personal health budget.

From the report the Board were then provided with a summary of the CCG's progress to date which included an update on efforts to develop the offer with a joined mentorship programme and engagement with Hull CCG.

RESOLVED:

(i) The Board noted the contents of the report.

HW64 CONSULTATION ON PROPOSAL TO END THE SALE OF ENERGY DRINKS TO CHILDREN

The Board received a report outlining the proposed response to the Department of Health and Social Care's consultation on ending the sale of energy drinks to children.

From the report it was noted that the online consultation was launched in August 2018 as part of the larger Childhood Obesity plan for action. It was noted that there is evidence to suggest that excessive consumption of energy drinks by children is linked to negative health outcomes, affecting children's physical and mental health as well as sleep latency and duration.

It was highlighted from the report that the Government has heard strong calls from parents, health professionals, teachers, industry bodies and retailers to end the sale of caffeine energy drinks to children. It was noted that many large retailers and supermarkets have voluntarily stopped selling energy drinks to under 16's.

The Board were provided with the responses to the consultation within the report in the appendix.

A comment was made noting that young people have been reported to drink less alcohol in the national press; it was suggested that energy drinks may have become the new trend. It was asked whether it was the sugar or the caffeine that is the main cause of concern within the drinks; it was said that both have high contributing factors to poor health in children and young people.

The responses to the consultation are to be submitted on 10 November 2018.

RESOLVED:

(i) The Board commented on the draft responses to the consultation and noted the contents of the report.

HW65 BETTER CARE FUND QUARTER 2 RETURN TO NHS ENGLAND

The Board were provided with a summary of the report presented for endorsement of the Better Care Fund return to NHS England for the 2nd Quarter of 2018/19.

The Board were advised that the Better Care Fund submission for 2017-19 that was approved at its meeting on 8 September 2017 was approved in full by NHS England

on 27 October 2017.

It was highlighted that things are going well however there are challenges presented in the figures for transfers of care. It was highlighted that the targets are stretching due to previous overachievement.

A copy of the Better Care Fund Template Q2 2018/19 was provided within the report.

RESOLVED:
(i) The Board endorsed the Better Care Fund 2nd Quarter return for 2018/19.

HW66 UPDATES FROM BOARD MEMBERS

Councillor Caffrey advised the Board that a letter sent to the Exchequer Secretary to the Treasury Robert Jenrick MP regarding an increase in alcohol duty has been acknowledged.

Wendy Hodgson of Healthwatch announced her departure from the company to pursue other interests. The Chair thanked Wendy for her contributions at the Board to date and wished her well.

The closure of a surgery at Dunston Hill was highlighted; it was noted that the dementia service is also to move temporarily but that a permanent home for the service is needed.

RESOLVED:
(i) The Board noted the updates from members.

HW67 ANY OTHER BUSINESS

RESOLVED:
(i) There was no other business.

GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 19th October 2018			
Update on Gateshead Health & Care System Approach	To receive further updates as required.	John Costello / All	To feed into the Board's Forward Plan.
JSNA Update / Refresh	A further update/ refresh of the JSNA to be received by the Board in September 2019. An item on Air Quality to be brought to a future meeting of the Board.	Alice Wiseman Gerald Tompkins	To feed into the Board's Forward Plan.
Matters Arising from HWB meeting on 7th September 2018			
LGA Green Paper on Adult Social Care	Coordinate a system wide response to the LGA Green Paper.	Steph Downey	Completed.
Update on Integrated Care System / Integrated Care Partnership	To receive further updates as required.	Mark Adams	To feed into the Board's Forward Plan.
Health & Wellbeing Strategy Refresh	To identify partners for the proposed steering group.	Alice Wiseman / All	Ongoing.
Local Safeguarding Adults Board Annual Report	To continue to receive updates from the SAB as required	Sir Paul Ennals	To feed into the Board's Forward Plan.
A.O.B.	Information on Falls Awareness Week to be circulated to Board Members.	Melvyn Mallam-Churchill	Completed.

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 20th July 2018			
Gateshead Healthy Weight Needs Assessment	To bring back an update on progress in developing a whole system strategy in approx. 6 months' time.	Emma Gibson / Alice Wiseman	To feed into the Board's Forward Plan.
Drug Related Deaths in Gateshead	The Board agreed to receive a further update later in the year.	Gerald Tompkins / Alice Wiseman	To feed into the Board's Forward Plan.
Updates from Board Members	An update on HealthWatch Gateshead priorities to be provided at a future Board meeting.	HealthWatch Gateshead	To feed into the Board's Forward Plan.
Matters Arising from HWB meeting on 15th June 2018			
Reflections on Gateshead Health and Care System Development Report-out	An initial report on a work plan to be presented to the Board in the Autumn.	All	Completed.
Matters Arising from HWB meeting on 20th April 2018			
CAMHS	Further updates to be provided to the Board on CAMHS waiting times	Catherine Richardson / Chris Piercy	On the agenda of the 30th November meeting of the Board.
Matters Arising from HWB meeting on 1st December 2017			
Gateshead Newcastle Deciding Together, Delivering Together	Progress report to be brought to the Board.	Chris Piercy	On the agenda of the 30th November meeting of the Board.

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 8th September 2017			
Joint Strategic Needs Assessment Update	An update report on the JSNA to be received by the Board in September 2018. Consideration to be given to the relationship between poverty and peoples' mental health.	Alice Wiseman	Completed.

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Gateshead Council

HEALTH AND WELLBEING BOARD
30 January 2018

TITLE OF REPORT: Delivery of Children and Young People's Mental Health and Wellbeing Services

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Purpose of the Report

1. To seek the views of the Health & Wellbeing Board. This report aims to provide an update on the delivery of children and young people's Mental Health services in Gateshead, more specifically the progress we have made this year in the mobilisation of Getting Help and Getting More Help.

Background

2. Following extensive listening and engagement with Children Young people and their families the CCG working with a range of statutory and 3rd sector providers is developing a programme of Transformation of the above services.

We have heard Children and young people want easier access to community based services with shorter waiting times. There was a particular emphasis on multimedia access and using technology, moving away from health focus to a community focus.

We know the waiting times have been too long and in the past there have also been examples of Children and Young People experiencing difficulty in getting the help that they need.

Summary

3. Health and Wellbeing Board has requested a progress update of Children, Adolescent Mental Health Services (CAMHS) in Gateshead, including the progress made in the mobilisation of the two new service specifications: 'Getting Help' and 'Getting More Help'.

The Case for Change

In regard to improving outcomes for children and families, *No Health without Mental Health*[1] published in 2011, emphasises the crucial importance of early intervention in emerging emotional and mental health problems for children and young people. Effective commissioning will need to take a whole pathway approach, including prevention, health promotion and early intervention.

Prevalence

Just under 1 in 10 children aged 5 to 16 will have some form of poor mental health with the prevalence increasing with age. The most prevalent condition is emotional disorders, with up to 1 in 27 young people aged 5 to 16 having the condition.

The new model assumes a conversion rate into treatment of 80% against current performance of 40%. This means that in order to increase early help and intervention the capacity required at "Getting Help" needs to be increased.

Finance

The children and young people's mental health service is mainly commissioned by Newcastle Gateshead CCG. Currently investment is £7.4m which includes a contribution of £180k by Gateshead council. The costs are broken down as follows:

- Northumberland, Tyne and Wear Mental Health Trust (NTW) £6.5m with a non-recurrent amount of funding also agreed £448,000.
- South Tyneside Foundation Trust (STFT) who deliver early help low level services have a contract circa £400,000.
- The above costs exclude Voluntary and community services (VCS). There are four main VCS including Streetwise, North East Counselling Service, Children North East and Kalmer Counselling with a combined contract value of £300k.
- The CCG also have a separate contract with Barnardo's to deliver services for bereavement and sexual abuse and Kooth to deliver online support and forums.

Access

Previously children and young people have experienced high levels of referral and re-referral to other services, as well as sign posting to services with no way of following up that the individual has attended.

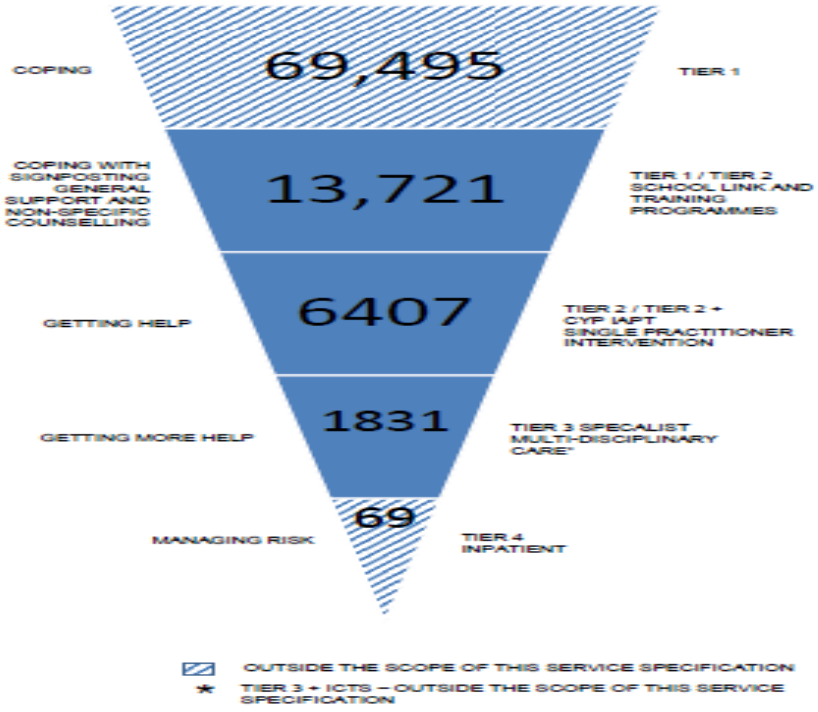
In addition long waiting times to assessment and treatment have also been compounded by too few children and young people actually completing therapies.

[1] No Health without Mental Health (2011) HM Government

Why Change?

Figure 1 below outlines the prevalence of mental health in the population 0-18 years (Newcastle and Gateshead), and highlights the specific levels of service that are concerned with the commissioning of the getting Help and Getting More Help specifications. To note tier one and tier four is outwith this scope.

Figure 1: Prevalence 0-18 population Newcastle and Gateshead



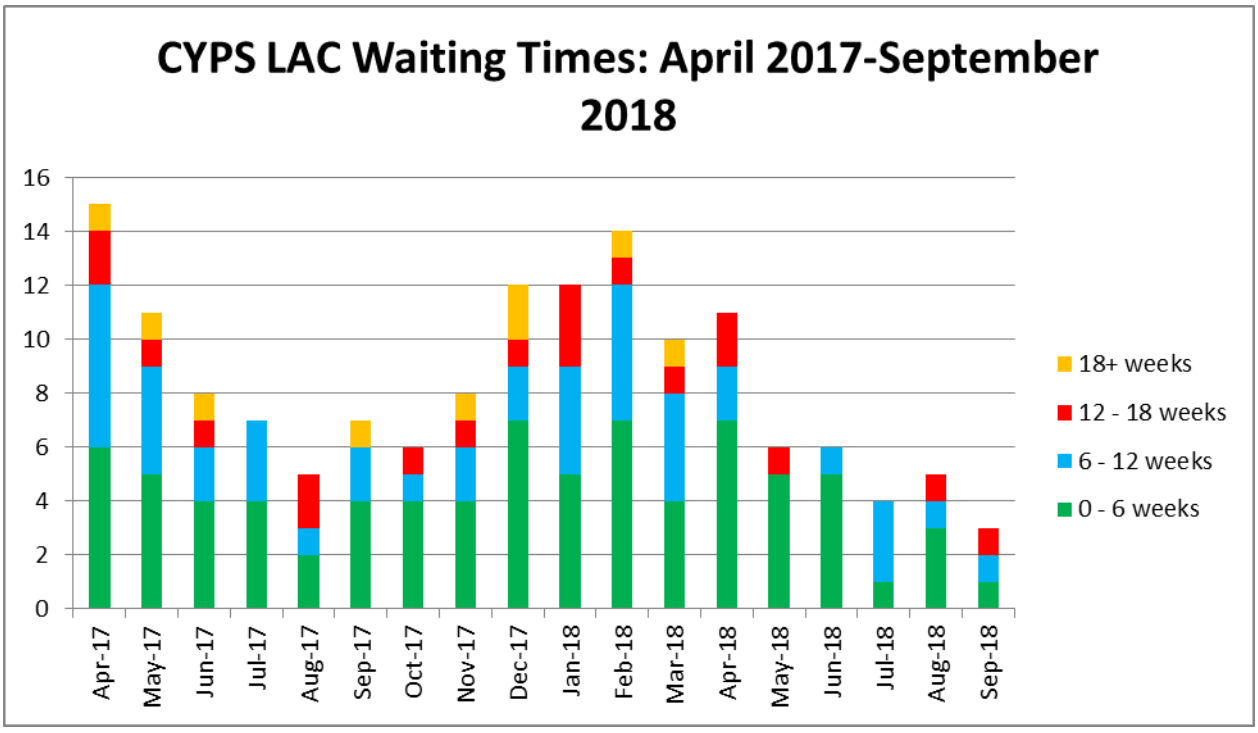
Gateshead Health Related Behaviour Survey (HRBS)

The Gateshead health related behaviour survey found that about a quarter of year 10 girls have high self-esteem, compared with more than half of year eight boys.

Just over a quarter of year six girls worry about family problems and similarly a quarter of year five girls worry about crime. Family are the most popular source of support for both boys and girls, but sadly one in 10 said they didn't know if they had an adult they could trust.
Overall around 70% of pupils said they were satisfied with their lives.

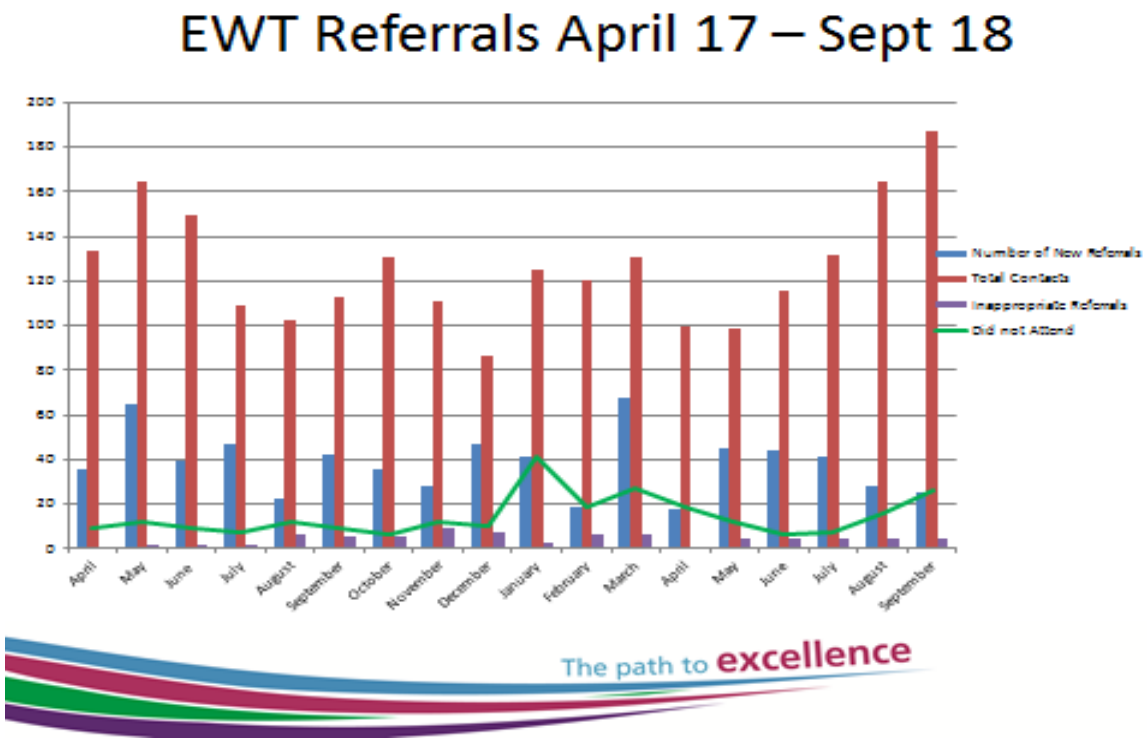
Performance and data

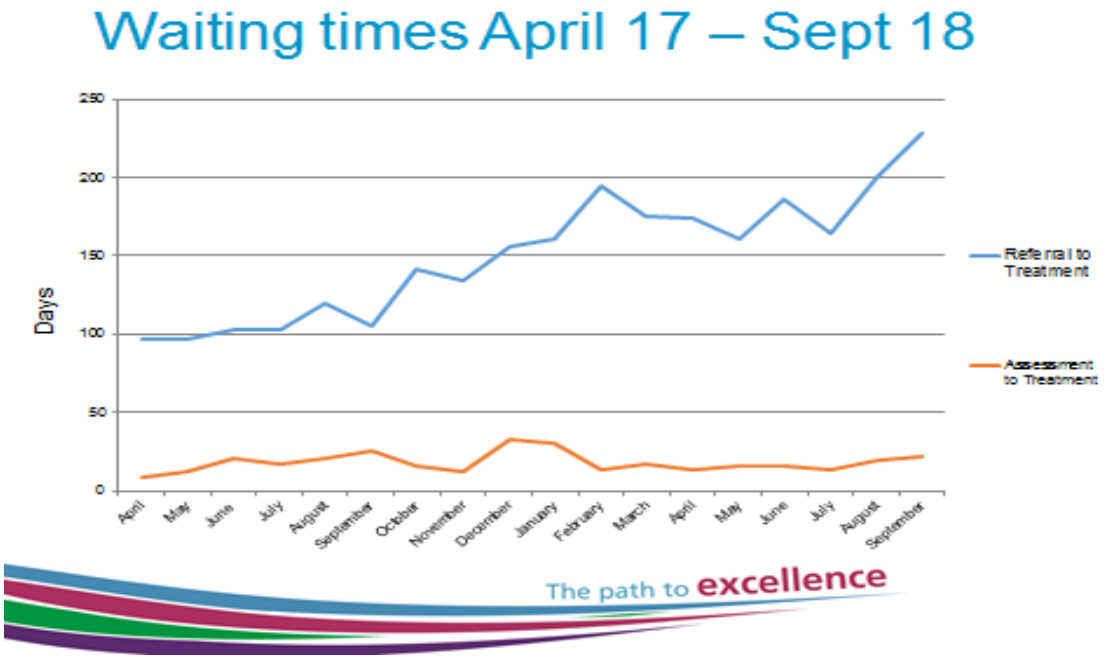
In the month of September 2018 there were 49 identified looked after children (LAC) in the Gateshead CYPS. Providers have identified a need for a higher skilled staff from CYPS that work into and provide treatment and supervision for this cohort of children and young people. In terms of waiting times for accessing NTW CYPS services, chart below shows steady improvement in the length of wait in accessing support.



Referrals and Waiting Times

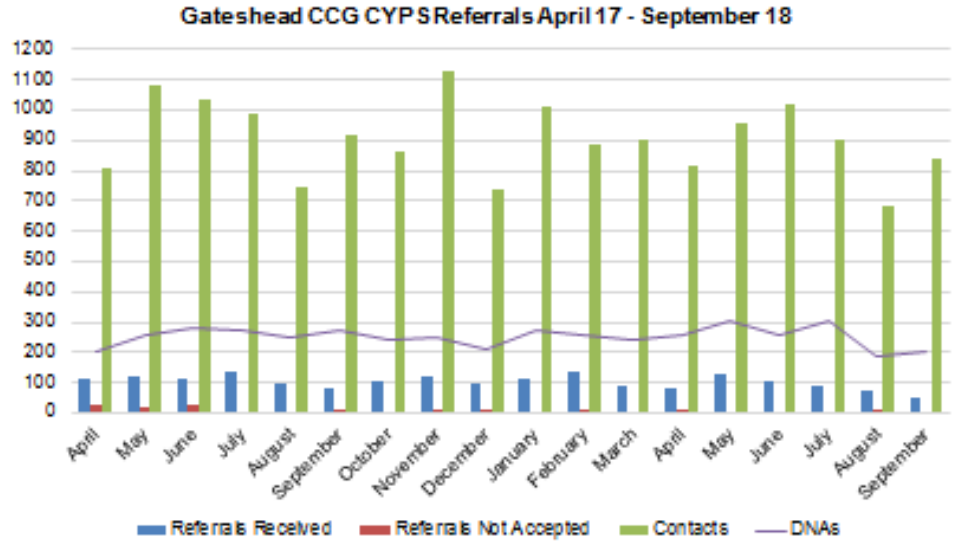
South Tyneside NHS Foundation Trust



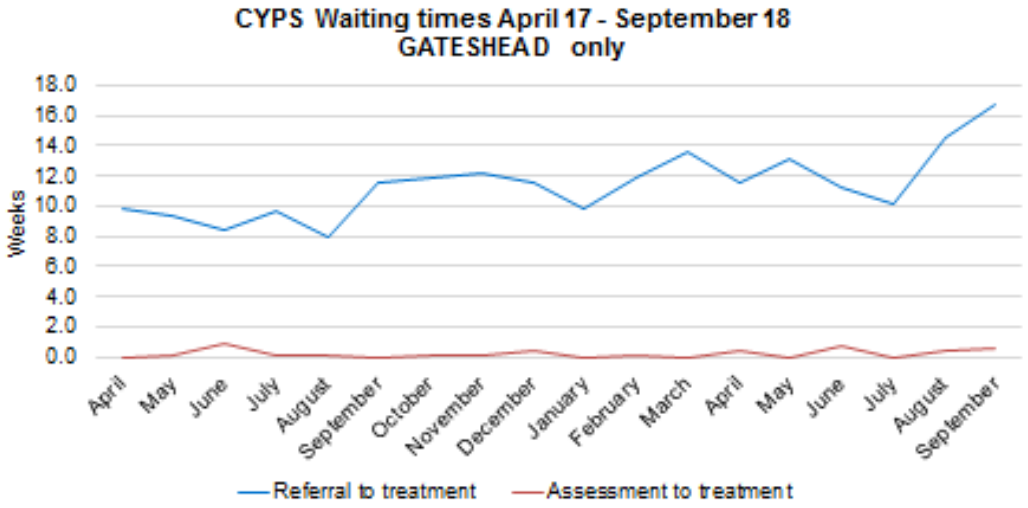


Northumberland Tyne and Wear NHS Foundation Trust

NHS
Northumberland, Tyne and Wear
NHS Foundation Trust



Caring | Discovering | Growing | **Together**



Caring | Discovering | Growing | **Together**

CYPS services have a focussed programme to reduce the length of time waiting for treatment and are now reporting no wait for treatment once a CYP is accepted onto treatment programme. Chart above shows both the length of wait for this area as the assessment to treatment.
Referral to treatment (blue line) shows the length of wait for CYP from initial referral to the service to the treatment programme starting and includes assessment.

KOOTH

Kooth, is an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use.

Digital is at the heart of Kooth, joining-up with traditional services. This online service takes an integrated approach, taking the benefits of digital and coupling them with face-to-face services.

Kooth staff are Organisational Members of the British Association of Counsellors and Psychotherapists (BACP). All clinical staff hold memberships with the various bodies that monitor the counselling and psychotherapy professions, such as the United Kingdom Council for Psychotherapy, the Health Professions Council and the BACP.

Kooth was commissioned by the CCG in 2018 and is available to all children and young people. The service has been promoted in all schools and information is

also given to children and young people upon referral to the single point of access and whilst awaiting treatment as a means of support.

There have been 246 registrations since the service started in April and an average of 300 logins per month. 52 unique young people completed 75 chat sessions and 122 sent 424 messages.

Workforce development

Examples of training delivered to support the new model

Name of Training	Date	Training provided to	Numbers - if available	Duration
SHA Training - understanding anxiety	16/07/2018		14	1 day
Managing Anxiety in C&YP using CBT approach and benefits of working with parents to help them manage their own child's anxiety	12/07/2018	School Health Advisors	12	1/2 day
TITO event Newcastle	05/07/2018	GP's		4 hours
TITO event Gateshead	12/07/2018	GP's		4 hours
Clinical Supervision Training	20/07/2018	Newcastle/Gateshead CYPS Staff	4	3 hours
Sleep deprivation and online gaming	27/09/2018	Bridgewater primary	10	1/2 days

What's changing?

Commissioners and providers aim to develop a Whole Systems Model that will provide an integrated, early response to the emotional and psychological needs of children, young people and families. This will improve outcomes, reduce inequalities and reduce the impact of poor mental health on the economy and individuals.

Summary of proposals

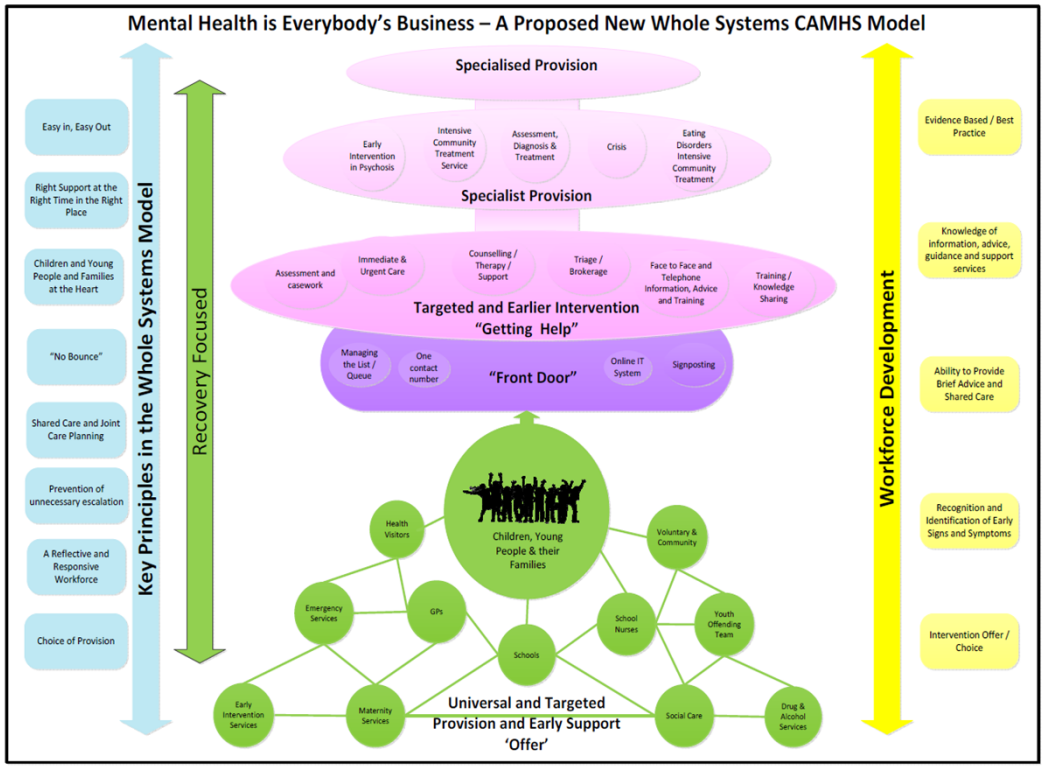
- Establishment of a single point of access with phased access by referrers, children young people and their families. This will result in 'no bouncing' between services and ensure a warm transfer between services to ensure the child or young person has timely access to the correct service.
- Access to KOOTH
- Continuation of third Sector contracts to ensure alternative provision to NHS statutory services with aim of early intervention and prevention
- Development of Special classes pathways to support those most vulnerable for example Looked after Children, those with drug and alcohol issues as well as those accessing the Youth Offending Team

- Development and introduction of new service specifications based on the THRIVE model of “Getting Help” and Getting More Help” ensuring services are focused around the needs of the Child or Young Person
- Moving provision from the more complex delivery to ensuring the focus is on Early intervention and prevention
- The successful Trailblazer bid announced in October 2018 with a value of circa £1m aims to improve waiting times and support in schools. Mental health support teams will support Gateshead schools including all secondary, pupil referral units, college and special schools. Also all Jewish schools and all year five and six primary schools.
- Introducing lead provider arrangements from April 2019

The new model

There will be a seamless pathway across a range of providers Figure 2 below shows the delivery pathway from universal service to specialised provision.

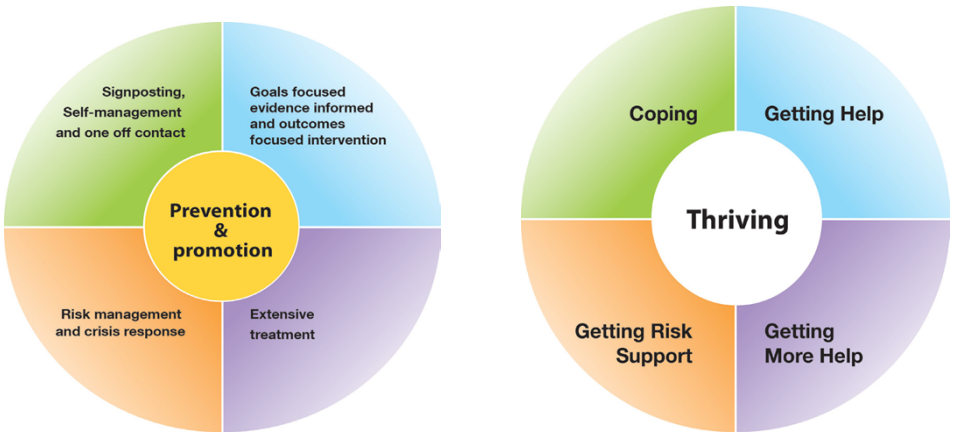
Figure 2



These services have been the subject of earlier papers in relation to the provision of community CYP MH services and proposals to move to a single lead provider on the basis of a clear specification, performance and outcomes schedule and financial model which brings the unit cost of the provider for NGCCG in line with rates charges to other local commissioners. Within this model there will be a clear shift of provision to delivery

of earlier interventions in education settings and prevention. When agreed this has the potential to release funding for re-investment in mental health services.

THRIVE Based Service Model



Way forward

Single Point of Access (SPA)

The phased implementation of the SPA commenced in December 2017 with all Gateshead schools and continues with GPs and social workers now on board; the final phase will be the inclusion of the children young people and their families.

The aim of the SPA is to make access to services as easy as possible for service users and referrers. The SPA endeavours to hand over the child to the most appropriate service and provide early help with an ultimate aim to redeuce waiting times and the need for more complex services.

Evaluation of the phased approach to roll out is ready to be undertaken and the information gathered from this exercise will be analysed and shared at future meetings once available.

Collaborative transformation

Not all things can change overnight, however we have made progress in developing and implementing the new model of transformation, while listening throughout from children, young people, families and carers. As a result of what we have heard and as part of our iterative process to change, we have challenged services to strengthening delivery upstream, working towards an early intervention model.

- The range of VCS and online provision is developing and during 19/20 ambitious plans for earlier and increased access to Getting Help. This includes the increased use of Apps and an online offer for 11-18-year olds (and those aged up to 25 years if in looked after system) through Kooth.

- We have been moving from a fragmented system of supporting children and families, within challenging financial circumstances and have developed a model of transformation focusing on integrated, early response services.

- The two main NHS providers which offer mental health and wellbeing services for children and young people, Northumberland, Tyne and Wear NHS FT and South Tyneside Foundation Trust

- Our community and voluntary sector provision is key in supporting early identification, and “needs help”.

The service specification

The model clusters mental and emotional support for young people into four groupings:

1 Signposting, self-management and one off intervention
2 Goal focused, evidence informed and outcome focused intervention
3 Extensive treatment
4 Risk management and crisis response

Case Study child A

A 12 year old child A with a presenting problem of a depressive episode. The child was screened by a trainee mental health worker 6-8 sessions of Behavioural Activation therapy were delivered of which he attended five. Following therapy child A stated that he felt better but mum was still anxious so a further 2 weeks therapy was given.

At the review appointment both mum and child were happy with his progress which had been maintained. The Children’s Anxiety and Depression Scale (RCADS) scores were completed before and after therapy:

- Parent initial Major depression score - greater than 80
- Follow up major depression score – 57.8
- Child initial Major depression score – 66.2
- Child follow up major depression score – 39.8

Gateshead CYPS pathways

Once accepted in to the CYPS service young people are accepted on to the following pathways for assessment, intervention and treatment

- Mental health pathway
- Learning Disability / PBS pathway
- Neuro disability pathway

There are though groups of young people who would be identified as having a higher level of vulnerability and have a quicker route in to the service as previously mentioned i.e. Youth offending and those young people being accommodated outside of their homes (not kinship care) and identified as 'looked after'.

Challenges

- **Multi-agency working** sometimes agencies will have different priorities - partnership working, networking and with support from CCG already in place enables them to identify common priorities to support children's mental health care and treatment
- **Increased awareness about Children's mental health** may translate to increased demand and increased expectations of the service
- **Need to be clear** about what the pathways can provide and where else support may be available (e.g. Kooth)
- **Changing demand for service users**: we are now seeing younger children requiring access to services and therefore the workforce has had to adapt and change to meet this demand

Mobilisation plan

The robust mobilisation plan provides a high level of assurance that the changes being implemented are on track.

Conclusion

The CCG and providers have made progress to improve the experience of children and young people accessing these services and are committed to ensuring the progress is sustained through:

- Sharing progress on the delivery of CYP Mental Health services
- Mobilisation of Single Point of Access
- Implementation of Getting Help and Getting More Help Specs
- Learning from the past
- Enhancing opportunities
- Collaborative transformation across the whole system, education /schools, providers, third sector

Recommendations

The Health and Wellbeing Board is asked to:

- Receive this update report on implementation of new CAMHS model including detailed service specifications, performance framework and mobilisation plan.
- Receive further updates throughout the continued implementation of the CAMHS transformation programme.

Contact: Chris Piercy, Executive Director of Nursing, Patient Safety & Quality
Newcastle Gateshead CCG – c.piercy@nhs.net

Expanding minds, improving lives:

2018 REVIEW OF CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH & EMOTIONAL WELLBEING TRANSFORMATION PLAN 2015-2020

Our Joint Vision, Principles and Plan

Newcastle City Council

NHS Newcastle Gateshead Clinical Commissioning Group

Gateshead Council

Refresh document 31st October 2018

Contents

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.

This includes the stakeholders involved in the development of this 2018/19 refreshed plan, listed at 26.1, Table 9, page 35.

To accompany the review, the action plan is included at **Appendix 1**. This is an iterative plan and is updated regularly on the CCG website, following the bi monthly meetings of the Children and Young People's Mental Health & Emotional Wellbeing Local Transformation Plan Group.

The refreshed document will be published on the CCG and Local Authority websites by 31 October 2018, in line with the requirements set out by NHS England.

1. Introduction

1.1 This document sets out the Five-year Children and Young Peoples Mental Health and Wellbeing Plan for Newcastle and Gateshead, in line with the national ambition and principles set out in ***Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing***[1]***.***

1.2 A requirement of *Future in Mind* is for areas to develop a local plan focused on improving access to help and support when needed and improve how children and young people's mental health services are organised, commissioned and provided.

1.3 In response, the Newcastle and Gateshead Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan 2018 Refresh has been developed; building on the foundations of the overarching plan, 2015-20.

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.

1.4 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 2017/2019 updated October 2018 and Appendix 1a Risk Log.)**

2. What is the Children and Young People's Mental Health and Wellbeing Transformation Plan?

2.1 The transformation plan provides a framework to improve the emotional wellbeing and mental health of all children and young people across Newcastle and Gateshead. The aim of the plan is to make it easier for children, young people, parents and carers to access help and support when needed and to improve mental health services for children and young people.

2.2 The plan sets out a shared vision, high level objectives, and an action plan which takes into consideration specific areas of focus for local authority areas.

[1] Department of Health NHS England (2015) ***Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing***

2.3 Successful implementation of the plan will result in:

- An improvement in the emotional wellbeing and mental health of all children and young people.

- A multi-agency approach to working in partnership, promoting the mental health of all children and young people, providing early intervention and meeting the needs of children and young people with established or complex problems.

- All children, young people and their families will have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.

2.4 This plan has been developed by a multi-agency group. The providers and stakeholders involved in the development of the plan are listed in section 26.

2.5 Action plans have been informed by the available health needs assessment.

3. National Policy Context

3.1 National policy over recent years has focused on improving outcomes for children and young people by encouraging services to work together to protect them from harm, ensure they are healthy and to help them achieve what they want in life.

3.2 In regard to improving outcomes for children and families, *No Health without Mental Health*[2] published in 2011, emphasises the crucial importance of early intervention in emerging emotional and mental health problems for children and young people. Effective commissioning will need to take a whole pathway approach, including prevention, health promotion and early intervention.

3.3 ***Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing***, responds to the national concerns around provision and supply of system wide services and support for children and young people. It largely draws together the direction of travel from preceding reports, engages directly with children, young people and families to inform direction and the evidence base around what works.

3.4 The report introduction includes a statement from Simon Stevens, Chief Executive Officer of NHS England in which 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 also 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.

[2] No Health without Mental Health (2011) HM Government

3.5 The joint report of the Department of Health and NHS England sets out the national ambitions that the Government wish to see released by 2020. These are:

i. People thinking and feeling differently about mental health issues for children and young people, with less fear and discrimination.

ii. Services built around the needs of children, young people and their families so they get the right support from the right service at the right time. This would include better experience of moving from children's services to adult services.

iii. More use of therapies based on evidence of what works.

iv. Different ways of offering services to children and young people. With more funding, this would include 'one-stop-shops' and other services where the majority of what young people need is under one roof.

v. Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible. For example no young person under the age of 18 being detained in a police cell as a 'place of safety'.

vi. Improving support for parents to make the bonding between parent and child as strong as possible to avoid problems with mental health and behaviour later on.

vii. A better kind of service for the most needy children and young people, including those who have been sexually abused and/or exploited making sure they get specialist mental health support if they need it.

viii. More openness and responsibility, making public numbers on waiting times, results and value for money.

ix. A national survey for children and young people's mental health and wellbeing that is repeated every five years.

x. Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.

3.6 *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. The themes are:

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

- Developing the workforce

3.7 The report further sets out 49 recommendations that, if implemented, would facilitate greater access and standards for Children and Adolescent Mental Health Services (CAMHS), promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

3.8 One of the recommendations is specific to implementing the *Crisis Care Concordat*[3] – an agreement between police, mental health trusts and the ambulance service to drive up standards of care for people, including children and young people experiencing crisis such as suicidal thoughts or significant anxiety.

3.9 *Future in Mind* also refers to the Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT). This is a service transformation programme that aims to improve existing Child and Adolescent Mental Health Services (CAMHS) working in the community[4]. The programme works to transform services provided by the NHS and partners from Local Authority and Third Sector that together form local area CAMHS Partnerships. It is different to Adult IAPT as it does not create standalone services. The programme began in 2011 and has a target to work with CAMHS that cover 60% of the 0-19 population by March 2015.

4. Achieving Parity of Esteem between Mental and Physical Health for children

4.1 Parity of Esteem is the principle by which Mental Health must be given equal priority to physical health[5]. It was enshrined in law by the Health and Social Care Act 2012.

4.2 In our society mental health does not receive the same attention as physical health. People with mental health problems frequently experience stigma and discrimination, not only in the wider community but also from services. This is exemplified in part by lower treatment rates for mental health conditions and an underfunding of mental healthcare relative to the scale and impact of mental health problems.

4.3 This plan contributes to the NHS ambition to put mental health on a par with physical health, in the following ways:

[3] HM Government Mental Health Crisis Concordat: Improving outcomes for people experiencing mental health crisis

[4] Children and Young Peoples IAPT Programme

[5] Centre for Mental Health

- **Access to Services**; appropriate waiting times must be established so that children and young people with mental health problems know the maximum waiting time for treatment as individuals with physical health problems do;

- **Parity of Treatments;** many psychological therapies are NICE approved and recommended but the NHS Constitution does not entitle people to them in the same way we are entitled to NICE approved drugs;

- **Access to Crisis Care;** children and young people using mental health services have 24/7 access to a crisis support.

5. Strategic Clinical Network

5.1 The Strategic Clinical Network focus on priority service areas to bring about improvement in the quality and equity of care and outcomes of their population, both now and in the future.

5.2 As an example, the Strategic Clinical Network Perinatal Mental Health working group, supported by the Maternity Clinical Advisory Group has been established to develop guidance for health professionals with regard to promoting woman's mental health and wellbeing during the perinatal period. This working group has developed a service specification and aims to gather simplistic data which will identify further need.

5.3 The Clinical Commissioning Group will take the opportunity to link into the Strategic Clinical Network Perinatal Mental Health working group for guidance to develop services to provide seamless support, to ensure women receive coordinated and continuous care. This work will support the model of local commissioning following the end of NHSE Transformation funding.

6. Local Policy Context

6.1 This transformation plan contributes to the delivery of local priorities detailed within Gateshead Joint Health and Wellbeing Strategy and Newcastle Wellbeing For Life Strategy.

6.2 These Strategies aim to inform and influence decisions about health and social care services across Newcastle and Gateshead so that they are focused on the needs of the people who use them and tackle the factors that affect health and wellbeing.

6.3 The transformation plan is also aligned with the Clinical Commissioning Group Delivery Plan 2017-19, which acknowledges the need to focus on mental health and wellbeing, including children and young people, particularly those in vulnerable groups (children in care, care leavers, children with special needs) and developing services to support this.

6.4 Delivery of this plan will also support the Newcastle and Gateshead 5 Year Forward View for Mental Health delivery plan which includes Mental Health Crisis Care Concordat and will align with the North East and Cumbria Transforming Care Programme and the developing Strategy for Autism Spectrum Disorders.

6.5 The transformational work to improve services for children and young people also considers the plans developed to manage systems resilience. Attention is given to ensure that the children and young people's element of the whole population plans, are appropriate and fit with the transformation action plan.

7. Children and Young People's Mental Health: National Profile of Need

7.1 *Future in Mind* states 'Mental health problems cause distress to individuals and all those who care for them. Mental health problems in children are associated with underachievement in education, bullying, family disruption, disability, offending and anti-social behaviour, placing demands on the family, social and health services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, and the wider community, continuing into adult life and affecting the next generation'.

7.2 Information in key policy documents suggests:

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder;
- Between 1 in every 12 and 1 in every 15 children and young people deliberately self-harm;
- More than half of all adults with mental health problems were diagnosed in childhood - less than half were treated appropriately at the time;
- A number of young people aged 15-16 with depression nearly doubled between 1980s and 2000s;
- Proportion of young people aged 15-16 with a conduct disorder more than doubled between 1974 and 1999;
- 72% of children in care have behavioural or emotional problems;
- About 60% looked after children in England have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care;
- 95% of imprisoned young offenders have a mental health disorder.

7.3 Just like adults, any child can experience mental health problems, but some children are more vulnerable to this than others[6]. These include those children who have one or more of the following risk factors:

[6] Better Mental Health Outcomes for Children and Young People; A RESOURCE DIRECTORY FOR COMMISSIONERS

- who are part of the Looked After system;
- from low income households and where parents have low educational attainment;
- with disabilities, including learning disabilities;
- from Black Minority and Ethnic (BME) groups including Gypsy Roma Travellers (GRT);
- who identify as Lesbian, Gay, Bisexual or Transgender (LGBT);
- who experience homelessness;
- who are engaged within the Criminal Justice System;
- whose parent(s) may have a mental health problem;
- who are young carers;
- who misuse substances;
- who are refugees and asylum seekers;
- who have been abused, physically and/or emotionally.

8. Children and Young People's Mental Health: Local Profile of Need

8.1 The following data is taken from the PHE Fingertips Tool which includes the use of Child and Maternal Health Intelligence Network Service[7] (CHIMAT). The reports bring together key data and information to support the understanding of key local demand and risk factors to inform planning. The full profile of Children and Young People Mental Health for both Gateshead and Newcastle is available in **Appendix 2a and 2b**.

8.2 **Table 1** below shows the estimated prevalence of children with a mental health disorder by CCG within the North East and Cumbria compared to England.

[7] National Child and Maternal Health Intelligence Network (2015)

Table 1: Estimated prevalence of children and young people with a mental health disorder

Compared with benchmark: Better | Similar | Worse | Lower | Similar | Higher | Not compared

Indicator	Period	England	Cumbria and North East NHS region	NHS Cumbria CCG	NHS Darlington CCG	NHS Durham Dales, Easington And S...	NHS Hartlepool And Stockton-On-Te...	NHS Newcastle And Gateshead CCG	NHS North Durham CCG	NHS North Tyneside CCG	NHS Northumberland CCG	NHS South Tees CCG	NHS South Tyneside CCG	NHS Sunderland CCG
Estimated prevalence of any mental health disorder: % GP registered population aged 5-16	2015	9.2	9.9*	9.4	9.8	10.3	10.0	9.9*	9.6	9.5	9.5	10.6	10.3	10.4
Estimated prevalence of emotional disorders: % GP registered population aged 5-16	2015	3.6	3.8*	3.6	3.8	4.0	3.9	3.9*	3.7	3.6	3.7	4.1	4.0	4.0
Estimated prevalence of conduct disorders: % GP registered population aged 5-16	2015	5.6	6.1*	5.7	6.0	6.4	6.1	6.1*	5.8	5.7	5.7	6.6	6.3	6.4
Estimated prevalence of hyperkinetic disorder: % GP registered population aged 5-16	2015	1.5	1.6*	1.5	1.6	1.7	1.6	1.6*	1.6	1.6	1.5	1.7	1.7	1.7
Hospital admissions as a result of self-harm: DSR per 100,000 population aged 10-24	2014/15	398.8	-	429.3	473.7	504.3	441.8	440.2	399.2	535.5	476.1	602.4	506.3	516.6
Hospital admissions as a result of self-harm (10-24 years)	2016/17	396.0	-	-	485.4	452.4	366.5	378.6	357.5	532.5	480.8	444.0	549.7	379.4

** Source: PHE Fingertips*

8.3 The most common mental health disorders in children and young people in Newcastle and Gateshead are conduct disorders. Data indicates that 6% of children and young people aged between 5 and 16 years are diagnosed with a conduct disorder compared to almost 4% of young people with emotional disorders during 2015.

8.4 Table 1 also shows the estimated prevalence of children with conduct, emotional, hyperkinetic and less common disorders by CCG. It should be noted that some children and young people may be diagnosed with more than one mental health disorder[8].

The mental health and wellbeing outcomes for children and young people are greatly shaped by a wide variety of social, economic and environmental factors such as, poverty, housing, and ethnicity, place of residence, education and environment. It is clear that improvements in mental health and wellbeing outcomes cannot be made without action on these wider determinants.

Key findings from the profile include:

- The most recent validated data on local levels of child poverty available is from 2015, when there were 7,720 or 19.4% of children in Gateshead in poverty (compared to 22.2% in 2014); the England average is 16.6% and the North East average is 21.5%.

[8] National Child and Maternal Health Intelligence Network (2015)

- The health and wellbeing of children in Newcastle and Gateshead is generally worse than the England average;
- Infant and child mortality rates are similar to the national average;
- The level of children under 16 years living in poverty is worse than the England average;
- Children in County Durham have worse than average levels of obesity; 38.5% in Gateshead and 38.4% in Newcastle of children aged 10-11 years are classified as having excess weight.
- Gateshead's school census identified 438 children and young people living in Gateshead (aged 5 to 18) with autism.

8.5 Young people aged 16-18 years who are not in education, training or employment (NEETS) are more likely to have poor mental health and die an early death. They are also more likely to have a poor diet, smoke, drink alcohol and suffer from mental health problems. Newcastle and Gateshead is significantly worse than the England average with a rate of 5.2 per 1000 population in Gateshead and 5.7 per 1000 in Newcastle compared to 4.2 nationally.

8.6 During 2018/19 we have strengthened our approach to supporting Children and Young People with a learning disability and or autism through delivering transforming care with our local transformation plan – this will enable a needs led not condition led approach to supporting children, young people and families.

8.7 A local Health Needs Assessment has been developed for Gateshead population which is informing our approach in this area. This is included in **Appendix 2c**.

9. What Children and Young People have told us

9.1 From the listening exercise children and young people told us they would like:

- to grow up to be confident and resilient, supported to fulfil their goals and ambitions;
- to know where to find help easily if they need it and when they do, to be able to trust it;
- choice about where to get advice and support from a welcoming place. It might be somewhere familiar such as school or the local GP; it might be a drop-in centre or access to help online. But wherever they go, the advice and support should be based on the best evidence about what works;
- as experts in their own care, to have the opportunity to shape the services they receive;
- to only tell their story once rather than have to repeat it to lots of different people. All the services in their area should work together to deliver the right support at the right time and in the right place;
- if in difficulty, not having to wait until they are really unwell to get help. Asking for help shouldn't be embarrassing or difficult and they should know what to do and where to go; and if they do need to go to hospital, it

should be on a ward with people around their age and near to home. And while children and young people are in hospital, we should ensure they can keep up with their education as much as possible.

9.2 The initial listening and engagement phase, has increased our understanding of needs and has helped contextualise our learning. We have built on this learning and incorporated into the new model.

9.3 Feedback shared by children and young people, parents and carers, professionals and stakeholders can be summarised as follows:

- The needs of children and young people are not being met by the existing arrangements
- Waiting times are too long
- There are rigid and high thresholds for services
- Transition from Children's to Adults is not smooth

9.4 Services need to:

- Be accessible and flexible
- Be approachable and non-judgmental
- Sensitive to cultural differences
- Enable getting help at the right time.
- Provide consistency and continuity in approach
- Reflect local needs

9.5 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

9.6 What works now:

- 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 CYP 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.

9.7 Our main Mental Health service provider for Newcastle and Gateshead is NTW and as the trustengage an independent review of their CYP MH services periodically this informs our approach to improving services. The report from 2016-2017 can be found in **Appendix 3**.

9.8 Following the initial listening phase we are now developing a co-productive participatory approach to engagement through working with existing groups of children and young people, and parents, based on groups that have been mapped across Newcastle and Gateshead. We will work with these groups, and wider partners, to develop the appropriate methods to undertake engagement. This approach will be based on both how groups would like to be engaged with, and how they would like to be supported to undertake engagement with others. This will be part of an ongoing participation process, which will be meaningful, useful, and the outcomes of which will be clearly communicated back to participants.

9.9 As part of the background to this work, Involve North East have examined good practice in engaging with children and young people, parents and carers. We have also looked at effective models to enhance our co-productive approach to the delivery of our local transformation plan building on the experience of our young commissioners' project. Developing peer support and enabling young people to participate in our transformation is a key area for 2018/19 and the evidence gathered will support this objective. The Involve North East report can be found at Appendix 5.

9.10 Working closely with partners, we plan to establish clear feedback mechanisms throughout the engagement process, including keeping stakeholders up to date through regular newsletters, utilising social media, and regular contact with the groups involved in this work.

9.11 During July-September 2018, Involve North East were asked by Newcastle Gateshead LTP group to undertake a mapping exercise of groups and organisations across Newcastle and Gateshead with a direct or indirect mental health or learning disability remit for children, young people and parents/carers. The results would be used to inform the engagement of children, young people and their parents/carers in the transformation of mental health and learning disability services for children and young people.

9.12 Organisations offering one to one provision only were omitted from the mapping exercise as it was agreed that these organisations would not be suitable for face to face group engagement with young people and their families.

9.13 The mapping was separated into the following categories:

- Mental Health groups for young people (0-25)
- Disability groups for parents and young people (0-25)
- Youth groups and youth organisations
- Toddler groups and Sure Start groups
- Schools Y5-Y13 (Mainstream, Special and Independent)
- Looked After Children and Foster Carers

9.14 A spreadsheet and customised, interactive map was produced to show:

- Organisation/Group name
- Geographical coverage
- Age range
- Named contact
- Contact details: Phone, email, website
- Group information

9.15 Over 90 mental health, disability and youth groups/organisations were identified during the mapping exercise in addition to over 230 Toddler and Sure Start groups and 49 (over 50) schools (Y5-Y13).

9.16 Mental Health groups

- The majority of the mental health groups and organisations identified during the mapping exercise are based primarily in and around both Newcastle and Gateshead city centres. However, these organisations may provide groups and services away from these sites.
- The majority of Third Sector mental health groups and organisations identified across Newcastle and Gateshead offer services from age 18 only; only those organisations with a specific children and young people remit (Young Minds, Youth Focus North East) appear to offer services for younger children.
- There appears to be limited support for parents/carers of children and young people with a mental health issue.

9.17 Disability groups

- The majority of disability groups identified are based in Newcastle either at Skills for People in Newcastle or at the site of specialist

disability provision (e.g. Thomas Bewick School, Sir Charles Parsons School, Alan Shearer Centre, Welford Day Centre)

- The majority of groups for children, young people and their families are based in Newcastle, with an apparent lack of local support in Gateshead.
- There appears to be a good group/peer support network for parents and carers of children with a disability

9.18 Young People's groups

- In Newcastle, groups and organisations for children and young people are based predominantly in the east and west of the city in areas of higher deprivation (Benwell, Elswick, Byker, Walker).
- Whilst these organisations have a young people remit first and foremost, emotional wellbeing appears to form a large part of their support offer.
- There appears to be less youth provision for children under 11 with the majority of organisations offering services for age 11 and over.

9.19 Google Map link
https://drive.google.com/open?id=1ytUOpWi9KXzsv-KxEAtwz9mi7ZK8OvK1&usp=sharing

9.20 The intelligence gathered through the mapping exercise has identified potential gaps in support available in community and where that support is placed through google map. This intelligence will now be built on in 2018/19 to deliver our vision of co-production and peer support.

10 Commissioned Services

10.1 Whilst the local authorities and CCG provides a range of services for children who are in need, and their families and carers, there is an acknowledgement that the needs of vulnerable children and young people are not always met by mainstream commissioned services. This strategy recognises that for some, services need to be commissioned on an individual basis to meet identified needs via continuing care.

10.2 Although not an exhaustive list, **table 2** below details the current tiered services commissioned for children and young people with emotional wellbeing and mental health difficulties. The list excludes universal services.

Table 2 Existing Services

Universal (Tier 1)	➢ Midwifery ➢ Health Visiting ➢ Children's Services ➢ School Nursing ➢ Some Voluntary Services ➢ Action for Children Community Support ➢ Children North East Community Support ➢ Kooth
Targeted (Tier 2)	➢ CYPS Primary Mental Health Workers ➢ Emotional Wellbeing Service – Gateshead ➢ VCS Collaborative Emotional Wellbeing & Community Counselling Services ➢ Barnardos Bereavement and Sexual Abuse Counselling ➢ Eating Distress Service Counselling ➢ Kooth Online Counselling and Support
Specialist – community (Tier 3)	➢ CYPS – Community Service ➢ CYPS Learning Disability – Community Service ➢ CYPS – Community Forensics ➢ Community Eating Disorder Service ➢ Learning Disability Challenging Behaviour ➢ Learning Disability - Intermediate Care/Respite ➢ Early Intervention in Psychosis (NB age range 14-65) ➢ Liaison and Diversion ➢ Perinatal Mental Health ➢ Community Eating Disorder Service ➢ Speech and Language Therapy ➢ Autism Spectrum Disorder Services ➢ ADHD Service
Specialised services (Tier 4)	➢ Assessment and Treatment – Mental Health inpatient ➢ Assessment and Treatment – Learning Disability inpatient ➢ Eating disorders in-patient ➢ Psychiatric intensive care units ➢ Secure Children's Home ➢ Medium Secure (Mental Health and Learning Disability) ➢ Low Secure (Mental Health and Learning Disability) ➢ Complex Neuro-developmental Service ➢ National Deaf CAMHS

11 Data - access and outcomes

11.1 A performance framework for Getting help and Getting more help has been developed to support the implementation of the new specifications (Appendix 6) which will be in shadow delivery from Jan-March 19 and with implementation within our NTW, STFT and VVCS providers from April 19. Data currently flows separately from our main providers STFT and NTW and the Voluntary Care Sector (VCS). As a lead provider model is continuing to be explored, work is ongoing through the single point of access with the expectation that all commissioned providers will flow data directly via the lead provider.

11.2 The CCG has been engaging with the work of NHSE to help to improve data flows and inclusion of voluntary sector data.

11.3 Key outcome measures are routinely monitored through contract review meetings with providers. The Newcastle Gateshead CCG Integrated Delivery Report reports routinely on the suite of Mental Health Five Year Forward View metrics. In addition, North East Commissioning Support are developing a report for CCG's in the North which will provide a view of key LTP outcome data metrics including Eating Disorders and CYP Access.

11.4 There is one main NHS provider for children and young people in Newcastle and Gateshead is Northumberland, Tyne and Wear NHS Foundation Trust who provide Children (CYPS) and Adult Mental Health Services and Eating Disorder Services. South Tyneside NHS Foundation Trust also provide tier 2 services in Gateshead in addition to a collaborative of VCS organisations.

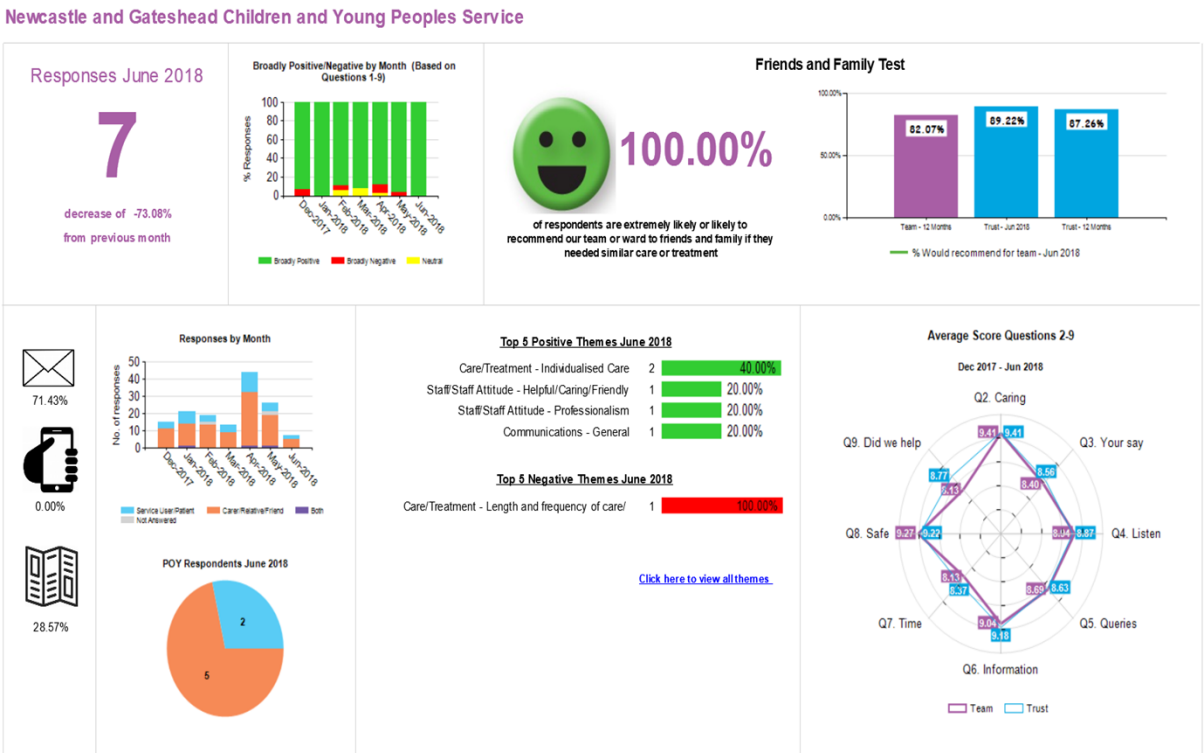
11.5 The total number of referrals received into CYPS's services, number accepted and the waiting times and WTE staff. Work is ongoing to understand the current staffing levels within the CYPS Community Team. **Table 3** show Referral, Waiting times and Staffing

Table 3: Referral, Waiting times and Staffing

CCGs	Provider	Total CCG population 0-under 18 (17y 365d)*	Total referrals received by provider 2017-18	Total referrals accepted by Provider 2017-18	Average waiting time at 2017-18 year end to first contact (proxy assessment)	Average waiting time at 2017-18 year end to second contact (proxy treatment)	Total on the waiting list at 2017-18 year end that have been referred but not yet had first contact waitlist	Total on the waiting list at 2017-18 year end assessed and accepted but not yet started treatment	WTE staff at year end
Newcastle Gateshead CCG	Northumberland Tyne & Wear NHS Trust	97620	2,995	2,637	140 days	154 days	638	1,282	104.86
	South Tyneside NHS Foundation Trust,		827	552	168 days	224 days	316	16	7.87
	Streetwise,		602	506	15 days	58 days	80	25	2
	Children North East - Gateshead		126	108	37 days	10 days	29	7	
	North East Counselling		161	141	10 days	35 days	0	0	
	Kalmer Counselling		56	52	14 days	14 days	0	5	
	Children North East - Newcastle		134	130	57 days	17 days	31	1	

11.6 Historical CROMS, PROMS and PREMS data is included in quarterly NTW performance report and there is a plan to expand consistent outcome monitoring across all providers. NTW data is shown in Figure 1 below:

Figure 1 NTW Data



11.7 **Table 4 below shows DNA rates for NTW[9].**

Table 4: NTW CYP's DNA Rates - Agreed standard 16% in line with national average

	June 16	Sept 16	Dec 16	March17	June 17	Sept 17	Dec 17	March 18
DNA First Appt	23.9%	27.1	27%	27.2%	26%	29%	23%	28%
DNA Subsequent Appt.	17.7%	19.4	20.8%	18.9%	21%	22%	21%	22%

11.8 **Table 5 details outcome measures including DNA rates from STFT Emotional Wellbeing Service**

	April 17	May 17	June 17	July 17	Aug 17	Sept. 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 19	March 18	April 18	May 18	June 18
Number of New Referrals	36	65	39	47	22	42	36	28	47	41	19	68	18		
Number of New Contacts	29	34	34	26	19	17	23	22	19	32	25	20	16		
Number of Review Contacts	104	131	115	83	83	96	108	89	67	93	95	111	84		
Total Contacts	133	165	149	109	102	113	131	111	86	125	120	131	100		
Number Discharged from Service	27	48	35	37	24	27	49	32	27	49	32	58	29		
Did not Attend	9	12	9	7	12	9	6	12	10	48	19	27	19		
Cancelled By Service	6	1	2	1	4	0	1	2	9	8	0	20	2		
Group Sessions - Number of Sessions	5	14	10	7	0	6	4	10	4	2	6	3	3		
Group Sessions - Number of People Attending Sessions	21	95	84	144	0	128	26	138	32	27	55	25	19		
Average Waiting Time (Weeks)	9	9	11	14	16	16	19	22	25	25	26	27	28		

11.9 As at Q1 2018/19 97.4% of routine CYPs starting treatment in that quarter were seen within 4 weeks and 88.9% of 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.

[9] NTW Quarterly Performance Reports

Table 6: Newcastle & Gateshead Eating Disorder Services – Referrals and Waiting Time

PMF15: Proportion of people up to age 19 years with a referral of an Eating disorder seen within Nationally Mandated Timeframes	April			May			June			July			August		
	Seen within Nationally Mandated Timeframes	Eating Disorder Referral Received in the Re porting Period	Percentage	Seen within Nationally Mandated Timeframes	Eating Disorder Referral Received in the Re porting Period	Percentage	Seen within Nationally Mandated Timeframes	Eating Disorder Referral Received in the Re porting Period	Percentage	Seen within Nationally Mandated Timeframes	Eating Disorder Referral Received in the Re porting Period	Percentage	Seen within Nationally Mandated Timeframes	Eating Disorder Referral Received in the Re porting Period	Percentage
Gateshead - Proportion of people up to age 19 years with a referral of an Eating disorder (routine cases) that wait 4 week or less from referral to start of NICE-approved treatment or Non Treatment	1	1	100.0%	1	1	100.0%	1	1	100.0%	1	1	100.0%	2	2	100.0%
Gateshead - Proportion of people up to age 19 years with a referral of an Eating disorder (urgent cases) that wait 7 days or less from referral to start of NICE-approved treatment or Non Treatment			NaN			NaN	1	1	100.0%	1	1	100.0%			NaN
Newcastle - Proportion of people up to age 19 years with a referral of an Eating disorder (routine cases) that wait 4 week or less from referral to start of NICE-approved treatment or Non Treatment	1	1	100.0%	2	2	100.0%			NaN				4	5	80.0%
Newcastle - Proportion of people up to age 19 years with a referral of an Eating disorder (urgent cases) that wait 7 days or less from referral to start of NICE-approved treatment or Non Treatment			NaN			NaN	0	1	0.0%						NaN

11.10 The Community Eating Disorder Service is currently delivered as part of CYPS in Gateshead and an EDICT service in Newcastle.

11.11 The referrals have increased in 17/18 the numbers are still relatively low and further work is underway to understand any barriers to access.

11.12 These services are currently meeting the national waiting times target for the Community Eating Disorder Service and we would expect this to continue following the increased resources.

11.13 Work is ongoing using the Eating Disorder Workforce Calculator to understand the current capacity and any additional capacity required within Newcastle and Gateshead Eating Disorder services.

11.14 Newcastle Gateshead CCG are below the CCG regional average for occupied bed days for 2016/17 however the focus on early intervention within the new model and the proposed expansion of Psychiatric Liaison Services for Children and Young People working closely with Intensive Care and Treatment Services for CYP should reduce the need for hospital admission.

12 Analysis of need, gaps and issues

12.1 Local benchmarking against the 49 recommendations detailed within *Future in Mind*, the subsequent Green Paper for CYP Mental Health and Transforming Care programme indicates that the following areas require further consideration:

- Early years provision
- Perinatal mental health
- Early intervention/enhanced training for schools
- Self-care / peer support for children and young people and parents
- Designated Mental Health lead in schools
- Psychiatric Liaison for CYP
- Transition care for vulnerable groups – e.g. Learning Disability, Care Leavers
- Transition between CYP Mental Health services and adult services – opportunities for upto 25 years of age
- CYP with Learning Disabilities and those who may be vulnerable who don't receive formal diagnosis e.g. those classed as having a learning difficulty
- Speech and Language Therapy
- CYP with autism
- CYP with ADHD
- Parental support
- FASD (Fetal Alcohol Syndrome)
- There is an identified need to increase capacity within the Community Eating Disorder Service and the need to develop a revised service model.

13 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.

14 How are we going to achieve our vision?

14.1 The Newcastle and Gateshead Local Transformation Plan has been developed to bring about a clear coordinated change across to the whole system pathway to enable better support for children and young people; realising the local vision.

14.2 A *whole system* approach to improvement has been adopted. This means health organisations, local councils, schools, youth justice and the voluntary sector working together with children, young people and their families.

14.2 Fundamental to the plan, is partnership working and aligned commissioning processes, to foster integrated and timely services from prevention through to intensive specialist care. Also, through investing in prevention and intervening early in problems before they become harder and more costly to address.

14.3 The initial plan is based on the five themes within *Future in Mind.* The aims for each theme are described below;

Resilience, prevention and early intervention

Our aim is to act early to prevent harm, by investing in the early years, supporting families and those who care for children and building resilience through to adulthood. Strategies should be developed in partnership with children and young people to support self-care. This will reduce the burden of mental and physical ill health over the whole life course.

Improving access to effective support

Our aim is to change how care is delivered and build it around the needs of children and young people and families. This means moving away from a system of care defined in terms of the services organisations provide to ensure that children and young people have easy access to the right support from the right service at the right time.

Caring for the most vulnerable

Current service constructs present barriers making it difficult for many vulnerable children, young people and those who care for them to get the support they need. Our aim is to dismantle these barriers and reach out to children and young people in need.

Accountability and transparency

Far too often, a lack of accountability and transparency defeats the best of intentions and hides the need for action in a fog of uncertainty. Our aim is to drive improvements in the delivery of care, and standards of performance to ensure we have a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment.

Developing the workforce

It is our aim that everyone who works with children, young people and their families is ambitious for every child and young person to achieve goals that are meaningful and achievable for them. They should be excellent in their practice and able to deliver the best evidenced care, be committed to partnership and integrated working with children, young people, families and their fellow professionals and be respected and valued as professionals themselves.

14.4 In keeping with the above *Future in Mind,* we want to:

- Promote good mental health, build resilience and identify and address emerging mental health problems as soon as possible;
- Ensure children, young people and families have timely access to evidence-based support and treatment when in need;

- Improve the experience and outcomes for the most vulnerable and disadvantaged children, ensuring they are adequately supported at key transition points;

- Work in partnership to develop multi-agency pathways underpinned by quality performance standards, which will be reported in a transparent way;

- Continue to train and develop our workforce to ensure we have staff with the right mix of knowledge, skills and competencies to respond to the needs of children and young people and their families, making every contact count.

14.6 Success is reliant on all professionals signing up to the principles which underpin the new model (See New Proposed Model in **Appendix 4**). The new model is based on a prevention (where possible) and if not, the earliest possible intervention**.**

14.7 This will result in prevention of unnecessary escalation – shifting our approach to pre-empt or respond quickly to emotional wellbeing concerns instead of focus on treating the 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 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).

14.8 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 care for too long). Such provision should always be 'recovery focused', positively supporting children and young people to get back to 'normal' life and live the best lives that they can.

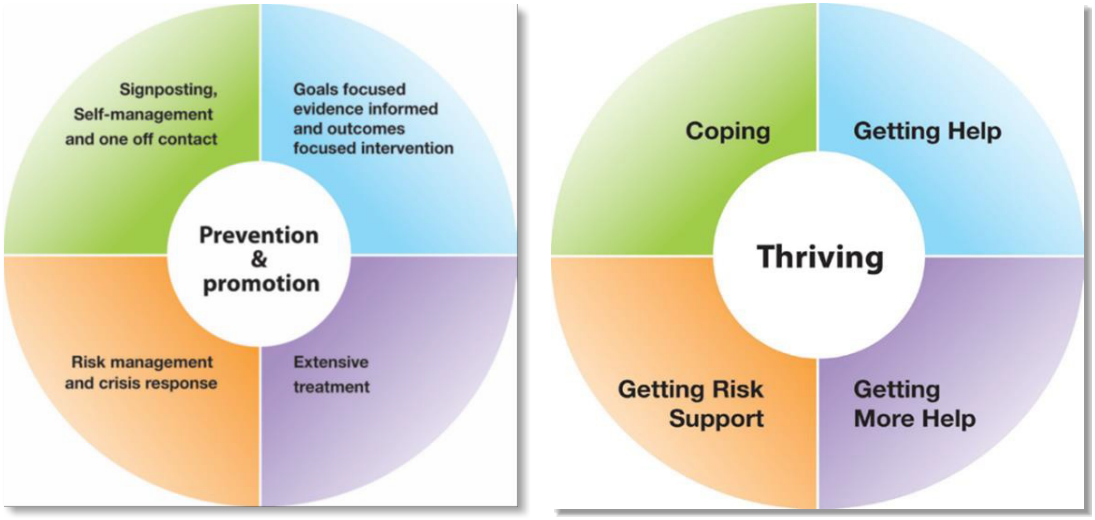
14.9 Within this context the needs of children and young people and families are at the heart of what we do and provide, not the needs of services. When someone is referred we expect 'No bounce' by this we mean that individuals should not be bounced from service to service. There should be a shared care 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.

15 The Thrive Model

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

15.2 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.



16 Engagement and Partnership working

16.1 A communication and engagement strategy will be developed to support implementation of this plan, which will include children and young people.

16.2 A *whole system* approach will be needed to achieve the best outcomes in an efficient and sustainable way. This means health organisations, local councils, schools, youth justice and the voluntary sector working together with children, young people and their families.

17 National Evidence of Effective Interventions

17.1 There is a growing evidence-base for a range of interventions which are both clinically and cost effective.

17.2 The National Institute for Health and Clinical Excellence (NICE) has produced a number of detailed clinical guidelines to guide intervention in mental health problems occurring in children and young people.

17.3 Importantly, both the model of interventions used (e.g. Cognitive Behavioural Therapy, medication, family therapy) and the way the clinician works in collaboration with a family or young person (the therapeutic or working alliance) can have a significant effect on clinical outcomes. Thus, services need to be commissioned and designed in such a way that allows full provision of evidence-based interventions as well as facilitating the development of good therapeutic relationships[10].

17.4 Any changes implemented as part of this transformation plan will be and have been planned and commissioned as integrated, multi-agency services with care pathways that enable the delivery of effective, accessible, holistic evidence-based care, underpinned by the principles of CYP IAPT promoting evidence-based practice with services rigorously focused on delivering outcomes for our children, young people and families.

17.5 Early Intervention in Psychosis (14 years plus) - The CCG has already committed the nationally defined level of funding to the Service Provider. National guidance, workforce requirements and gaps in delivering NICE concordant care are being collated to ensure national requirements are met going forward including the delivery of interventions for those At Risk Mental State (ARMS).

17.6 CYP's Liaison Services - National guidance around the delivery of all-age 24/7 Liaison Services has been received. The national transformation funding (across all ages) is shown below and has been used to initially develop Adults and Older People Liaison. To ensure compliance with national requirements of access standards we are prioritising during 18/19 the integration of CYP and Adult Services into a 24/7 provision. Further analysis and planning is required to review current gaps in provision against the national standards and develop the required plans for assurance.

18 Towards a Model of Transformation

18.1 Based on recommendations within *Future in Mind* and examples of effective service design, the Newcastle Gateshead Transformation Plan aims to re-design mental health services for children and young people from a targeted, tiered model which focuses on services working in specific areas (BME, Looked after Children, 16-18 year olds and early years) to an integrated comprehensive pathway of care for all children and young people with a Single Point of Access. This transformation supports the principle of developing a system to work for children, young people and their families. This means placing children and their families 'at the centre' of what we do.

18.2 This re-design has been co-produced with children, young people, families and stakeholders, and has developed a strong partnership between the statutory and voluntary sector and mental health services.

[10] Models of Intervention
http://www.jcpmh.info/wp-content/uploads/jcpmh-camhs-guide.pdf

18.3 Central to the local implementation of *Future in Mind* and the development of a system without tiers, a framework which provides guidance to services for coordinating the care and support of children and young people. This is based on their needs and the needs of the families including siblings. This approach differs from the medical based model of care and will develop an approach where the child, young person and family are at the center of care and support.

18.4 The model will aspire to a system where a child or young person presenting with mental health needs, will be able to access the most appropriate support. A commitment from stakeholders to ensure that any child or young person is supported and safely handed over to the appropriate lead agency, rather than simply signposting to other services. The lead agency will identify a lead professional to guide and support the young person and family through their care for as long as they feel this is needed.

19 Service Planning and Innovation

19.1 As we are on a transformational journey we acknowledge not all things can change overnight however we have made progress in developing and implementing new model of transformation, while listening throughout from children, young people, families and carers. As a result of what we have heard and as part of our iterative process to change, we are challenging services to strengthening delivery upstream, working towards an early intervention model.

19.2 The range of VCS and online provision is developing and during 19/20 ambitious plans for earlier and increased access to Getting Help. This includes the increased use of Apps and an online offer for 11-18-year olds (and those aged up to 25 years if in looked after system) through Kooth.

19.3 We have been moving from a fragmented system of supporting children and families, within challenging financial circumstances and have developed a model of transformation focusing on integrated, early response services.

19.4 In Newcastle Gateshead, we have two main NHS 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). Our community and voluntary sector provision is key in supporting early identification, IAPT and Tier 2 provision.

19.5 By working together we have developed 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 point of access to the right support at the right time. Our ambition is for mental health and emotional wellbeing to be everybody's business across universal, targeted and specialist provision.

19.6 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). Clearly defined targets were developed alongside the model of transformation. The model will also reflect the need to address 24/7 urgent and emergency response times.

19.7 Our case for change outlines key deliverables for Mental Health transformation as set out in the 5 year forward view for Mental Health. 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 and access to Psychiatric Liaison through Core 24.

19.8 Work continues with local providers to improve the data flow as the proposed model is implemented. This includes a lead provider contract which will ensure the data flow from services delivering our new specifications and clearly defined performance outcomes for Getting Help and Getting More Help.

19.9 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.

19.10 We are reviewing with partners ongoing financial commitments beyond any pilot transformation programmes for 18/19 Local Transformation Plan.

20 Our Plan and Progress

20.1 The following table, **Table 7** sets out progress against the original case for change (**Appendix 2**). 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 2018-19 (**Appendix 4**).

Table 7: 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 – December 2018	
Workforce analysis and strategy development	To ensure that we have a workforce that is skilled to deliver the new model	September 2018 – April 2019	
Implementing new model of delivery	Commence new specification see Appendix 4.	January - April 2019	

21 Sustainability & Transformation Partnerships (STP's) and working with other LTPs

21.1 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.

21.2 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.

21.3 In the Newcastle Gateshead Local Heath Economy, local place-based systems are developing in both Newcastle and Gateshead. Mental health and children's services remain priorities for both.

21.4 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.
- Reduction 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.

21.5 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.

22 Finance Update

22.1 Efforts are being made to establish the level of investment by all local partners commissioning children and young people's mental health services for the period April 2014 to March 2015 (See **table 8**). This will aid local decision making. Additional detail will follow when available.

Table 8: Actual and Planned expenditure on Child and Adolescent Mental Health and Wellbeing services

	Actual expenditure			Planned expenditure		
	2015/2016 Baseline £	2016/2017 £	2017/2018 £	2018/2019 £	2019/2020 £	2020/2021 £
Newcastle Gateshead Clinical Commis	£7,292,057	£8,279,086	£9,045,228	£9,141,153	£9,619,994	£8,715,994
Gateshead Metropolitan Borough Cour	tbc	tbc	tbc	tbc	tbc	tbc
Newcastle City Council	£1,955,348	£1,867,446	£6,331,084	£6,596,460	£6,769,817	£4,459,359
NHS England	£2,117,204	£3,270,791	£3,440,991	Not available	Not available	Not available
TOTAL	£11,364,609	£13,417,323	£18,817,303	£15,737,613	£16,389,811	£13,175,353

22.2 It is acknowledged that there are a number of commissioned services that will contribute to children and young people's mental health and wellbeing.

However, unless commissioned solely for that purpose, they have been excluded from that shown in Table 10.

22.3 NHS England are a partner organisation commissioning Specialised Services (Tier 4) for Children and Young People and Health and Justice / Offender Health – CAMHS Secure Children's Home; Liaison and Diversion. These services are commissioned on a regional basis not at CCG level. The information provided by NHS England is expenditure relating to CAMHS Tier 4 Inpatient and Outpatient services. As these services are commissioned on a case by case basis NHS England does not commission on a CCG basis and is not able to provide forward estimates of expenditure at a CCG level.

22.4 Police and Crime Commissioner fund some services in Newcastle and Gateshead through a Supporting Victims Fund which has four key priority victims' groups:

- Domestic abuse and sexual violence
- Victims under 18
- Victims of hate crime
- Victims with mental health needs and those who are vulnerable due to risk of abuse/harm

22.5 Newcastle Gateshead CCG have been in ongoing discussions with NTW, STFT and VCS collaborative of providers working towards mobilization of "Getting Help" and "Getting more help" specifications and are exploring lead provider opportunities going forward.

22.6 The aim Getting Help and Getting More Help and the lead provider model is the expectation that this arrangement will deliver both a service which intervenes earlier, but also one which is delivered as a cost-effective service, with costs more in line with other providers.

22.7 New services commissioned in 2017/18 include KOOTH, an online mental health service for children, young people. The service offers an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use.

22.8 NHS England have provided transformation funding to develop a perinatal mental health service, which commissioners across the North east are seeking to collaboratively commission from March 2019.

22.9 In addition to the above expenditure several funding bids have been submitted which are pending a decision including a Mental Health Support Teams in educational settings and waiting list initiative through NHS England Trailblazer bid (Amount applied for almost £1m).

22.10 It is noted that during the course of 2018/19 a full rebasing exercise of the NTW contract is underway which may impact on the future planned

expenditure levels of Newcastle Gateshead CCG.

22.11 Figures provided by Newcastle City Council for planned expenditure include Carers service. Part way through 2018/19 the Council changed commissioning arrangements for Carers, previously Young Carers was a separately commissioned service with and annual value of £110,000 a year. From Nov 2018/19 onwards, the service is now commissioned as a single contract for all Carers and cannot be disaggregated.

22.12 The main reason for the apparent reduction in funding from Newcastle City Council is due to the school nursing service which is commissioned ending in October 2020, only a part year cost is included in 2020/21 (£3.1m in 2020/21 compared to £5.4m in 2019/20).

Figures for Gateshead Council are to be confirmed.

23 Governance

23.1 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.

23.2 In Figure 3 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.

23.3 The Children and Young People Mental Health & Emotional Wellbeing Local Transformation Plan submit quarterly performance reports which contains a range of indicators to the Mental Health 5 Year Forward View group. The Local Transformation Implementation Group is formed from key signatories to implement and maintain the action plan.

23.4 Having Children and Young People's Mental Health transformation work as a standing item has helped put children and young people much higher on the agenda.

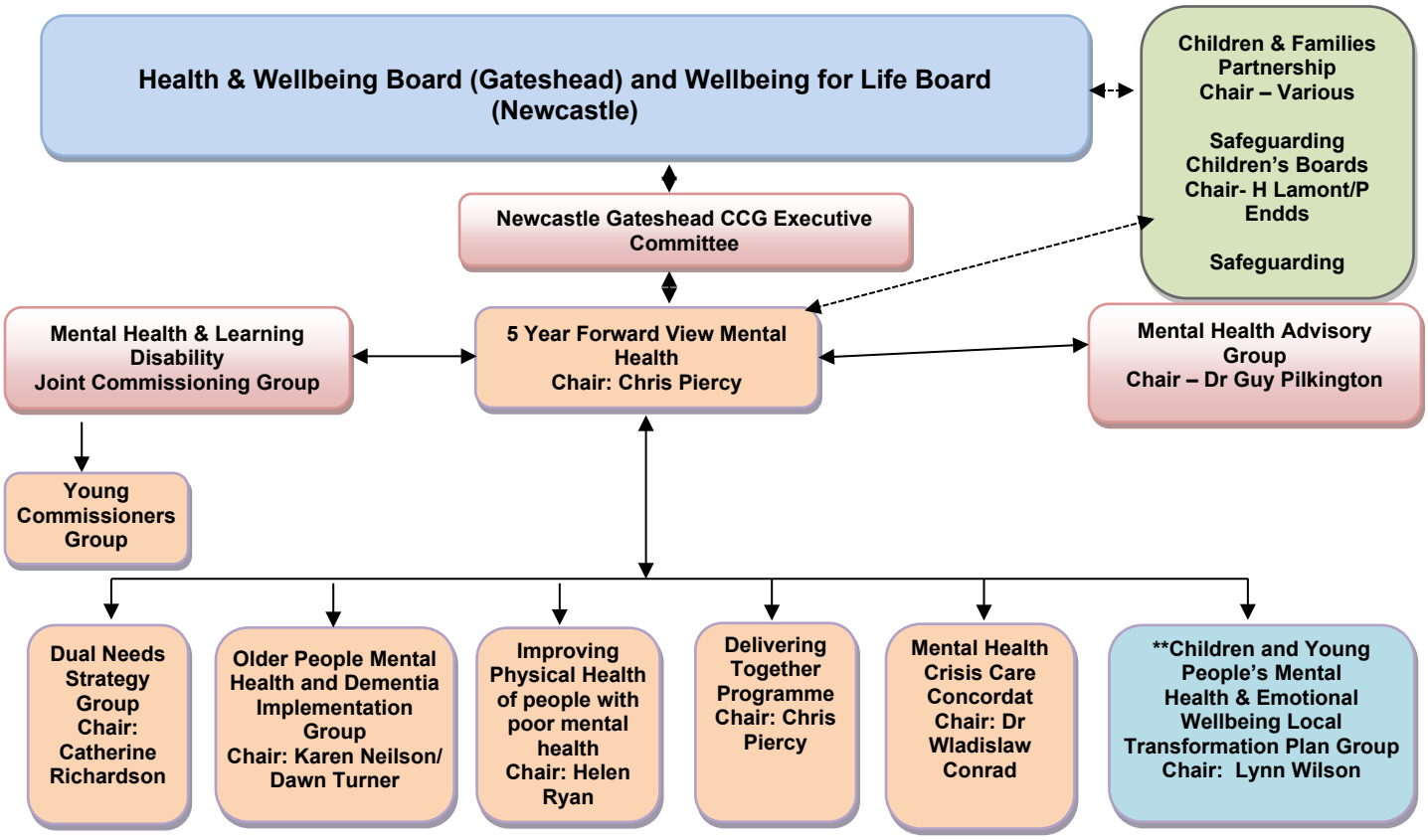
23.5 There is also a Learning Disability/Mental Health Joint Commissioning group which supports the work of this transformation programme and focusses on place-based plans, and the Mental Health Crisis Care Concordat which aims to develop joined up service responses to people who are in mental health crisis.

23.6 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. The Children and Young People's Mental Health & Emotional Wellbeing Local Transformation Plan Group** has membership from across the system and is the group that drives

forward the actions from the plan. Terms of Reference can be found at **Appendix 7**.

23.7 The plan will continue to be updated and be managed through the governance structure with progress updates to Newcastle Gateshead CCG Executive, Newcastle Wellbeing for Life Board and Gateshead Health and Wellbeing Board. Figure 3

Figure 3: Mental Health governance structure



24 Performance, "Measuring Success"

24.1 A performance framework has been developed to support implementation of this transformation plan.

24.2 Measurable key performance indicators have been agreed to enable monitoring of progress and demonstrate improved outcomes and will form part of the assurance process required by NHS England.

24.3 Involvement and feedback from children, young people and their families on experience of services will be reviewed on a regular basis.

25 Health and Inequalities

25.1 Promoting equality and addressing health inequalities is central to this transformation plan.

25.2 This transformation aims to uphold the principles within *Future in Mind* which include ensuring those with protective characteristics such as learning disabilities are not excluded.

25.3 An Equality Impact Assessment will be developed to support the implementation of this plan.

26 Stakeholders involved in the development of the plan 2018/19

26.1 **Table 9** below lists the stakeholders that were engaged with to support the development and implementation of the plan.

Table 9: Stakeholders

Newcastle Gateshead Clinical Commissioning Group	NHS England – Specialised Commissioning
Newcastle City Council	Gateshead Council
Newcastle Gateshead 5 Year Forward View for Mental Health group and associated subgroups Sub Groups: • Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan Group • CYP Engagement Group • Young Commissioners Group • Learning Disabilities and Mental Health Joint Commissioning Group • Dual Needs Strategy Implementation Group • Mental Health Crisis Care Concordat	
Healthwatch Newcastle	Healthwatch Gateshead
VOLSAG	RECOCO – Recovery College
Mental Health Concern	Streetwise
Northumberland, Tyne and Wear NHS Foundation Trust	South Tyneside NHS Foundation Trust
Newcastle Hospitals NHS Foundation Trust	North East Counselling
Counselling North East	Kalmer Counselling
Barnardo's	ZenZone – Kooth

27 New Care Models for Commissioning of Tertiary Mental Health Services

27.1 The New Care Models (NCM) for the commissioning of tertiary mental health services is a national pilot introduced as part of the Five Year Forward View for Mental Health. It is an opportunity for mental health providers to take responsibility for the tertiary commissioning budget currently held by NHSE Specialised Commissioning teams, to demonstrate their ability to innovate and transform services with service users and their families at the centre. The pilot is closely linked to the national review of CAMHS inpatient services and the Transforming Care agendas.

27.2 Northumberland, Tyne and Wear Foundation Trust (NTWFT), our local specialist mental health provider was part of Wave 2 pilot for CAMHS Tier 4 which went live in October 2017. The pilot is for two years and is its impact will be evaluated by NHSE.

27.3 NTWFT also work in partnership with a neighbouring trust - Tees Esk and Wear Valley Foundation Trust around New Care Models for Adult Secure beds.

27.4 The goals of the CAMHS NCM are to:

- Avoid admission where possible
- Decrease length of time spent as an inpatient
- Reduce the number of patients cared for out of the local area, and repatriate those who currently receive specialist mental health care a long way from home
- Ensure funds are spent as effectively as possible.

27.5 Any expenditure gains are retained by the New Care Model Partnerships, to invest in improving patient pathways, including community-based care.

27.6 The CCG is part of the local NCM Steering Group and will continue to work closely with our NCM partners to ensure the provision of effective integrated pathways of care as expenditure gains are realised. NGCCG currently commission an Intensive Community Treatment Service (ICTS) and Eating Disorder Intensive Community Treatment Service from NTWFT. These services were established in 2010/11 and provide intensive community-based care close to home for children and young people with high mental health needs, to prevent inpatient admission. The services work in partnership with community children and young people's mental health services and where appropriate CAMHS NCM.

28 Forensic CAMHS

28.1 In recognition of the high and complex needs of this vulnerable group of children and young people, the CCG are actively engaged in the commissioning of a new Forensic Child and Adolescent Mental Health Service (FCAMHS) pilot across the North East and North Cumbria. The service is funded nationally until 2021. Following formal evaluation by NHSE, NG CCG will need to consider inclusion in financial plans.

28.2 The service is provided in partnership between Northumberland, Tyne and Wear NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust. It commenced on 1 April 2018 and delivers forensic consultation, assessment and in some instance's specialist intervention and treatment to young people up to the age of 18 years with both forensic mental health and complex non-forensic health need. The team works with young people who may:

- have mental health difficulties
- have been in trouble with the police
- have been accused of harming someone
- have other professionals worried about them
- need help in prison or secure home
- need further help so they don't get into trouble
- need specialist mental health treatment.

28.3 Critically, the team will offer advice and support across agencies to support children and young people with non-forensic presentations but who require a co-ordinated risk management plan.

28.4 The team is available to agencies who have contact with young people in the youth justice system or whose behaviour is such that it requires support from a forensic specialist service.

28.5 The service is community based and works with young people and their professional group to support transitions both into and out of secure care hospital settings, secure welfare environments and custodial settings.

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

29.1 CYP IAPT is not a service but a transformation mechanism which underpins whole system outcome improvement and transformation and workforce planning.

29.2 The 5 principles of CYP IAPT are demonstrated throughout our local transformation programme the expansion to the workforce continues into 2018/19. Workforce strategic plan will support this expansion and provide assurance that local needs are met.

29.3 The National Service Transformation programme aims to improve existing CAMHS working in the community, involving the NHS and partners from the local authority and voluntary and community sector that together form local area CAMHS Partnership.

29.4 There has been local involvement with Children and Young People's Improving Access to Psychological Therapies Programme (CYP IAPT) as part of the North East Learning Collaborative.

29.5 Raising awareness and reducing stigma through the delivery of awareness campaigns that promote good mental health and de stigmatise mental ill health (Time to Change, 5 Ways to Wellbeing). Examples include:

- Action has been taken through embedding anti-stigma campaign 'Time to Change' (TTC) and 5 ways to wellbeing into new campaigns/interventions across Newcastle to raise awareness.
- Newcastle/Gateshead LA working with Recovery college on a bid for a Time To Change Hub
- Football Foundation project linking men's mental health messages to football 'On the ball' Social media campaign funded for 3 years. Launch date Sep 2018
- Developing a 'health access' resource card for asylum seekers and refugees in partnership with Regional refugee forum (RRF), NCC public health, NCVS/HAREF which will contain information on how and where to access relevant, local mental health support as well as primary care services and community/social groups.

29.6 Newcastle and Gateshead CYP IAPT Partnerships are currently members of CYP IAPT Collaborative and have agreed to be involved in the North East Collaborative with HEE, NHSE, and clinical networks to plan CPD across the STP area. NG CCG will from January 2019 act as lead for both partnerships and re-establish the CYP IAPT partnership as sub group of Local Transformation Plan Implementation Group.

29.7 During 17/18 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.

29.8 We have reviewed the Newcastle/Gateshead model of delivery, including clinical supervision and reporting infrastructure. Support to the workforce has been key action to 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.

29.9 Our workforce development plan for this programme during 2018/19 will focus on building capacity within the VCS collaborative with 9 new trainees being

trained in the coming year.

29.10 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.

30 Youth Offender Health

30.1 There are significant challenges in relation to young people transitioning from youth to adulthood. Ministry of Justice and NHS England have undertaken a review, led by the Youth Justice Board to map out the Youth Offending Teams services in the country. Youth Offending Team models are variable regionally and nationally.

30.2 As Local Authority funded services (with statutory funding input from CCG's) Youth Offending Team's seem to be struggling with delivering the level of service required to manage the level of need.

30.3 Models vary according to Local Authority priorities, so for example in one Local Authority area there may be a need for the Youth Offending Teams to work within the Troubled Families Programme. NHS England are currently working with the Youth Justice Board lead to get a better understanding of the funding in place and whether there is a constant funding allocation pre-Liaison and Diversion compared to now.

30.4 There is a strong evidence base that many of the children and young people who came into contact with the Criminal Justice System have mental health and communication problems. There is evidence that suggests the access to CAMHS and Speech and Language Therapy is problematic.

30.5 Looked after Children are more likely to come into contact with the Criminal Justice System and Learning Disabilities feature highly within secure children's settings and prisons.

30.6 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.

30.7 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 and the development of a vulnerable parent's pathway 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.

31 Progress made in other areas of our 2017/18 Action Plan

31.1 Self Harm

31.1.1 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-old 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.

31.1.2 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.

31.2 Workforce Development

31.2.1 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 included identification of mental health champions.

31.2.2 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, this reflects the vision within the recent Green Paper. 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

31.2.3 To support schools and their designated mental health champion a programme of mental health awareness training has been delivered.

31.2.4 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 Wings[11] to develop their CHAOS DVD, and the Young Commissioners recruited, trained and supported by Youth Focus North East supported.

31.2.5 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

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

31.2.7 The Young Commissioner project was evaluated in 2018 and the report is available in Appendix 8. Youth Focus: North East took regular feedback from the Young Commissioners as well as holding dedicated evaluation sessions during the project. Some of the highlighted points are:

- The Young Commissioners feel that their involvement is meaningful. They have the opportunity to share their views, be listened to and also learn from others. They do not feel patronised by the commissioners and have also welcomed the degree of honesty and plain-speaking those commissioners have shown in

[11] www.rootsandwings.design/work/camhs-report

explaining the challenges faced in trying to improve the mental health system.

- They have enjoyed the variety of tasks they have been asked to carry out. This has led to a range of good experiences and that the work hasn't become dull.
- They feel that Youth Focus: North East has 'their back' and that the commissioners take them seriously. They also welcome the fact that the commissioners don't talk down to them or seek to take over. They have developed a good working relationship.
- There is the view that the first year of the project had lots of opportunities and a sense that the work was moving towards something tangible. The second year of the project feels as though it has stalled – not a lot has happened and there has been no real change in the mental health system across Newcastle and Gateshead.
- At the very end of the Young Commissioners contract, a meeting was held at Gateshead Civic Centre comprising a host of organisations delivering mental health services and support. One of our Young Commissioners attended this meeting and had the opportunity to share her thoughts and ideas with a range of partners. She felt it was a very positive discussion.
- The Young Commissioners felt that their role reduced in the second year of the project, when they had been expecting it to either increase or for their involvement to have greater influence in securing real change.

31.2.8 The CYP LTP group is focussed on developing a sustainable Young Commissioners project taking on the learning and feedback from the initial project and appreciating the Young People involved have mainly moved onto college and in some cases out of area. A new cohort will be recruited in 2018/19.

31.2.9 In the 2017/18 action plan a key action was to produce a comprehensive workforce development strategy and commence a review of existing workforce including FTEs and skill mix and setting out training needs.

31.2.10 We are currently undertaking a workforce analysis across the Newcastle and Gateshead that will inform the development of a workforce strategy but continue to face some challenges gathering all the information more so for the wider workforce out with core commissioning arrangements.

31.2.11 Newcastle CYP IAPT Partnership and Gateshead CYP IAPT Partnership, during 2017/18 received funding from NHS England to support workforce development and provide backfill salary costs for trainee roles. This funding was received through Newcastle Gateshead CCG. The following trainees were supported:

CYP IAPT FUNDING	
Training Newcastle	**Training Gateshead**
2 Counselling Therapists(@ £18,750 each)	1 CBT Therapist(@ £18,750 each)
1 CBT Supervisor (@ £12,500 each)	1 EEBP (@ £3,250 each)
Total Received £72,000	

31.2.12 However, in 2018 we have developed a CPD network and information forum to support the workforce, share skills and knowledge and create a forum for challenge and support. This forum meets regularly and will continue into 2019.

31.2.13 Newcastle and Gateshead hosted Anna Freud workshops during 2018. This was an exciting opportunity to support the mental health and wellbeing of children and young people in our area by improving the way that mental health services and schools and colleges work together.

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

31.2.15 Our intention is to further develop the workforce development strategy as part of the implementation phase of our new model. See Appendix 8 for the Draft Workforce Development Strategy and Data Collection Tool and Training Needs Analysis October 2018.

31.2.16 Throughout the plan we do refer 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 Maudsley interventions
- Family therapy
- Psychotherapy
- Art therapy
- Systemic practice
- Crisis intervention and work
- Parenting factor - parenting work

31.2.17 CYP Psychological Wellbeing Practitioner (PWP) roles as an area of good practice enhance the workforce. Central funding is available for the first year providing training and salary costs at AfC Band 4.

31.2.18 Building on experience from the first trach of CYP Psychological Wellbeing Practitioners, South Tyneside NHS FT who provide our Emotional Wellbeing Service in Gateshead, secured central funding for 2 practitioners. The practitioners started 1 April 2018 on a one-year fixed term contract and are proving to be an invaluable asset.

31.2.19 The PWP's are trained in evidence-based interventions and provide high volume low intensity intervention either face to face, over phone or guiding CYP through computer based programmes of support. Outcome measurement is an integral part of the role as per CYP IAPT. We know that the resulting qualification makes the individuals highly employable, good value for money and integral to the development of our workforce. We plan to take advantage to the opportunity to develop out increase our PWP workforce in the next 12 months focusing on VCS providers. Our workforce strategy will ensure practitioners are retained in our service on a substantive basis.

31.2.20 With support from Newcastle and Gateshead ICP's, we have recently applied to become a trailblazer for Mental Health Support Teams in schools and colleges and waiting time pilot, implementing a model to deliver on 4 weeks wait to treatment. If successful, this will support the delivery of our model in schools and test delivery through pilot sites.

31.2.21 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:

- 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 increased permanent school exclusions.
- 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 and that the workforce are skilled in supporting children and young people effectively.

- 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 and workforce development.

31.2.22 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 was delivered from January 2018.

31.2.23 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.

31.2.24 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 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 because of receiving the training.

31.2.25 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.

31.2.26 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 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.

31.3 Eating Disorders

31.3.1 We recognise that is Newcastle and Gateshead we have 2 differing service offers for Community Eating Disorder Services and alongside this provision we have a VCS provision through Eating Distress services which provide counselling and school-based awareness raising. We will comment 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.

31.3.2 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.

31.3.3 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.

31.3.4 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.

- As such the eating disorders work will become a sub group within the governance framework of the CYP MH transformation work. Our performance framework includes monitoring of 1-week urgent referrals and 4-week routine referrals.
- Community based provision, prevention and early intervention expansion should be scoped.
- As at Q1 2018/19 97.4% of routine CYPs starting treatment in that quarter were seen within 4 weeks and 88.9% of 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.

31.4 Early Intervention and Prevention

31.4.1 Our aim is to shift our approach across the whole system 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.

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

- Our model of Getting Help will gradually move resources from Getting More Help into early intervention as we transform services to deliver more interventions up stream.
- We have commissioned community counselling and CBT 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.

31.5 The Right Coordinated Response to Crisis

31.5.1 We have explored integrated crisis team models linking to other local developments, and one access point for all. We have reviewed data collected relating to crisis to inform an improved data system to support the Crisis Care Concordat and begin to develop interim improvement plan.

31.5.2 The listening phase 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. The review of Psychiatric Liaison model in NG highlighted that provision is not currently available to CYP. A business case will be proposed to NGCCG to propose age inclusive approach to access.

31.6 Reducing Inequalities

31.6.1 We have identified 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).

31.6.2 We have undertaken 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).

31.6.3 We have commissioned specific service delivered through Barnardo's supporting CYP who have experienced sexual exploitation.

31.7 Learning Disabilities

31.7.1 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.

31.7.2 Action taken through 2017/18 includes:

- 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.

31.7.3 With the available data we reviewed the skill mix of providers and 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. Currently Newcastle are exploring parent programme for Autism which Barnardos deliver called Cygnet - has a much broader scope than current parenting programmes e.g. Early Bird and early Bird plus Access to the community of practice and learning from the focussed work around autism in Tees through the Transforming Care Accelerator site will support this development.

31.8 Speech and Language Therapy (SaLT)

31.8.1 Outcomes from previous Newcastle SALT review are being reviewed and further work is anticipated - this will include services to those with Learning Disability. Need to look at the growing need for SALT availability across ASD and other services including Youth Offending. Further required to look at SALT provision across Gateshead but both link with SEND work. Work is required to improve the quality of EHCPs which is captured in the 2018/19 action plan.

31.9 Autism

31.9.1 We have reviewed the current CYP Mental Health LTP to embed autism and Learning disability throughout and ensured the Implementation group and CPD network are briefed on the key issues and clear on the next steps for 2018/19.

31.9.2 A new work stream has been developed recently to look at priorities and how we look to develop and embed NE&C Transforming Care autism advice and post diagnostic support.
Discussions with Barnardos as above.

31.9.3 Gateshead Autism Strategy has been consulted on and which takes a life course approach.

31.10 Improve Perinatal Care – to include all age proposal

31.10.1 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, considering 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.

31.10.2 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.

31.10.3 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.

31.10.4 As we progress into 2018/19 action plan delivery as key action is commissioning of Perinatal Mental Health provision which is all age, community based and offers provision to men. There will be clear links made to our existing developments such as evidence based programmes (e.g. PIP) in order to reduce inappropriate referrals to the perinatal unit. Currently commissioning of Perinatal Mental Health services are through NHS England Transformation Funding.

31.11 Parent Infant Psychotherapy Service

31.11.1 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.

31.11.2 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.

31.11.3 The aim of both 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.

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

31.11.5 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. This service commenced early 2018

31.11.6 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 Sure start Children's Centres and early help and family support services.

31.11.7 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.

31.12 Early Intervention in Psychosis (EIP)

31.12.1 In relation to Early Intervention in Psychosis (EIP), we said in our Plan that commissioners and Northumberland, Tyne & Wear Mental Health Trust would work together in readiness for implementation of the new access and waiting time standard and would ensure that the necessary policies, processes and data capture systems are established by April 2016.

31.12.2 To date, via monitoring information gained during regular contract meetings between the CCG and Northumberland Tyne & Wear Mental Health Trust, the new EIP standards for both access and waiting times have been achieved and are consistently achieved, with performance routinely around 80%.

31.12.3 We do understand that the service is experiencing workforce shortages. This is linked to increases in incidence. While unable to offer full NICE concordance, all elements, except, can be provided but not for the entire caseload. An action plan with commissioners to monitor and address workforce issues identified as part of a national self-assessment process is in place. Commissioners will be monitoring progress and working with the Trust and HENE to address workforce issues.

31.12.4 The service is using nationally identified reporting mechanisms for qualitative information about the service as well as relevant interventions and outcomes.

31.12.5 The service accepts people from the age of 14 but will work with younger children in partnership with community CAMHS who will maintain case lead. EIP services have joint protocols with CAMHS and make decisions about who leads on care, based on the needs of the child/young person. Caseloads of under 18's are monitored periodically as part of the CCQI audit for EIP NICE concordance.

31.12.6 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).

31.12.7 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.

31.12.8 The first CCQI audit of NICE concordance highlighted several 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.

31.12.9 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.

31.13 Child Friendly Cities

31.13.1 Newcastle signed up to work with UNICEF in 2017 to become one of only four UK Child Friendly Cities by 2020. Our young people chose the three thematic badges, “Equal and Included”, “Safe and Secure” and “Health”. Alongside the three mandatory badges these will underpin our approaches to all the work in the city with children, young people and their families.

32 Next steps

32.1 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 our transformational journey in the coming months.

32.2 The following bullet points indicate the ongoing areas of work required to ensure we meet our 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.

32.3 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

Action Plan 2017-2019 updated October 2018						
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 Scope position to extend up to age 25 years.	Lead provider shadow working January 2019	CCG NTW	Jan 2019 – March 2020 October 2019	
		Incorporate multi-media access for SPOA	NTW scoping options	NTW	March 2019	
		Evaluation phase by phase of Getting Help inc single point of access and Getting More Help services		CCG/NTW	March 2019	
		Incorporate peer support into new model spec	All secondary schools developed peer support model. Added to spec – not yet agreed by providers	CCG	May 2018	
		Include priority assessments for vulnerable groups into spec including LAC	In new spec	CCG	March 2018	
		Ensure all requirements are	Agreement by	CCG	April 2018	

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
		captured within the financial plan.	February 18 – link to NHSE Planning Guidance and MHIS			
		Develop performance framework and incorporate recommendations from Childrens Commissioner Childrens Mental Health in England indicators (Oct 2017), KPI's and agreed outcome measures	Draft shared with NTW and STFT to be agreed May 18. Embedded as part of the lead provider model	CCG	May 2018	
		Review demand and waiting times for CAMHS service	Quarterly updates - standing item	CCG	Ongoing	
		To review activity/demand on VCS services		NTW VCS	March 2019	
		Review full pathways which specifically include pathways relating to: • services within VCS • inpatient CHYP MHS pathway including specialised commissioning • mental health and	Timeline to be developed	CCG	October 2019	

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
Page 81		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. • FASD pathway • Urgent and emergency response • Substance Misuse Pathway • Talking Therapies • Eating disorders community up to 25 years • Youth Offending MH, LD, Autism support pathway				

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
		Adopt better use of technology within CYP MH services Increase the use of texts, emails and skype etc. for appts. This work should be informed by CHYP and Families.	Young Commissioners project to be refreshed to lead this NTW to incorporate	NTW/CCG	October 2019	
		Develop support pathways for children and young people and for parents/carers who have alcohol problems		Gateshead Council Newcastle City Council	Sept 2018 June 2019	
		CHYP supported to develop mental health and wellbeing APP promoting self-care. Explore any development of apps for schools with Young Commissioners	Many Apps in existence, review from CHYP to establish if another still required and/or which Apps we promote/support for NG. Part of school exclusions action plan	CCG Gateshead Council Newcastle City Council	July 2018	

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
		All schools, colleges, primary care will have a named lead on mental health – link to Green Paper and MH designated lead in schools	LA leads to be identified for updates	Gateshead Council Newcastle City Council	April 2019	
		In partnership with YP and learning from Young Commissioner project, co-produce sustainable model for young commissioners		CCG	October 2019	
	Workforce Development Plan	Develop a comprehensive workforce strategy based on training needs assessment of wider children and young people's workforce; staffing data (wte, discipline, skill set) and financial information.	NTW/STFT underway with workforce group. This will include VCS and IAPT workforce Joint session CPD May 2018	NTW with All partners support	Dec 2018	
		Implementation of workforce development strategy including demand and capacity planning for specific programmes including CHYP IAPT	CCG developed TNA and workforce mapping tool for partners	All	April 2018 – March 2019	

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
		CPD CYP MH, LD and Autism events established regular basis		CCG	Ongoing	
3	**Eating Disorders**	Demonstrate improvements to early intervention and avoidable hospital admissions, implement regional approach.	To link MST work with LA developments	CCG NTW	April 2019	
		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	NTW to update	NTW	October 2018	
		A performance framework will be developed to include measurement and monitoring of 1-week urgent referrals and 4-week routine referrals.	ED performance is included in draft perf framework	CCG	April 2018	
		Review current ED provision		CCG	October 2019	

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
		with consideration of prevention, early intervention and community delivery for those aged up to 25 years				
4	**CYP IAPT**	Continue implementation of improvement plan ensuring providers have the skills and capacity to work with children and young people including those with Learning Disabilities, autism or both and speech language and communication needs	NHSE contract until December. To link workforce development plan and WD network between Newcastle and Gateshead.	CCG	October 2019	
		Review training priorities and target workforce - training opportunities for working with under 5's and Learning Disability and Autism	Deliver quarterly sessions with IAPT partners and CHYP MH workforce as CPD network	CCG	October 2019	
		Undertake scoping re extension of the current CYP IAPT programme to train staff to meet the needs of		CCG	Jan 2019	

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
		children and young people who are not supported by the existing programme				
5	**Early Intervention and Prevention**	Implement and monitor Getting Help model which includes greater emphasis on prevention and early intervention.		CCG	March 2019	
		Evaluate the impact of early intervention and prevention through the health visitor, family nurse partnership and school nurse new specification and contract (Gateshead)	In service spec contract start date July 2018	Gateshead Council	October 2019	
		Pilot mindfulness in Gateshead schools x3 (Gateshead)	Staff training commenced	Gateshead Council	June 2018	
		Incorporate mental health and wellbeing in schools via 0-19 contract (Gateshead)	In service spec contract start date July 2018	Gateshead Council	July 2018	
		Promote CYP mental health and wellbeing opportunities via early help social care model (Gateshead)	Service changes underway	Gateshead Council	April 2018	
		Early help Newcastle		Newcastle City	October 2018	

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
				Council		
		Submit DfE bid for mental health in schools programme for Gateshead and Newcastle	Workshops commence March 2018 with AFF. 43 schools in Gateshead and 20 schools in Newcastle	CCG Gateshead Council Newcastle City Council	June 2018	
6	**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.	Workshop planned Feb 20th. Need to review the offer for residents outside Newcastle and Gateshead. Update at the next mtg re PLT and EIP service for YP	CCG NTW NTW	December 2018 April 2019 April 2019	

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
		Develop of a multi-agency crisis care pathway. Establish is the right support is in place for Looked after Children, Care Leavers, those on the edge of care, Out of Area Placements		Newcastle City Council Gateshead Council	October 2019	
7	**Reducing Inequalities**	Monitor new arrangements and continue improvement activities	Refresh joint strategic needs assessment CYP mental health and wellbeing to inform future commissioning JSNA to involve CCG MH lead	Gateshead Council Newcastle City Council	December 2019	
		Promote education and employment opportunities for care leavers to clarify Newcastle position	Employment in Gateshead group working on this, also supported housing is out to the market with emotional wellbeing support. To link to Skint service who can	Gateshead Council Newcastle City	April 2018	

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
			also support Maintaining and developing learning and employment opportunities for care leavers is overseen and collaborative approaches instigated via the MALAP and Corporate Parenting Advisory Groups	Council		
		Newcastle In addition to a range of other activities learning and employment is the focus of: • A dedicated Connexions worker attached to the Post-16 social work team • A Generation NE adviser attached to the Post-16 team two days per week • New learning/employment opportunities circulated on an ongoing basis to a wide range of specialists including care homes • Council pre-apprenticeships organised to target vulnerable young people, including care				

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
		leavers • LAC/Care leavers offered guaranteed interviews for any Council apprenticeships				
		Develop and evaluate mechanisms are effective to support the physical health of children and young people with learning disabilities and or autism including access to physical health checks for those aged 14+ and effective use of educational health care plans			September 2019	
		Establish provision and pathway for CYP with Dysphagia			October 2019	
8	**Learning Disabilities**	Monitor and review new arrangements for Getting Help and Getting More Help and impact of CYP with Learning Disability and or Autism.	LD, Autism and ADHD are to be incorporated into Getting Help and Getting More Help with ASD detailed specification	CCG Gateshead Council Newcastle City Council	April 2019 – March 2010	

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
Page 91		Review local impact of the Accelerator site for Learning Disability Transformation programme ensure services are responsive to individual needs and can wrap round those YP with complex needs to prevent placement breakdown and inappropriate admission or increase in risky or offending behaviour Review learning from LeDeR mortality review with a view to implementing local action, preventing where possible further deaths. Learning Disability and Learning Difficulty to review use and develop local solution which supports				

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
Page 92		those YP who are borderline LD but may be very vulnerable. Ensure clear linkage and communication to SEND plans and strategy groups Review physical health pathway noting the issue of increased susceptibility to mental health conditions for those with LD and/or Autism				
9	**Speech and Language Therapy**	Review SALT provision to ensure appropriate levels of support is available at the right time.	October 2018 Conversations have commenced between LA and CCG to review the current service provision in order to transform the current services with a particular		June 2019	

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
			focus around the SEND agenda.			
10	**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 Workforce development including parental/carer training programme for diagnostic and post diagnostic support.	Needs assessment done in Gateshead, JY developing the strategy. Spec needs to link to schools. Strengthen mainstream school/setting offer for supporting CYP with communication and interaction needs (autism/SLCN) through development of a specialist teacher team. Develop post diagnostic support offer for parents of	Gateshead LA	December 2018 Spring 2019	

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
			CYP with autism to include parent training programme.		June 2019	
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 on primary care and specialist services to establish potential need for a community perinatal mental health service Implement a service model to include support for both parents which is equitable place based. Ensure local birthing units	NHSE funding ends March 2019.	CCG/NTW	Dec 2018 – October 2019	

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
		have access to a specialist perinatal mental health clinician. Ensure provision is community based and all age. Establish support to men as part of this pathway.				
	Transitions	Implement best practice in regard to transition from children's mental health services to adult mental health services within the new service model – reviewing the level of service offer between adults and CYP's. Establish timeline to extend to transition up to 25 years where appropriate. Improve support to children and young people in transitions years, particularly	Each child to part of performance framework = 95% will have a transitions plan. VCS age range 13-25.	CCG	September 2019	

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
Page 96		between services for pre and post-16yr old's, Primary secondary, Secondary- +16, CAMHSAMHS, Care leavers Undertake CHIMAT transitions tool with CAMHS service and with social care (children's and adults' services) Use outcomes of tool to develop clear pathway of support between services for children and young people and those for adults Review whether work is needed to improve pathways between preschool years and school Transitions between services for CYP physical health needs i.e. OT, Specialist				

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
		Nursing, SALT, Physio, communication aids, environmental controls to be reviewed to ensure CYP receive support required.				
12	**Specialist In-Patient**	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. Explore opportunities to increase outreach work through utilisation of children's centres and general practice.	Development day to be planned for June 2018	NTW NHSE	October 2019	
13	**Sexual Abuse and/or exploited**	Ensure those who have been sexually abused and/or exploited receive comprehensive assessment and referral to appropriate		CCG	July 2019	

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
Page 98		evidence based services. To include reasonably adjusted approach for those YP with learning disability and or autism working with specialist services as required. 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. Workforce development of specialist knowledge for CYP with learning disability and or autism.				
14	**Early Intervention in Psychosis (EIP)**	Improve the quality element of the EIP standard by providing Cognitive Behavioural Therapy for psychosis, Family		NTW/CCG	October 2019	

Action Plan 2017-2019 updated October 2018						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
		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	**Advocacy**	Review offer and model for YP advocacy – young commissioners 'what does good look like'			October 2019	
16	**Online support**	Access to online support and counselling provided as pilot through use of KOOTH. Evaluate pilot			May 2019	
17	**Reducing Stigma and Increasing Awareness of Mental Health**	Raising awareness and reducing stigma through the delivery of awareness campaigns that promote good mental health and de stigmatise mental ill health (Time to Change, 5 Ways to Wellbeing).		Public Health	May 2019	

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

Table of Appendices

Appendix 1 Action Plan 2017/2019 updated October 2018 **Appendix 1a Risk Log**	**See pages 60 -78** **See page 79**
Appendix 2a Gateshead Mental Health and Wellbeing Children and Young People Profile ***Appendix 2b Newcastle Mental Health and Wellbeing Children and Young People Profile*** ***Appendix 2c Gateshead Health Needs Assessment – Autism***	 Adobe Acrobat Document  Adobe Acrobat Document  Microsoft Word Document
Appendix 3 Independent review of their CYP MH services 2016-2017	 NTW Engagement Paper
Appendix 4 Expanding Minds Improving Lives Case for Change	 Case for Change.docx
Appendix 5 Involve North East	 Summary of best practice when engagi

Appendix 6 New Specifications for Getting Help and getting More Help and Performance Framework	Microsoft Word Document Microsoft Word Document Microsoft Excel Worksheet
Appendix 7 CYPMH Transformation Plan Group Terms of Reference	ToR CHYP MH.docx
Appendix 8 Young commissioners project and learning	Expanding Mind Improving Lives - proj
Appendix 9 Draft Workforce Development Strategy and Data Collection Tool	Workforce Plan.docx Workforce Development TNA Oc

Gateshead Council

HEALTH AND WELLBEING BOARD
30th November 2018

TITLE OF REPORT: **Deciding Together, Delivering Together update November 2018**

Purpose of the Report

1. The purpose of this report is to provide an update on the establishment of a cross organisational Deciding Together Delivery Group.

Background

2. The original Deciding Together decision was made in July 2016. Work has been ongoing since this time with a series of workshops in 2017 to consider the key priorities and working models for mental health services across Gateshead and Newcastle. A governance structure has been in place to move this work forward which has recently been reviewed by Newcastle and Gateshead CCG. As a result of the review it was decided to develop working arrangements that will feed directly into the "place based" systems working within Gateshead and Newcastle. This will ensure that any developments and decisions are made within the framework of the Gateshead Health and Care System or the Newcastle Joint Delivery Group. An initial meeting was held to consider how Deciding Together (DT) can be reinvigorated and to agree the framework that needs to be in place to support the delivery of the system wide benefits that have been identified in the DT work to date.

3. The initial meeting was held 15th November 2018 and representatives from NTW, Gateshead Local Authority, Newcastle Local Authority, Gateshead Hospitals, Newcastle Hospitals, Concern Group and GP leads for Newcastle and Gateshead were invited.

4. The initial meeting identified work priorities and how the work would be taken forward in such a way that maintains a focus on real involvement and engagement of all interested parties, particularly service users and carers. It is envisaged that the initial work carried out by this small group of people will be expanded to include all interested and relevant parties in the more detailed work plans.

5. Topics for discussion and initial thoughts as to what would be included in the work priorities included the following:

   a) Easy Access to the Mental Health System

   Service Users and Carers as well as Health and Social Care Professionals have reported how confusing and frustrating it can be in knowing which part of the mental health system to contact when help and support is required.

   The value of having a Newcastle/Gateshead Universal point of contact, that allows people to explain their individual circumstances and to receive support in

accessing the most appropriate part(s) of the system for their needs has been widely acknowledged. A key task of the Delivery Group will be to develop an action plan that looks at how this might be delivered.

b) Development of Integrated Physical, Mental Health and Social Care response for Older People (Including Urgent Response)

Determining the support that Older People may require often entails consideration of the complex interaction between physical, mental health and social care issues. Under DT it is proposed to model a new service that allows for greater integration of skills and roles in order to allow a more timely, holistic and effective plan of care to be put in place. The development of this work will be carried out in close collaboration with existing bodies of work such as the Intermediate Care Developments, Frailty Pathway and the Gateshead and Newcastle Enhancing Health in Care Homes Vanguard (EHCV).

It is also envisaged that the development of this service will firm up the urgent response that will be provided to Older People in Crisis particularly across the 24 hour period.

c) Redesign of Older People Mental Health Inpatient Beds

Over recent years the environment in which the mental health inpatient services for Older People (OP) in Newcastle is delivered from has deteriorated, and it is becoming increasingly difficult to continue to provide good quality in-patient services from these premises. Based on the current demand and anticipated trajectory for bed provision in Newcastle, the longer term bed model would be to work towards the provision of 16 beds across two Older People's wards for Newcastle patients. NTW are in the process of considering options as to how this can be best achieved. DT will also need to have oversight of planned provision of OP beds in Gateshead in order to ensure a collaborative and learning approach is taken in these developments.

d) Redesign of Adult Mental Health Inpatient Beds

NTW are in the process of implementing a plan of work which will result in improved inpatient environments and will fulfil the outcome of DT consultation carried out in 2016 with regard to where Adult Inpatient beds will be located. Progress with this work will be monitored along with other DT initiatives in order to ensure all interested parties have the opportunity to be involved and to contribute to the development of these plans.

e) Provision of Safe Haven Hub

DT have previously considered the concept of a "walk in " facility that people in Newcastle and Gateshead can go to for support with or without an appointment and know they will be able talk with somebody about how they are feeling. It is envisaged this will be a warm and welcoming environment and people will have access to support in a wide range of issues including loneliness, housing, benefits, anxieties and worries. The "Hub" will work closely with the Crisis and Home Based Treatment Service at times when people present in a crisis and it is also envisaged that where people need further appointments with mental health professionals it will be possible to arrange this from the Hub.

f) Increased availability of short term non hospital crisis beds

At present there is provision of short term non hospital beds for people in Mental Health Crisis in Newcastle where there is not a need for hospital admission but the risk of providing home based treatment is too great. The service works in close conjunction with the Crisis Team and this is felt to be a valuable resource in allowing for effective management of inpatient hospital beds. DT would propose to review the role and function of this service and also to consider how an equivalent service could be made available to people of Gateshead.

g) Development of Crisis and Home Based Treatment Service

NTW are currently in the process of restructuring the Crisis service in Newcastle and Gateshead in order to ensure existing resources are designed around the needs of people in the locality. Within this DT have recognised the need for a wider range of skills and roles that should be available within the team which will allow for an improved service provision in supporting home based treatment wherever this is possible as an alternative to Hospital admission. DT have also recognised the need for effective triage when people contact the universal point of contact in crisis and this will also be a key function for the Crisis Team as these developments are put in place.

Following the initial meeting on 15/11/18 a report will be provided to the Gateshead Care Systems and Newcastle Delivery Groups, which will outline what is felt to be the most productive process to achieve the work priorities agreed in the meeting. The Delivery Group will also give consideration as to how the work should be branded going forward and the helpfulness or otherwise of retaining Deciding Together as a brand. It may be that there is now more value in describing and understanding the work as regular service and system improvement work that we would expect to see in our planning systems and the group will advise the Gateshead Care System and Newcastle Delivery Group accordingly. Gateshead Care System and Newcastle Delivery Group will be asked to approve outline proposals following which more detailed work plans will be worked up to include service modelling, financial modelling, involvement and engagement throughout the process and timescales in which outcomes will be achieved. The Deciding Together Delivery Group will also develop communications so that people can be kept informed of progress.

Proposal

6. It is proposed that the Health and Wellbeing Board continue to support the work identified in Deciding Together through this new Deciding Together Delivery Group.

Recommendations

7. The Deciding Together Delivery Group will report into the Gateshead Health and Care Partnership and updates on progress will be included in future reports from the partnership, unless by special request through the Health and Wellbeing Board.

Contact: Caroline Wills, Clinical Development Lead, NTW caroline.wills@ntw.nhs.uk

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Gateshead Council

HEALTH AND WELLBEING BOARD
30th November 2018

TITLE OF REPORT: Permanent Exclusions 2017/18 Academic Year

Purpose of the Report

1. The purpose of this briefing is to highlight the current situation with regard to permanent exclusions in Gateshead's schools and strategies in place to address the issue of permanent exclusion.

Background

2. Gateshead has 10 secondary schools; 8 secondary academies, 2 of which are Roman Catholic, 1 maintained secondary school and 1 CTC (City Technology College). One of our secondary academies is due to close at the end of the 2018/19 academic year. Gateshead also has 1 secondary Pupil Referral Unit and 1 secondary SEMH (social, emotional and mental health) special school.

3. Gateshead has 68 primary schools; 47 community schools, 16 Roman Catholic schools, 1 Roman Catholic academy, 2 Church of England Schools, 2 primary academies, 3 infant and 3 junior schools and 1 nursery. It also has one primary special school for pupils with SEMH (social, emotional and mental health) issues and 3 special schools.

4. In Gateshead, permanent exclusions have risen dramatically since 2013/14 when there were 24 secondary permanent exclusions to 2016/17 when there were 85 permanent exclusions; 80 of which were secondary and 5 which were primary.

5. Historically, Gateshead has excluded a higher proportion of its secondary aged pupils that its Northeast neighbours**. Table 1** shows a comparison between Gateshead's secondary permanent exclusion numbers with other secondary schools in the northeast, with our statistical neighbours and with the England average, since the 2008/09 academic year.

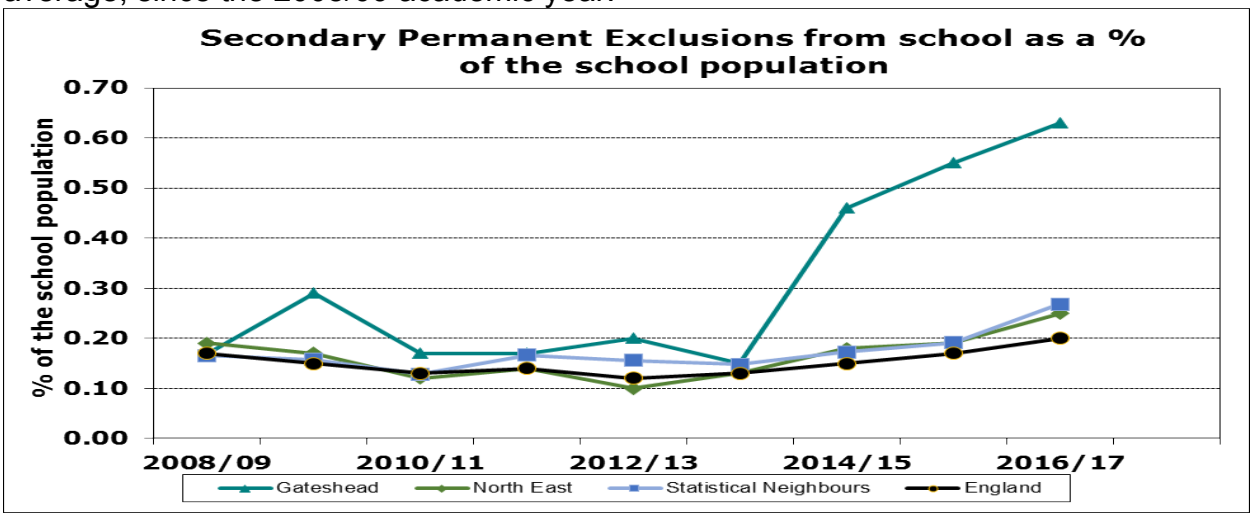


Table 1 Regional Overview of Secondary Permanent Exclusions

6. **Tables 2 and 2a** show a breakdown of permanent exclusions; primary and secondary. Historically Gateshead has had more secondary permanent exclusions than primary exclusions.

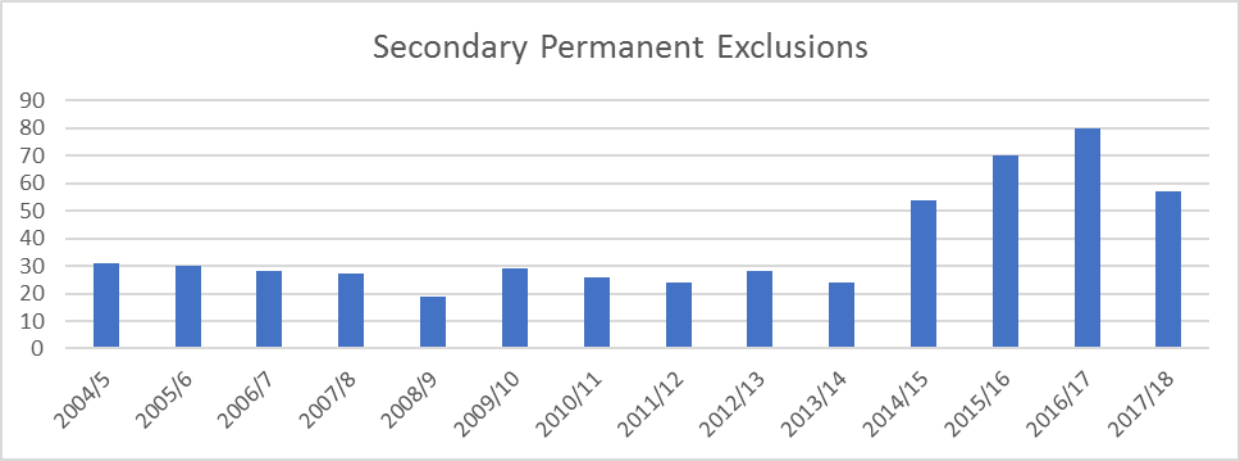


Table 2 Secondary Permanent Exclusions

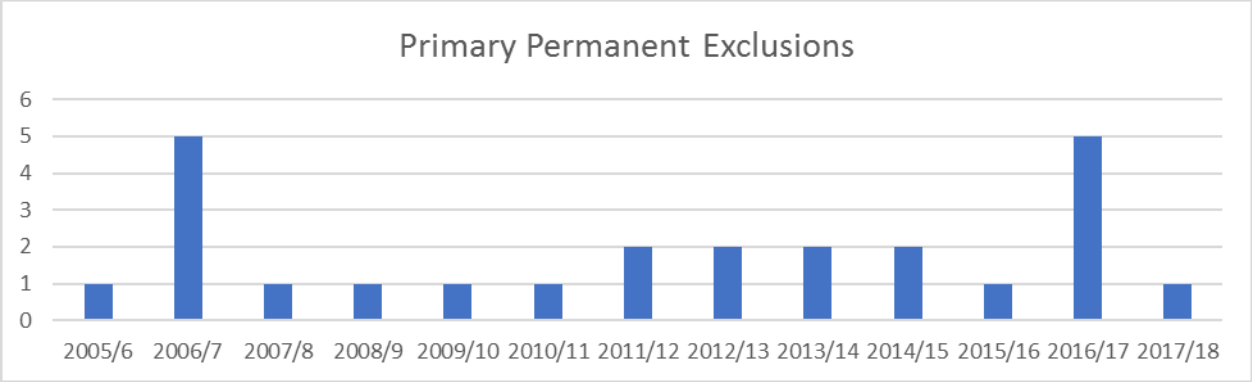


Table 2a Primary Permanent Exclusions

7. During 2017/18 there were 62 children and young people permanently excluded which is a decrease from the 99 children and young people permanently excluded in 2016/17. Of these 62 children and young people, 60 of the pupils permanently excluded were secondary and 2 were primary.

8. Of these 60 secondary pupils, 57 secondary pupils' permanent exclusions were upheld at the governors' disciplinary meeting, 2 were withdrawn for individual reasons and 1 was reinstated. Of the 2 primary permanent exclusions 1 was upheld at the governors disciplinary meeting and 1 was withdrawn.

9. National statistics show that over half of all permanent exclusions occur in Y9 or above. This is a similar pattern in Gateshead, with 67% of permanent exclusions taking place in Y9, Y10 and Y11. KS4 accounts for 48% of all permanent exclusions.

10. Gateshead's statistics show that more boys have been permanently excluded than girls; with 48 pupils being male and 10 being female. The national patterns show that boys are three times more likely to be permanently excluded than girls, in Gateshead boys accounted for 83% of all permanent exclusions and girls for 17% of all permanent exclusions.

11. Of the 58 pupils who were permanently excluded:
    - 48% had current or closed CAF/TAF
    - 22% were CiN or CP
    - 7% were known to MARAC
    - 7% were SEN
    - 64% had one or more FTE
    - 36% had more than one primary school

Strategies Used to Address Permanent Exclusions

12. Recognising the need to address the sharp rise in permanent exclusions a conference was held in July 2017 with Headteacher representation from all secondary schools, a cluster primary school representative and Service Directors from Early Help, social care, health and education. The outcome of this conference was an action plan overseen by a multi-agency task and finish group.

13. The Team around the School was one action, from the action plan, that has been ongoing now since Jan 2018. Working with 1 secondary school, Early Help has piloted working directly into schools to help identify needs earlier so that appropriate interventions can be put into place.

14. Some secondary schools are also piloting 'Kooth' an online counselling service as a means of providing intervention early when the need first arises.

15. The work of the Primary Behaviour Support Team addresses behavior in primary schools including training, advice, guidance, 1-1 and small group work to ensure that primary pupils needs are met. During the 2017/18 academic year the team worked with 114 cases of which 68 were closed by the end of the 2017/18 academic year;

    - 50 returned to School Support - this means that 74% of the closed cases showed sufficiently improved behaviour to require no further action
    - 2 returned to school action following a managed move
    - 7 returned to school action with a single plan
    - 3 were placed in Bede ARMS
    - 4 were placed in specialist provision (Eslington School)
    - 1 moved out of borough and into a specialist EBD provision
    - 0 were permanently excluded
    - 1 went out of borough

16. This represents a higher percentage of children returning to school support within their mainstream school than previously, 74% 2017/18 compared to 68% in 2016/17.

17. Primary schools pay for the 5 teaching assistants that are part of the team.

18. Primary schools also pay for a full time educational psychologist who works to the Primary Fair Access Panel who is able to provide immediate support for primary aged pupils who are placed in schools through the Panel. The educational psychologist provided support to 28 children during the 2017/18 academic year as

well as providing training across all schools (secondary schools are also able to attend) in the following areas:

a. Foetal alcohol spectrum disorder
b. Staff mental health and wellbeing
c. Refugees and asylum seekers
d. Promoting positive child mental health
e. Inclusive behavior management
f. Play therapy
g. Social interventions
h. Introduction to CBT

19. The primary Fair Access Panel also has access to funding (provided by all primary schools) to use for counselling for pupils as/when needed as well as a bilingual TA to support pupils who arrive into Gateshead through the Vulnerable Peoples Resettlement Programme (paid for from a successful bid that Housing)

20. The secondary Fair Access Panel places vulnerable secondary aged pupils into secondary schools. Secondary schools contribute funding to pay for alternative education as/when needed for a young person who arrive in the local authority at the end of KS 4.

21. The Education Inclusion Panel was established in June 2017 to decide on the most appropriate educational placements for those children and young people who:

- can't attend school due to medical reasons or illness (pregnancy or non-attendance is not appropriate entry criteria)
- have been permanently excluded
- are Looked After and who are at risk of permanent exclusion
- where there are resource implications for the current placement

22. This process ensures that there is a clear and transparent admissions process for the RTMAT (previously the LA PRU) as well as ensuring that children and young people are placed in the most appropriate educational provision suitable to their needs.

23. The Education Inclusion Panel meets on a monthly basis (Wednesday 9:00-11:00) during term time to consider the educational placements of these children and young people.

24. EIP is a multi-agency panel, with core membership consisting of representation from:
    - Service Manager Education Support Service (Chair)
    - SEN
    - Triage and Placement Manager
    - Early Help Officer
    - Clerical support
    - Mental Health
    - Health (CYPS)
    - Virtual School Headteacher (in the case of a Looked After child/Young Person)
    - HT PRU

- Social Care representative (attendance is suspended at the moment)

25. Decisions on the placement of children and young people are made jointly by the panel members.

26. During the 2017/18 academic year, 48 young people were referred to EIP because it was felt they were **unable to attend mainstream school due to medical reasons or illness**. 17 young people had education packages agreed and put in place and 10 young peoples' education packages are still being developed. 21 referrals were not progressed, mainly because the supporting information that was provided was deemed by the panel not to be sufficient to evidence a medical reason for why a young person was not able to attend mainstream school. Of those referrals not progressed only 6 referrals were considered to be inappropriate. Over half of all referrals were for Anxiety related issues.

27. During 2017/18 academic year at KS 3, 31 **permanently excluded pupils** were referred in to the EIP. 74% (23) went to River Tyne Academy; 16% (5) went in alternative education. Subsequently 13% (4) had managed moves to mainstream schools and 2 pupils have been through EHCP assessments.

28. At KS 4, 25 pupils were referred in to the EIP in the year, with 21 pupils already in alternative education at the start of the year.

29. The alternative education model is the prevailing model for this KS4, offering accredited qualifications in English and Maths and a sustained vocational element to support post-16 progression. However, offers of education are bespoke and in June/July 2018 we did have 3 pupils sitting additional GCSEs.

30. The success of year 11 placings is evidenced in the fact that 84% of those going through, sat GCSE exams or Functional Skills in Summer 2018. Progressions into post 16 opportunities have been supported by pro-active work from Gateshead Learning and Skills, Gateshead College and Early Help (IAG) team.

31. Of the 16 pupils who sat GCSE's in the summer all took English and Maths. The range of passes for the subjects taken ranged from U (one pupil) to 6 (one pupil). The overall average pass grade was slightly higher than a 3 Grade.

32. The engagement of these pupils to their learning programme was very good. Out of the 19 pupils in that cohort only 2 did not engage.

33. All Year 11 pupils were actively supported in their progression; **Table 3** sets out fist destinations for Y11 pupils as of Sept 2018.

College	Training	Mainstream School	NEET	Not available (personal Circumstances)	Not KNown
9	4	1	3	1	1
47%	21%	5%	16%	5%	5%

Table 3 Post 16 Destinations

34. In conclusion, following a three year upward trend, permanent exclusions reduced considerably in the 2017/18 academic year. Primary permanent exclusions reduced

by 80% down from 5 in 2016/17 to 1 in 2017/18 and secondary exclusions reduced by 37% down from 99 in 2016/17 to 62 in 2017/18.

35. There are a number of interventions in place to address the rise in permanent exclusions and although there might have been a reduction in permanent exclusions in the last academic year, it is too early to ascertain if the improvement will be sustained.

36. The introduction of the Education Inclusion Panel has allowed for a transparent admissions process for the PRU as well as the systematic placement of those young people who have been permanently excluded into the PRU and/or alternative provision. The EIP has also established a robust placement process for those pupils who are unable to attend mainstream school due to medical reasons or illness.

37. Trends on exclusions will continue to be monitored closely; while the work of the EIP will be reviewed and evaluated on an ongoing basis. A more detailed analysis of permanent exclusions and the work of the Education Inclusion Panel (EIP) can be found in Appendix 1.

Recommendations

The Health and Wellbeing Board is asked to

38. The Health and Wellbeing Board is asked to
    a. Note the approach and content as set out in this report
    b. Give its views on the information presented

Contact: Jeanne Pratt (0191) 4338644

Appendix 1

Report on Permanent Exclusions 2017/18 Academic Year

Introduction

Between 2006/7 and 2012/13 the number of permanent exclusions nationally reduced by nearly half, but since 2013 permanent exclusions have been on the rise with a 40% increase nationally over the past 3 years. *(Forgotten children: alternative provision and the scandal of ever increasing exclusions July 2018).*

We know from national data that on average children in need are 3 times as likely to be permanently excluded, pupils who are eligible for FSM are more than 3 times likely to be permanently excluded, with pupils on SEN support 4 times more likely and those with an EHCP or a statement twice as likely to be permanently excluded. Boys are more than 3 times as likely to be permanently excluded than girls and Gypsy/Roma, Travellers (of Irish heritage) and Black Caribbean pupils have the highest permanent exclusions rates with Indian and Chinese pupils having the lowest permanent exclusion rate.

The consequences of being permanently excluded from school are extremely serious. The 2012 report by the Office of the Children's Commissioner on illegal exclusions *'Always someone else's problem'* states that unless high quality support is put into place for excluded children, their life chances are likely to be substantially affected in both the short and longer term. In the case of 'illegal' exclusions children are also less likely to receive the support they need in order to achieve to their potential. There are also potential safeguarding issues, especially with older children whose parents may think they are in school so there is no adult looking after them. As educators, therefore there is a need following a permanent exclusion, to ensure that the child is given access to high quality appropriate educational provision and support from other services, if needed, to continue with and/or reengage with their education and learning.

The DfE report in their statistical release, July 2018 (Permanent and Fixed Period Exclusions in England 2016 to 2017) that both the number for fixed and for permanent exclusions has increased over the past year (2016/17). Their report states that the rate of permanent exclusions across all state-funded primary, secondary and special schools has increased from 0.08 percent of pupil enrolments in 2015/16 to 0.10 percent in 2016/17, which is the equivalent of 10 pupils per 10,000.

The report states that 83 percent of permanent exclusions occurred in secondary schools, which increased from 0.17 percent in 2015/16 to 0.20 per cent in 2016/17. The rate of permanent exclusions also rose in primary schools to 0.03 per cent up from 0.02 per cent in 2015/16 but continued to decrease in special schools from 0.08 percent in 2015/16 to 0.07 percent in 2016/17.

Persistent disruptive behaviour remained the most common reason for permanent exclusions, accounting for 35.7 per cent of all permanent exclusions. However, all reasons except bullying and theft saw an increase in permanent exclusion since 2015/16.

This report provides information on Gateshead's permanent exclusions during the 2017/18 academic year.

Background Information
Schools have the right to permanently exclude a pupil on disciplinary grounds. Pupils can be excluded for one or more fixed term periods (up to a maximum of 45 days in a single school year; if exceeded a pupil is automatically permanently excluded) or permanently.

It is unlawful to exclude for academic attainment or the actions of a pupil's parent, exclusions are undertaken as a direct result of a disciplinary issue. Behaviour that is disruptive over the lunchtime period may result in lunchtime exclusion and is counted as a half day exclusion to give parents the right to challenge this via the school governors discipline panel.

The behaviour of pupils outside of school or attending alternative provision can be considered as ground for exclusion, this will be a matter of judgement on the part of the Headteacher in accordance with the school's published behaviour policy.

All exclusions must be made in line with the principles of administrative law in that they are lawful (including the schools wider legal duties as well as guidance on exclusion), rational, reasonable, fair and proportionate. The Headteacher must also apply the civil standard of proof when considering the use of exclusion i.e. the balance of probabilities that a pupil did what they are accused of rather than the criminal standard, beyond reasonable doubt.

Informal or unofficial exclusions, such as sending pupils home to 'cool off' are unlawful regardless of whether or not they occur with the agreement of the parents/carers. The threat of exclusion must never be used in order to influence a parent to remove their child from a school.

Whilst there is no role in the exclusion guidance for a dedicated LA officer, all schools in Gateshead, including academies, have access to one to ensure the robustness of their decisions in relation to other schools practice and national guidance. All schools work within the fair access process and use the Pupil Placement Panel or the Primary Fair Access Panel to consider managed moves to avoid permanent exclusion or to reintegrate a permanently excluded pupil.

Once a Headteacher makes the decision to permanently exclude, the Headteacher must notify the parents, local authority and the governing body of their decision to permanently exclude a pupil. At this point the local authority will consider this as a permanent exclusion.

The governing body must convene a meeting within 15 days of receiving notice of the permanent exclusion in order to consider the reinstatement of the exclude pupil. If they support the decision to permanently exclude the pupil the exclusion is considered to be 'upheld' by the local authority.

A parent also has the right to request a review of their child's permanent exclusion which is currently arranged via Legal and Corporate Services for all schools including academies. During the last academic year (2017/18) we had 1 appeal to an independent review panel. In this instance the parents appeal was dismissed. Since the introduction of this review process in 2012 we have had seven appeals, six were decided in favour of the school and one in favour of the parent.

Contextual Information
Gateshead has 10 secondary schools; 8 secondary academies, 2 of which are Roman Catholic, 1 maintained secondary schools and 1 CTC (City Technology College). One of our secondary academies is due to close at the end of the 2018/19 academic year. Gateshead also has 1 secondary Pupil Referral Unit and 1 secondary SEMH (social, emotional and mental health) special school.

Gateshead has 68 primary schools; 47 community schools, 16 Roman Catholic schools, 1 Roman Catholic academy, 2 Church of England Schools, 2 primary academies, 3 infant and 3 junior schools and 1 nursery. It also has one primary special school for pupils with SEMH (social, emotional and mental health) issues and 3 special schools. **Table 1 and 1a** shows the number of upheld secondary permanent exclusions since the 2004/5 academic year.

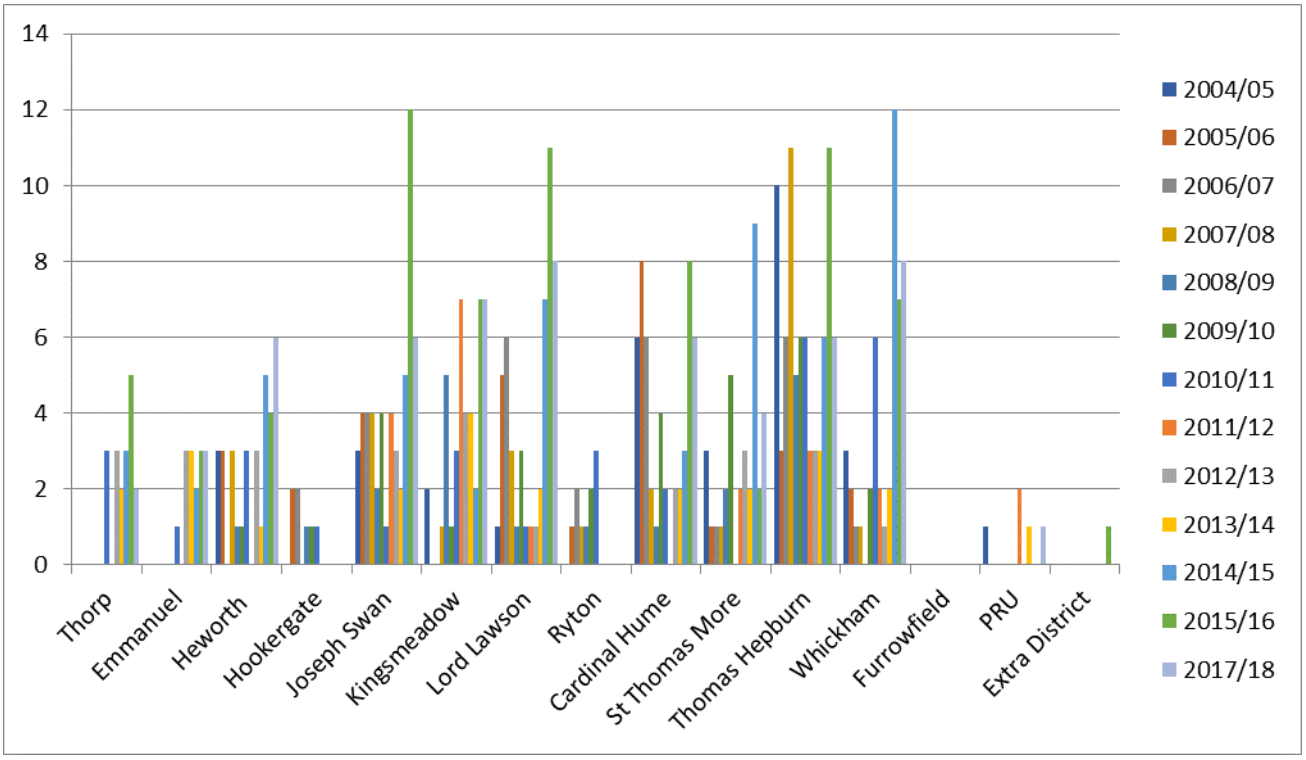


Table 1-Overview of Permanent Exclusions

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Thorp							3		3	2	3	5	7	2
Emmanuel							1		3	3	2	3	1	3
Heworth	3	3	Nil	3	1	1	3	0	3	1	5	4	8	6
Hookergate	Nil	2	2	Nil	1	1	1							
Joseph Swan	3	4	4	4	2	4	1	4	3	2	5	12	11	6
Kingsmeadow	2	Nil	Nil	1	5	1	3	7	4	4	2	7	7	7
Lord Lawson	1	5	6	3	1	3	1	1	1	2	7	11	9	8
Ryton	Nil	1	2	1	1	2	3							
St Edmund Campion/Cardinal Hume	6	8	6	2	1	4	2	Nil	2	2	3	8	8	6
St Thomas More	3	1	1	1	2	5	Nil	2	3	2	9	2	4	4

Thomas Hepburn	10	3	6	11	5	6	6	3	3	3	6	11	14	6
Whickham	3	2	1	1	Nil	2	6	2	1	2	12	7	8	8
Furrowfield	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
PRU	1	Nil	Nil	Nil	Nil	Nil	Nil	2	Nil	1	Nil	Nil	1	1
Extra District												1	2	0
Total	31	30	28	27	19	29	26	24	28	24	54	70	80	57

Table 1a-Overview of Permanent Exclusions

Table 2 shows a breakdown of upheld primary permanent exclusions since the 2004/5 academic year.

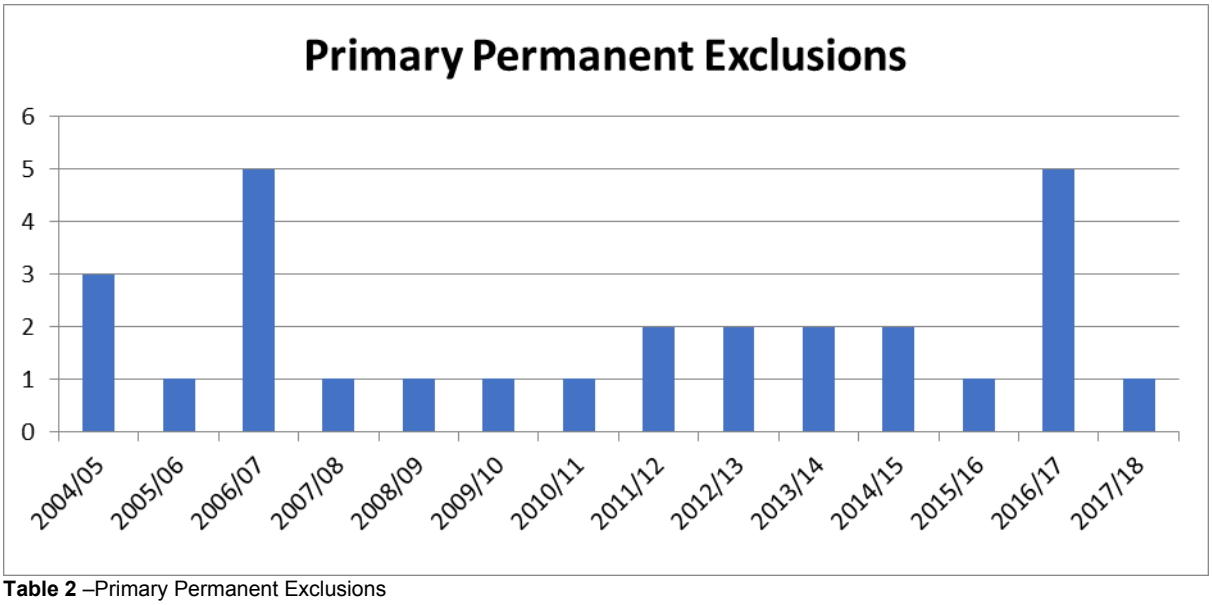


Table 2 –Primary Permanent Exclusions

Historically, Gateshead has excluded a higher proportion of its secondary aged pupils that its Northeast neighbours**. Table 3** compares Gateshead's permanent exclusion numbers with other secondary schools in the northeast, with our statistical neighbours and with the England average, since the 2008/09 academic year. As shown, the rise in secondary permanent exclusions in 2016/17 continued to be considerably higher than other local authorities in the North East and/or our statistical neighbours.

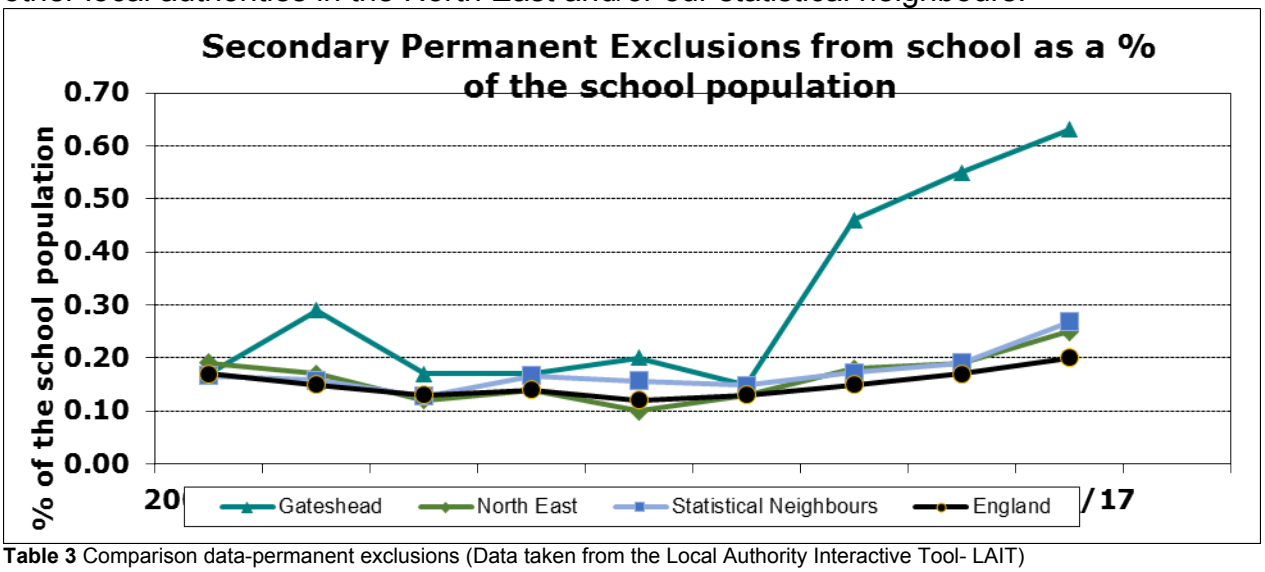


Table 3 Comparison data-permanent exclusions (Data taken from the Local Authority Interactive Tool- LAIT)

Current Situation (2017/18 Academic Year)

During 2017/18 there were 62 children and young people permanently excluded which is a decrease from the 99 children and young people permanently excluded in 2016/17. Of

these 62 children and young people, 60 of the pupils permanently excluded were secondary and 2 were primary. Of these 60 secondary pupils, 57 secondary pupils' permanent exclusions were upheld at the governors' disciplinary meeting, 2 were withdrawn for individual reasons and 1 was reinstated.

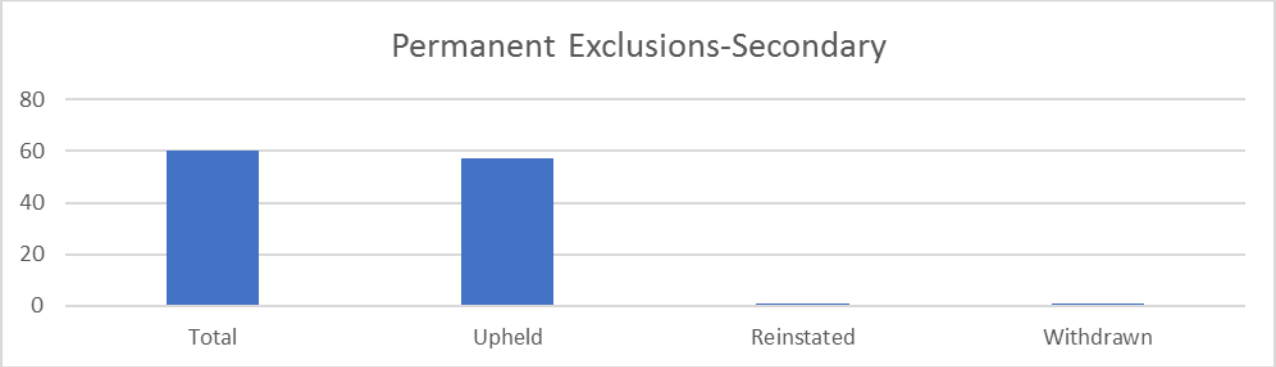


Table 4 – Permanent Exclusions Secondary (Total-before disciplinary meeting)

The 57 upheld permanent exclusions is a **considerable** decrease from the 80 upheld permanent exclusions during the previous academic year.

At a primary level in 2017/18 there were 2 permanent exclusions which is a decrease from 8 in 2016/17 of which 1 was upheld at the governors disciplinary meeting, which is a decrease from 5 upheld in 2016/17 and 1 was withdrawn.

Table 5 sets out the number of primary permanent exclusions, the number upheld and the number withdrawn during the 2016/17 academic year.

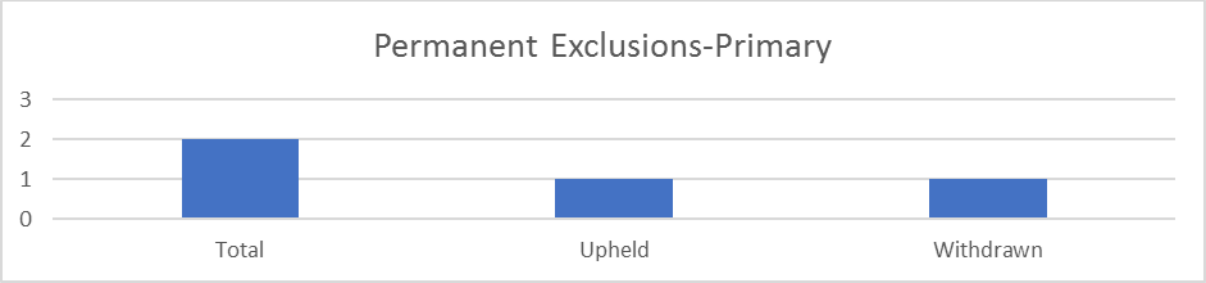


Table 5 – Permanent Exclusions Primary (Total-before disciplinary meeting)

Table 6 shows a breakdown of permanent exclusions by secondary school; overall total, upheld and withdrawn.

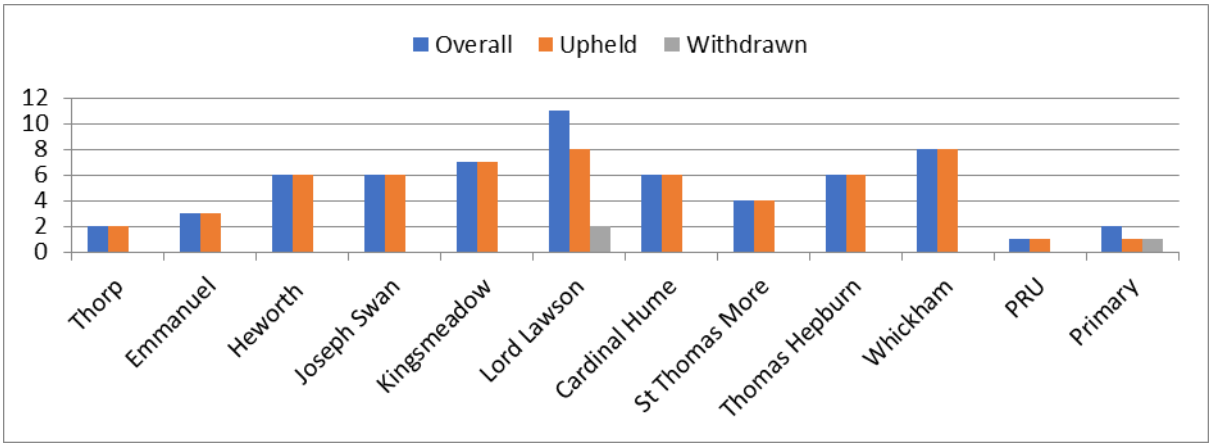


Table 6 Permanent exclusion breakdown by schools (including primary)

National statistics show that over half of all permanent exclusions occur in Y9 or above. This is a similar pattern in Gateshead, with 67% of permanent exclusions taking place in Y9, Y10 and Y11. KS4 accounts for 48% of all permanent exclusions. **Table 7** shows a breakdown of the year groups which permanently young people belonged to. The highest number of permanent exclusion were in year 10 (19) followed by Y8 (15) and Y9 (11).

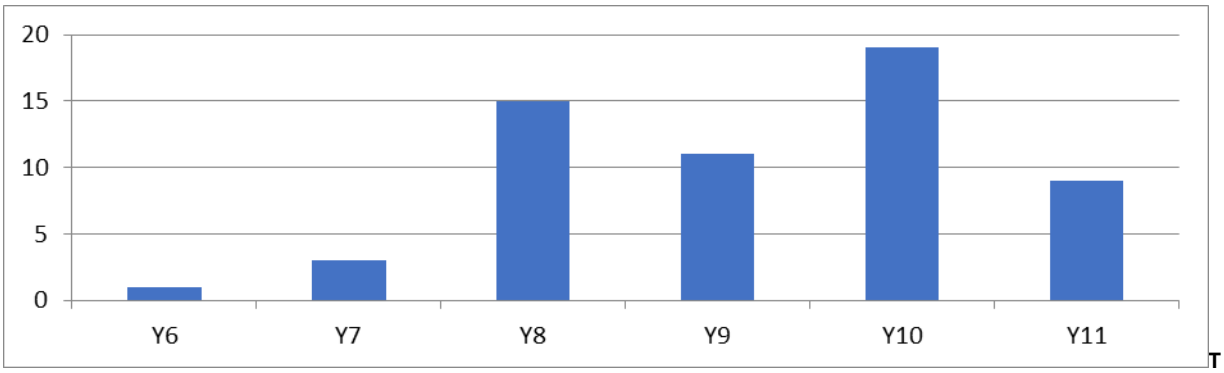


Table 7 Permanent exclusions by year group

Table 8 shows a comparison over the past 4 years of exclusions by year group.

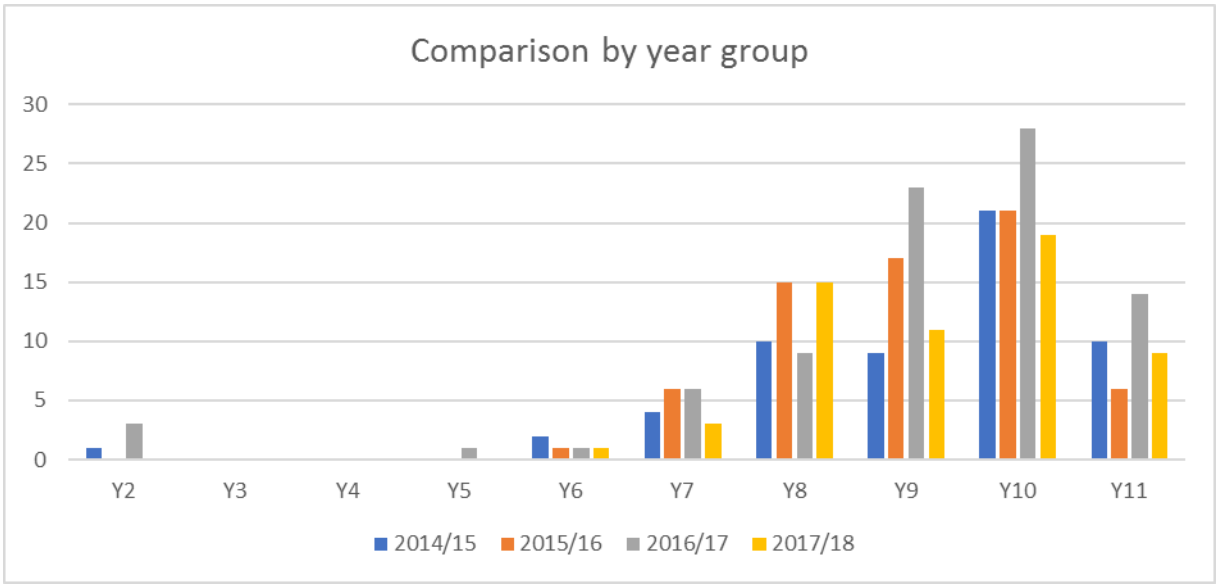


Table 8-Year on Year Comparison of Permanent Exclusions

Table 9 provides a breakdown of permanent exclusions by term over the past 4 academic years. The table indicates that more pupils were permanently excluded in the autumn term, with a decrease in the spring term.

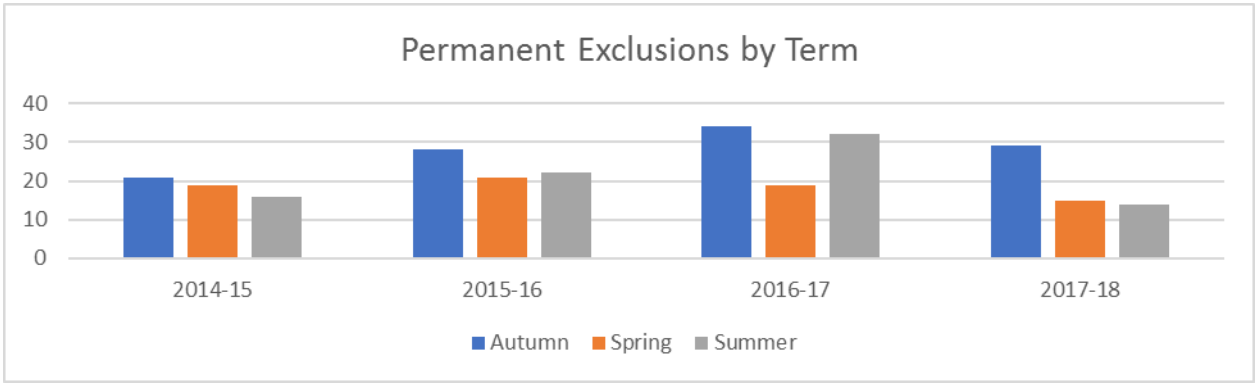


Table 9 Permanent exclusion by term

Reasons for permanent exclusions

Table 10 shows a breakdown of permanent exclusions by reason, with 62%% of all permanent exclusions for persistent disruptive behaviour, which is an increase on 58% from the previous year. In Gateshead the figure continues to be higher than the national statistics which indicates that persistent disruptive behaviour accounted for 35.7 per cent of all permanent exclusions in 2016/17. The category 'other' included failed managed moves and bringing a weapon into school.

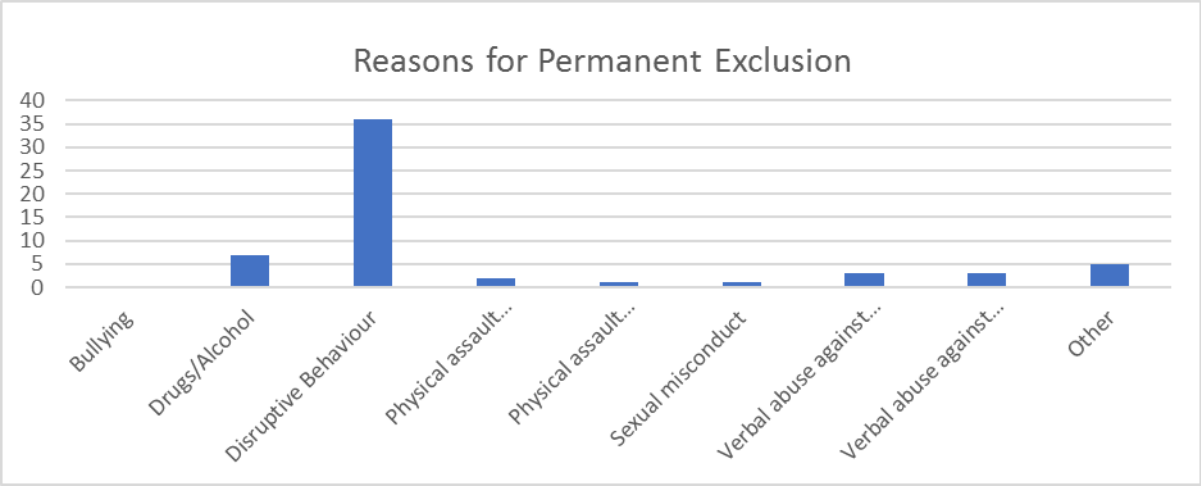


Table 10 Reasons for permanent exclusions

Exclusions by characteristics

As set out in **Table 11** and in line with national statistics more boys have been permanently excluded than girls; with 48 pupils being male and 10 being female. The national patterns show that boys are three times more likely to be permanently excluded than girls, in Gateshead boys accounted for 83% of all permanent exclusions and girls for 17% of all permanent exclusions.

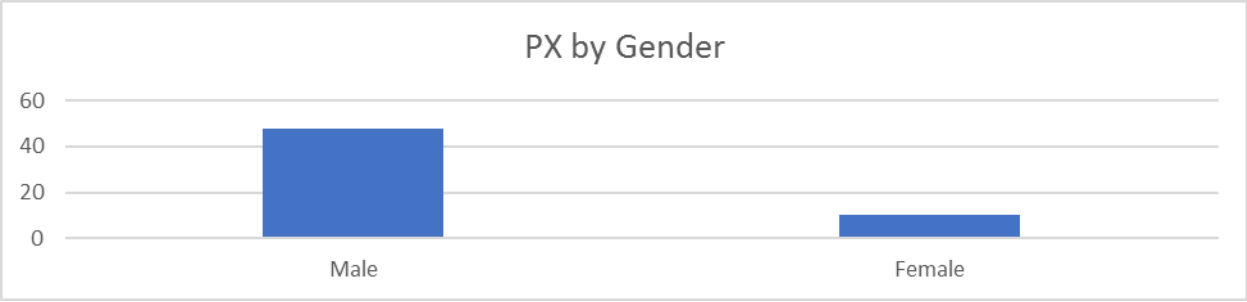


Table 11 Gender of permanently excluded pupils

Of the 58 pupils who were permanently excluded:

- 48% had current or closed CAF/TAF
- 22% were CiN or CP
- 7% were known to MARAC
- 7% were SEN
- 64% had one or more FTE
- 36% had more than one primary school

Education Inclusion Panel

In June 2017, the decision was made to establish the Education Inclusion Panel (EIP). The Education Inclusion Panel was developed to decide on the most appropriate educational placements for those children and young people who:

- can't attend school due to medical reasons or illness (pregnancy or non-attendance is not appropriate entry criteria)
- have been permanently excluded
- are Looked After and who are at risk of permanent exclusion
- where there are resource implications for the current placement

This process ensures that there is a clear and transparent admissions process for the RTMAT (previously the LA PRU) as well as ensuring that children and young people were placed in the most appropriate educational provision suitable to their needs.

The Education Inclusion Panel meets on a monthly basis (Wednesday 9:00-11:00) during term time to consider the educational placements of these children and young people.

EIP is a multi-agency panel, with core membership consisting of representation from:

- Service Manager Education Support Service (Chair)
- SEN
- Triage and Placement Manager
- Early Help Officer
- Clerical support
- Mental Health
- Health
- Virtual School Headteacher (in the case of a Looked After child/Young Person)
- HT PRU
- Social Care representative

Decisions on the placement of children and young people are made jointly by the panel members.

The decision was also taken to provide a lead officer (Triage and Placement Officer) to support and monitor the placement of those children and young people who are referred to the panel; primarily those who have been permanently excluded and those pupils who can't attend school due to medical reasons or illness.

During the 2017/18 academic year, 48 young people were referred to EIP because it was felt they were **unable to attend mainstream school due to medical reasons or illness**. 17 young people had education packages agreed and put in place and 10 young peoples' education packages are still being developed. 21 referrals were not progressed, mainly because the supporting information that was provided was deemed by the panel not to be sufficient to evidence a medical reason for why a young person was not able to attend mainstream school. Of those referrals not progressed only 6 referrals were considered to be inappropriate. Over half of all referrals were for Anxiety related issues.

During 2017/18 academic year at KS 3, 31 **permanently excluded pupils** were referred in to the EIP. 74% (23) went to River Tyne Academy; 16% (5) went in alternative education. Subsequently 13% (4) had managed moves to mainstream schools and 2 pupils have been through EHCP assessments.

At KS 4, 25 pupils were referred in to the EIP in the year, with 21 pupils already in alternative education at the start of the year.

The alternative education model is the prevailing model for this KS4, offering accredited qualifications in English and Maths and a sustained vocational element to support post-16 progression. However, offers of education are bespoke and this year we did have 3 pupils sitting additional GCSEs.

The success of year 11 placings is evidenced in the fact that 84% of those going through, sat GCSE exams or Functional Skills in Summer 2018. Progressions into post 16 opportunities have been supported by pro-active work from Gateshead Learning and Skills, Gateshead College and Early Help (IAG) team.

Of the 16 pupils who sat GCSE's in the summer all took English and Maths. The range of passes for the subjects taken ranged from U (one pupil) to 6 (one pupil). The overall average pass grade was slightly higher than a 3 Grade.
The engagement of these pupils to their learning programme was very good. Out of the 19 pupils in that cohort only 2 did not engage.

Progression

All Year 11 pupils were actively supported in their progression. With their permission, their contact information was shared with both Learning and Skills and Gateshead College. Both organisations have been pro-active in following up these young people so many now have offers of post 16 college courses or places on Traineeships leading to potential apprenticeships.

To support those steps, referrals had also been made to the IAG section of the Early Help Service for further support into progressions.

First destinations for these pupils as at September 2018 were as follows;

College	Training	Mainstream School	NEET	Not available (personal Circumstances)	Not KNown
9	4	1	3	1	1
47%	21%	5%	16%	5%	5%

Children and Family Support
Taking the end of the academic year as the check point, 26 young people had received some form of Family support in the year in KS 3 and 28 in KS 4.

Keystage	No Support	Early Help open	Early Help; closed in year	CiN/ C.P. Support	Looked after Child
3	5	13	6	6	1
4	18	11	10	6	1

38 young people were still open to receive a level of support at the end of the academic year. Education Gateshead staff would attend TAFs, Core Group meetings etc. wherever possible and whenever invited. Links between Early Help, Complex Families in Need and Education Gateshead were strong with regular mutual support and exchange of information.

The full report can be found in **Appendix A**.

Conclusion
Following a three year upward trend, permanent exclusions reduced considerably in the 2017/18 academic year. Primary permanent exclusions reduced by 80% down from 5 in

2016/17 to 1 in 2017/18 and secondary exclusions reduced by 37% down from 99 in 2016/17 to 62 in 2017/18.

The introduction of the Education Inclusion Panel has allowed for a transparent admissions process for the PRU as well as the systematic placement of those young people who have been permanently excluded into the PRU and/or alternative provision. The EIP has also established a robust placement process for those pupils who are unable to attend mainstream school due to medical reasons or illness.

Trends on exclusions will continue to be monitored closely; while the work of the EIP will be reviewed and evaluated on an ongoing basis.

Jeanne Pratt
Service Manager
Education Support Service
October 2018

Appendix A

Education Inclusion Panel; Review of Academic Year 2017/18

The Multi -agency panel meets monthly and pulls together representatives from education, Health, CYPS, REALAC, Complex Families and Early Help. The River Tyne Academy (RTMAT) also attend. This enables a meaningful information sharing between partners.

The panel considers the placing of children who have been referred in as "not being able to access education in mainstream schools". This is usually because of Permanent Exclusions, for medical reasons or due to pupils entering the borough with complexities that would make referral into mainstream provision impractical.

Executive Summary

Permanent Exclusions; Key stage 3

- 31 Permanently excluded pupils were referred in to the EIP. 74% (23) went to River Tyne Academy; 16% (5) went in alternative education.
- 13% (4) subsequently had managed moves to mainstream schools
- 2 pupils have subsequently been through EHCP assessments.

Permanent Exclusions Key stage 4

- 25 pupils were referred in to the EIP in the year. 21 were already in alternative education at the start of the year.
- The alternative education model is the prevailing model for this keystage, offering accredited qualifications in English and Maths and a sustained vocational element to support post-16 progression. However, offers of education are bespoke and this year we did have 3 pupils sitting additional GCSEs.
- The success of year 11 placings is evidenced in the fact that 84% of those going through, sat GCSE exams or Functional Skills in Summer 2018. 15 of the 16 pupils who sat the exams achieved a grade.
- Progressions into post 16 opportunities have been supported by pro-active work from Gateshead Learning and Skills, Gateshead College and Early Help (IAG) team. 73% (15) of the leavers remained in learning.
- Despite success of this year's year 11 there is a concern over the level of non-engagement in current year 10. 30% (7) are not, or are only sporadically engaging and this figure could rise to 37% (10) when the new referrals are placed.

Children and Family Support Services

- 70% of pupils were involved with Early Help, Complex Families or R&A. 49 were still open cases at the end of the academic year. 2 children were escalated to LAC status during the year.

Providers

- 14 different providers were used over the year, providing education in either small groups or on a 1-1 basis.

Hospital and Home Tuition

- 48 young people were referred in. 17 had education packages agreed and in place, 10 are still being developed and 21 were not progressed. Of those not progressed only 6 were considered to be inappropriate referrals

- Over half of referrals were for Anxiety related issues.

Permanent Exclusions

Each pupil's needs are considered on an individual basis. However, there is an over-arching framework that assists in decision making for the pupils. Those excluded in Key Stage three are referred onto the River Tyne Academy for assessment and education. Those excluded in Keystage four have a raft of possible options. This will ensure that, despite their exclusion, they are offered opportunities that will enable them to be competitive in the wider labour market.

Keystage 3 Placings

Year Group	Number referred in academic year	Number carried forward from last academic year	Total numbers in Alt. Ed across academic year	No. in registered school (incl. PRU) at end of term	No. Engaging on EOTAS role at end of term	No. not engaging at end of term
7	3		2	2		1
8	15		15	14		1
9	9	5	14	9	5	

Of the 18 pupils excluded in years 7 and 8, all but one were referred to RTMAT. 16 are attending and 1 parent refused the offer to attend. Their child is currently still outside education. Work is currently being done with parent by Early Help and education to explore how this impasse can be resolved.

The child who was not referred to RTMAT was excluded too late in the year to be considered at the last EIP for referral. This pupil will be picked up at the start of the new academic year.

Of the 14 pupils in Year 9, 5 were carried forward from the previous academic year and were receiving an alternative education. Of those, 2 have progressed into mainstream schools via the PRU. The remaining 3 are still in alternative education for individual reasons. These 5 pupils were deemed by the Fair Access Panel in 2016/17 to be "not suitable for immediate re-introduction into mainstream education" and the PRU were full at the time, hence the use of the alternative education for these young people.

Of the remaining 5 pupils who were permanently excluded in this academic year,3 went to RTMAT and 2 went on to alternative education whilst a managed move to another mainstream school was being arranged and supportive work with a specialist agency was being undertaken. Both were then placed on Managed Moves to mainstream schools but neither settled and the moves broke down late in the summer term, due to their inability to settle. They currently are back on alternative education.

At the end of the year the situation for those pupils who had been excluded from Keystage 3 mainstream schooling are that 23 are in RTMAT, 2 are in mainstream schools and 5 are in alternative education

SEND

2 young people who were permanently excluded and referred to River Tyne Academy have subsequently undergone Education Health Care Plan assessments.

Keystage 4 placings

Year Group	Number referred in academic year	Number carried forward from last academic year	Total numbers in Alt. Ed across academic year	No. in registered school (incl. PRU) at end of term	No. Engaging on EOTAS role at end of term	No. not engaging/ not placed at end of term
10	16	11	27	6	15	6
11	9	10	19	1	17	1

Year 10 placings
Of the 16 pupils coming through the EIP in this academic year, 9 have accessed an alternative education provision. Of these, 5 progressed back into mainstream schools through managed moves. 1 of these managed moves failed due to the pupil not being able to settle in their new school. The others are currently sustained. The remaining 4 are on Alternative Education accessing a mixture of English and maths, leading to accredited qualifications and a vocationally relevant experience. 1 pupil is studying a wider GCSE curriculum at RTMAT.

Of the 11 pupils brought in from 2016/17 academic year, 7 are continuing to access a mixture of English and mathematics and vocational education, 2 are accessing a fuller alternative education placement, 1 is in between placements and 1 is due to start at RTMAT in September. 1 of these students sat GCSE English and Maths early, this summer, and is awaiting results.

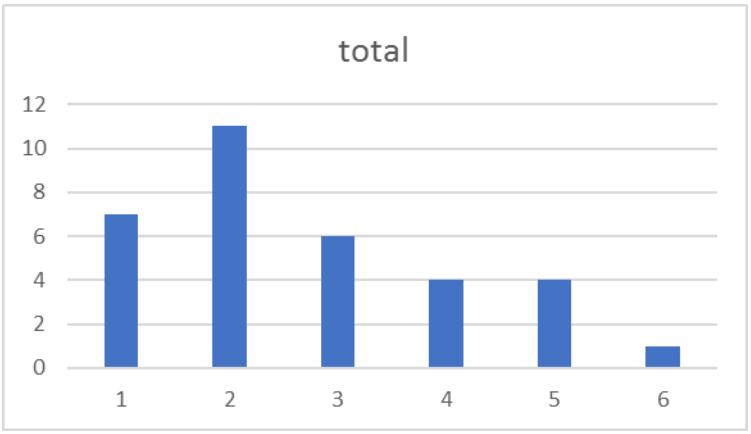
6 pupils are not yet placed in education. 1 of these is because he is refusing to take up the offer of RTMAT; alternative approaches are being taken by Education and Complex Families to offer a workable solution. 1 has wilfully avoided engagement although now is on line for a September start and 4 were excluded too late in the summer term to arrange alternatives for. 3 of these will be placed in a mixture of alternative education and vocational opportunities to start early in September. 1 will be more complex to place, being Permanently Excluded from RTMAT.

The position at the end of the term was that there were 15 pupils accessing an alternative educational curriculum working towards accredited qualifications and expanding their options through vocational placements. 4 are in mainstream schools and 2 are in RTMAT. The remaining 6 are not currently engaged in education for reasons outlined earlier.

Year 11 placings
Of the 19 pupils who were on alternative education placements during the academic year, 16 took accredited exams in June. 15 of these took GCSEs (many with Functional Skills as a backup). One took Functional Skills only, at his alternative education placement. There were three students who did not take sit qualifications this year for individual reasons. One was on a managed move to a mainstream school and opted to resit year 10, one was terminated from Newcastle College for behaviour reasons too late in the academic year to allow a remedy. The third has disengaged from every offer of education made and so was not in a place to be confidently able to sit exams. Of those ready and entered for GCSEs, one did not attend due to changes in domestic circumstances during this time. All others attended all GCSE exam sessions, although

there were some instances of absences during Functional Skills, which were sat after the GCSEs were finished.

All pupils who took GCSEs sat English and Maths. Across the range of pupils, smaller groups or individual pupils also sat English Literature, Art and History. The range of passes for the subjects taken ranged from U (one pupil) to 6 (one pupil). The overall average pass grade was slightly higher than a 3 Grade.



Number of grades achieved across all papers
(Numbers vertical/ grades horizontal)

Pupils were entered for their exams as guest students with RTMAT. The help proffered by RTMAT staff towards the delivery of this task was invaluable.

Engagement
As demonstrated by the number of Year 11 pupils entered for exams, the engagement of these pupils to their learning programme was very good. Out of the 19 pupils in that cohort only 2 did not engage.

Engagement amongst the much smaller alternative education cohort in Year 9, 5 pupil sin all, was equally good, with every pupil engaging.

However, there has been a greater issue with Year 10 pupils engaging. Of the 23 Year 10 pupils placed in alternative education this year 9 are not engaging at any meaningful level. As outlined earlier, one is due to start in September, after avoiding engaging for several months, another's family is in dispute, refusing to accept the RTMAT place that has been offered. He is open to Complex Families and YOT. A further 7 have engagements levels that are sporadic and of a level to cause significant concern. 5 of these families are receiving support for parenting and other issues from either Early Help or higher level support services. The remaining 2 declined this support although there are clear issues in the households that could be addressed. 4 have not yet been considered, being excluded after the July panel met.

Of these pupils, where non-engagement has been established for a significant length of time, all have all been brought up to the Complex Pupils Panel. The remainder are being monitored and attempts made to address their issues.

Progression
All Year 11 pupils were actively supported in their progression. With their permission, their contact information was shared with both Learning and Skills and Gateshead College. Both organisations have been pro-active in following up these young people so

many now have offers of post 16 college courses or places on Traineeships leading to potential apprenticeships.

To support those steps, referrals had also been made to the IAG section of the Early Help Service for further support into progressions.

First destinations for these pupils as at September 2018 were as follows;

College	Training	Mainstream School	NEET	Not available (personal Circumstances)	Not KNown
9	4	1	3	1	1
47%	21%	5%	16%	5%	5%

Children and Family Support

Taking the end of the academic year as the check point, 26 young people had received some form of Family support in the year in Keystage 3 and 28 in Keystage 4.

Keystage	No Support	Early Help open	Early Help; closed in year	CiN/ C.P. Support	Looked after Child
3	5	13	6	6	1
4	18	11	10	6	1

38 young people were still open to receive a level of support at the end of the academic year. Education Gateshead staff would attend TAFs, Core Group meetings etc. wherever possible and whenever invited. Links between Early Help, Complex Families and Education Gateshead were strong with regular mutual support and exchange of information.

This was augmented by input into one another's meetings and by a Complex Families and Early Help representation on the EIP and Complex Pupils Panel.

The small number of Looked After Children coming in this system does not represent the level of LAC in alternative education. That would be addressed by REALAC and LAC. The two-young people who are recorded here as LAC were taken into the system whilst on alternative education, rather than before entering the system and were a result of safeguarding escalating their cases.

Provision

Alongside the RTMAT the following provision was used:

Alternative academic education was provided in small group settings by Kip McGrath (Gateshead), Kip McGrath (Whickham) and CUMBRIC. In specific circumstances 1-1 tuition was provided by tutors from Vision for Education, Education World and New leaf.

Vocational education was provided by Learning and Skills (Stonehill's), Wheels, ALD Hairdressing, Groundworks and New Leaf. CUMBRIC also have an element of vocational experience and learning in their curriculum and linked one student to a community Art Project. Skimstone Arts also allowed one pupil to work towards an Art award in performing art.

Trinity Solutions and Newcastle College also provided both academic and vocational opportunities to pupils over this academic year.

For appropriate cases, the Young Women's Outreach Project was also commissioned to deliver issue based education.

The fluctuating nature of these young people's engagement makes a definitive finalised set of figures impossible to capture in a table. However, at the end of term pupils on the EOTAS role were accessing the following educational placements (n.b. pupils may be counted against more than one provider);

Provision	No.	provision	No
Kip McGrath – Gateshead	13	New Leaf work placements	13
1-1 tuition	11	CUMBRIC	9
Kip McGrath Whickham	5	Wheels	3
ALD Hairdressing	3	YWOP	3
Newcastle College	2	Learning and Skills	2
Groundwork; Skimstone Arts; Trinity Solution			1

Hospital and Home Tuition

Referrals
Over the year, the Education Inclusion Panel considered 48 requests for Hospital and Home Tuition for pupils who it was felt where not able to access mainstream education for health reasons.
Of the 48 who were referred in, the overriding reason was school related anxiety.

Reason	Number
Anxiety	24
SEN related	5
Post-operative	6
Medical	6
Chronic Fatigue Syndrome	3
Anxiety related to Gender issues	2
other	2

Approved placings
17 young people where referred in and educational provision was agreed.
Of these 5 were still accessing bespoke education at the end of the academic year. 6 were re-integrated into mainstream school and a further 2 ended their involvement when they sat their GCSE exams. One, sadly, was still a long way from being re-integrated when he completed his Year 11. 2 pupils moved from H&HT to special schools when their Education and Health Care Plans were agreed. 1 pupil went to RTMAT.

10 pupils' cases were still being reviewed with additional information being sort or developmental work to be done.

Declined placings
21 referrals were considered but considered not appropriate, for the following reasons;

Reason for closure	Number
Young person not engaging with outside services	2
Young person had returned to school by time of referral	4
Referred on elsewhere	7
Young person not engaging with provision	2
Evidence suggests referral not appropriate	6

Review Points

- **Permanent Exclusions:** The time between a young person being permanently excluded and beginning a placement is variable, depending upon several factors; promptness of notification; arrival of information (exclusion paperwork/ contact details etc.); proximity to EIP meeting; actual response time by provider; etc. It is suggested that to address this a quicker response of 1-1 tuition in all P. Ex cases will be piloted to try reducing this fluctuating gap.
- **Permanent Exclusions:** Monitoring SEND issues amongst the P. Ex pupils. EHCP is currently monitored but SEND Support and Ed Psych involvement has not been. Is there a story being missed at SEND level that is below the EHCP thresholds? There may be, but at the moment the evidence has not been collected.
- **Accredited exams;** GCSEs and Functional Skills were offered this year to all Year 11 pupils. Functional Skills were offered as a 'safety net' for pupils should they not get GCSE passes. However, it now appears that this may have been unnecessary owing to the new GCSE grades. To the pupils they were a set of exams too many and a repeat of any double entries would be managed so that FS exams were taken away from the GCSE window.
- **Engagement;** It is concerning that 7 Year 10 pupils do not engage with their offer of education, despite it being discussed and negotiated with them in the preparatory stage. What is particularly concerning is that of the 4 Exclusions in July, who have yet to be placed, history suggests that a possible further 3 may not engage from them (all are currently receiving support from Early Help or Complex Families). This will be addressed by an additional team member working these cases, but also more time needs to be spent considering multi-agency responses through the Complex Pupils and additionally, aligned work with the Legal Intervention team to see if a legal response would be effective.
- **Children and Family Support:** To review work with Early Help, Complex Families and R&A. Whilst links are strong and positive just over 50% of pupils either did not receive any support or had their support closed in the year of their Permanent Exclusion. There is scope for a discussion to see if further support could be ensured to support a placement until it is sustained.
- **Progression;** to motivate the pupils and enable them to make the most of their opportunities we will investigate an 'employability week', delivered by an outside agency for all year 11 pupils, either later in the autumn term or early in the spring
- **Provision:** As Key stage 4 placings continue to increase outside of registered schools there is an increased onus on education to ensure that content and safeguarding elements are robust so they will be reviewed and developed further, particularly in light if 'Keeping Children Safe in Education 2018' paper. Alternative provision needs to be expanded further to enable a variety of behavioural needs, interests and learning styles to be accommodated. 14 providers were used in this academic year but do not represent a geographical spread across the borough. there are also no registered schools providing alternative education in the borough.

- **Hospital and Home Tuition;** A major success this year has been the information sharing between agencies and services at the Educating Inclusion Panel. However, too many referrals in are rejected at the panel due to lack of information. Next year there will be pre-processing and young people who have inappropriate referrals will be held in abeyance until that information is obtained. This will ensure that partners' time on the panel continues to be effectively spent.
- **Hospital and Home Tuition;** As part of an approved referral from Hospital and Home Tuition there is a need to approve a review date, where by progress is reported back on and a further decision made about the education offer. This will allow the EIP a greater part in the process and ensure that schools also are more fully involved.

S. Graham
Triage and Placement manger **08/08/18**

Gateshead Council

HEALTH AND WELLBEING BOARD
30th November 2018

TITLE OF REPORT: **Gateshead Local Safeguarding Children Board Annual Report 2017/18 and Business Plan 2018-19**

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

Purpose of the Report

1. The purpose of this report is to present the Gateshead Local Safeguarding Children's Board (LSCB) Annual Report for endorsement by Health & Wellbeing Board, in line with statutory requirements.

Background

2. The Local Safeguarding Children's Board continues to provide leadership, accountability and vision for safeguarding in Gateshead. The LSCB has a strong commitment from partners to working together, holding each other to account and seeking to learn and improve together.

Gateshead Local Safeguarding Children's Board Annual Report 2017/18

3. The LSCB Annual Report 2017-2018 details developments for both the LSCB itself and its partner agencies, of which Gateshead Council is one, in relation to safeguarding and promoting the welfare of children in the borough. Key areas include work to understand high levels of Permanent Exclusions, work to improve links with our schools and ongoing work to raise awareness of Child Sexual Exploitation and other forms of abuse. The report also contains an analysis of data. (Numbers of children on child protection plans have decreased slightly., numbers of children in care have increased slightly. The timeliness of assessments and conferences remains high).

Gateshead Local Safeguarding Children's Board Business Plan 2018-19

4. The LSCB Business Plan 2018-2019 sets the strategic direction for the LSCB and reinforces the specific role of the LSCB to lead, challenge and support learning and focuses on the specific role and remit of the Board. The action plan for 2018-2019 supports those three key priorities of leadership, challenge and learning and also focuses on the five key thematic priority areas Voice of the child, Communication & engagement with the frontline (including schools), Early Help & Early Intervention, Mental health & Emotional Wellbeing, Child Sexual Exploitation & Missing. The LSCB will also be continuing to prepare for the implementation of new legislation and guidance around statutory strategic arrangements for safeguarding (including the removal of the requirement for local authorities to ensure that there is a LSCB and a

new requirement for a new strategic partnership between the local authority, police and CCG).

Proposal

5. Members of HWBB are asked to endorse the Annual Report and 2018/19 Plans for the Local Safeguarding Children's Board.

Recommendations

6. It is recommended that

   (i) the Annual Report and Strategic Plan be endorsed to ensure that statutory duties of the Gateshead Local Safeguarding Children's Board are met

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Gateshead
local safeguarding
children board

Gateshead LSCB Annual Report

2017-2018

LSCB ANNUAL REPORT 2017-2018

CONTENTS

APPENDICES

1. INTRODUCTION AND WELCOME

Foreword – Sir Paul Ennals, LSCB Independent Chair

It has been a privilege to chair the Gateshead LSCB for a second year. The Board brings together all partners who are working across Gateshead to keep children safe; the partnership has the confidence to challenge each other, whilst all seeking to support each other – "high support, high challenge". I have been pleased to see the strong relationships which have been forged across the services, at the front line as well as amongst senior partners.

This year we have welcomed a new business Manager, Saira Park, who has had a great impact on all aspects of our work. Supported by Gemma Crawley, she has driven the work of the board with great energy, enthusiasm and commitment.

This year we have done more to work in collaboration with colleagues in other boards across the region. The issues facing each Board are broadly similar, and there is much to be gained from working together. We now work especially closely with the areas South of Tyne, and during this coming year we plan to strengthen our links North of Tyne. Next year we will respond to the new Government legislation by changing our structure fundamentally; partners have been working closely to ensure that our new arrangements will be just as effective as our current ones.

The children of Gateshead can be grateful for the commitment of the many partner agencies who work hard an effectively to keep them safe.

2. SUMMARY OF PROGRESS

2.1 Purpose of report

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

2.2 Overall LSCB progress

Once again, 2017-2018 has been a busy year for us. Although we did not undertake any statutory Serious Case Reviews (SCRs), our "business as usual" and a number of new emerging issues nationally and locally have meant that our meetings have been busier than ever. Considerable work has also been undertaken between meetings by our sub groups, task and finish groups and highly committed members.

2.3 Progress against last year's objectives

Our Business Plan was monitored at every meeting of the LSCB Executive. By year end most of our priorities were signed off or due to be signed off imminently. The only exceptions are as follows: The redesign of Early Help is ongoing to enable active involvement of partner agencies; the review of "Thresholds/Indicators of Need" document from Children's Social Care in ongoing and updates will be completed once the Early Help offer is finalised; and the work around the national Child Protection – Information System has now been completed.

In terms of **Leadership** we strengthened our links with our local communities and other partnerships to improve the visibility of the LSCB and ensure that safeguarding children was still a priority for groups with an adult or community focus. We also continued with work to engage children and young people with the work of the Board.

We **challenged** our partner agencies to provide us with details of their own internal single-agency scrutiny and audit. We were not asking agencies to do additional audit work but wanted to make sure that we knew what audits were already taking place, what they were showing and whether they made a difference, in order to reassure the Board that there were no significant issues picked up in term of practice, and to ensure that agencies were robust in their own arrangements for identifying any issues. Overall, the findings identified no specific concerns about single agency practice and indeed some high quality single agency and joint working was demonstrated. In terms of areas for development, Children's Social Care identified that in 53% of the cases audited "visits" were not in timescale (this was across all cases including Child Protection, Child in Need and Looked After Children). This figure improved to 80% as a result of the actions undertaken following the audit. The voice of the child is heard and acted upon; however this is not always evidenced as well as it could be through recording. Inconsistencies were noted in the planning process and areas for improvement identified. Some very good work was noted in all of the Children's Social Care audits however. Gateshead Health NHS Foundation Trust identified that there was limited evidence in hospital records of paediatric engagement with child protection conferences. Invitations were only received a few days before the meeting, making paediatric attendance more difficult due to clinical commitments. Processes were introduced to address this and plans put in place to re-audit and determine if improvements had been made. The LSCB Executive will continue to monitor single agency audits on behalf of the Board in 2018-2019.

2.4 Board effectiveness

We challenged ourselves as a Board through our new Effectiveness Framework. Our benchmarking exercise showed us that there were no significant areas of concern but we needed to evidence further the impact of our work. Work in this particular area will continue into 2018-2019 as we review our arrangements in light of the Government's review of LSCBs and new legislation. We also reviewed our mini peer review proposal from previous years and looked at more effective ways of challenging each other.

We continue to collaborate with LSCBs across the region regarding future safeguarding arrangements. The final shape of arrangements across all 6 areas will be determined by how much agreement can be reached on integrating the safeguarding processes and how we can coordinate delivery around some specific safeguarding issues

The LSCB Business Managers across the 6 areas have produced a workplan for developing integrated tools and further integration of processes – performance datasets, QA frameworks, policies & procedures, training, practice review arrangements, and CDOP arrangements are being considered, in light of new statutory guidance.

In terms of **Learning**, we considered the national review of LSCBs and proposed changes to legislation and statutory guidance. We also reviewed cases in a multi-agency setting where there were lessons to be learned and took this learning forward.

We are satisfied that we have highly effective partnership arrangements in Gateshead which are built on trust and honesty. Agencies have the confidence to challenge each other due to robust working relationships.

The LSCB Business Manager's role is crucial to the work of the Board to ensure compliance with statutory requirements and drive delivery of the Board's Business Plan. The Business Manager provides a link between the Board, sub groups and other partnerships. The LSCB Chair also chairs the SAB and this further strengthens joint working and the transition agenda.

As a Board, we are confident that we have effective training that responds well to LSCB priorities. Despite increasing pressures on partner agency staff we have a skilled pool of trainers who deliver a lot of our sessions "in house", but we also have the resources to commission specialist sessions when appropriate. We continue to carry out work to ensure that our training has an impact on frontline staff to ensure that the sessions lead to improved outcomes and provide the Board with best value for money.

We acknowledge that we need to do more to hear the voice of the child as a Board. Our partner agencies undertake a lot of work to listen to and act on the voice of children accessing their services and there is some work for us to do to join this up better across the partnership and to see more meaningful outcomes from this. We also need to carry out more work to capture the voice of children who aren't part of groups such as school councils, the Youth Assembly, One Voice, Police Cadets etc. We will take this work forward into 2018-2019.

2.5 Summary of sub group progress

At year end we had seven sub groups, one of which is shared with the Safeguarding Adults Board (SAB). They are:

- Gateshead Local Child Death Review Group

- Joint LSCB & SAB Strategic Exploitation Group
- Learning & Improvement Sub Group
- Licensing Sub Group
- Performance Management Sub Group
- Policy & Procedures Sub Group
- Training Sub Group

The LSCB Missing, Sexually Exploited and Trafficked Sub Group (MSET) also reports into the Strategic Exploitation Group having previously reported directly to the Board.

An **Education Reference Group** has been established to strengthen the engagement of schools in the work of the LSCB.

The group includes wide representation from primary and secondary schools, and from all parts of the borough; feedback has been positive, and several key issues such as CSE, early help and training have been discussed. The reference group provides a means whereby school concerns can be brought to the board, issues discussed within the Board can be brought to the attention of schools, and schools can increase the level and quality of their multi-agency working.

Some successful workshops have been held in several schools, to examine the impact of the development of early help on thresholds, and there is evidence of some excellent work amongst many senior leadership teams in schools. Head teachers endorsed the positive feedback from these workshops. As all agencies respond to the continued budget challenges, it becomes ever more important that our responses to vulnerable children are jointly planned and delivered, and the early evidence of the Education Reference Group suggests real progress is being achieved.

Throughout the year our sub groups continued to work towards their own work plans and towards one or more of our priorities of **Leadership, Challenge** and **Learning** and specific details of this are found in the sub group reports in Appendix 4**.**

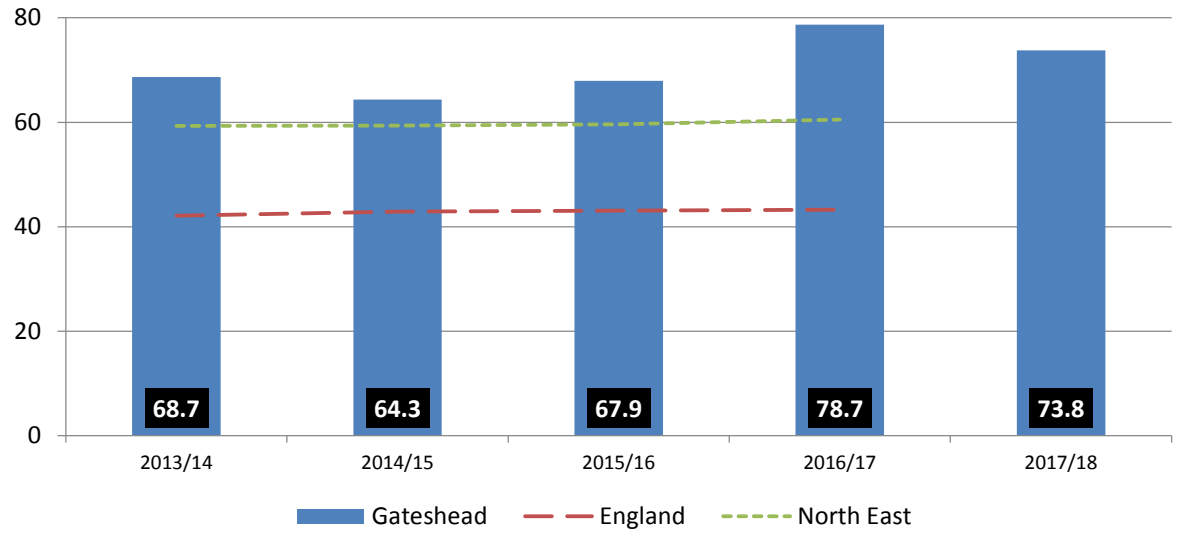
3. PERFORMANCE DATA AND INFORMATION

3.1 Performance Data

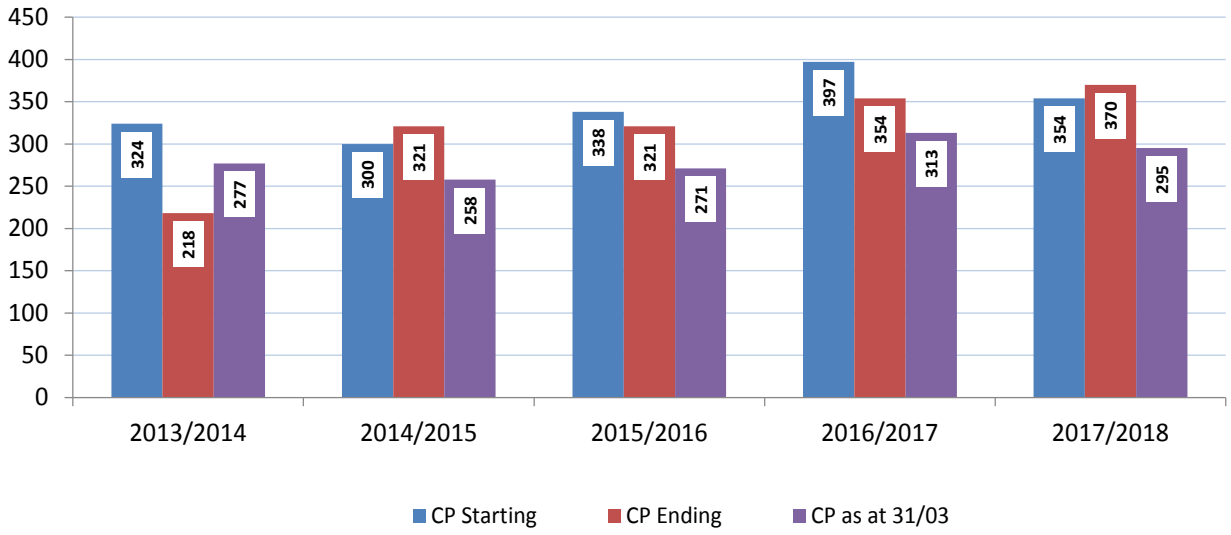
The LSCB Performance Management Sub Group monitors performance information on behalf of the LSCB and reports regularly to the Board against an agreed data set/performance dash board linked to priority areas.

At year end there were **295** children from Gateshead subject to a Child Protection Plan, which is a rate of 73.8 per 10,000, and higher than the England rate of 43.3 per 10,000 reported in 2016-2017. It is also 18% higher than the North East rate of 60.5 but a decrease of 4.9 per 10,000 on the previous year in Gateshead.

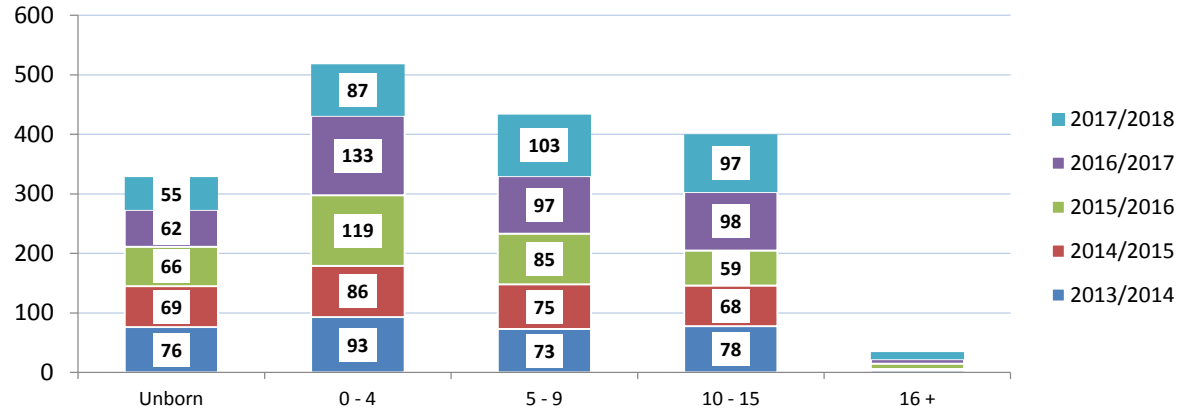
Child Protection Plan numbers per 10,000



Child Protection Numbers

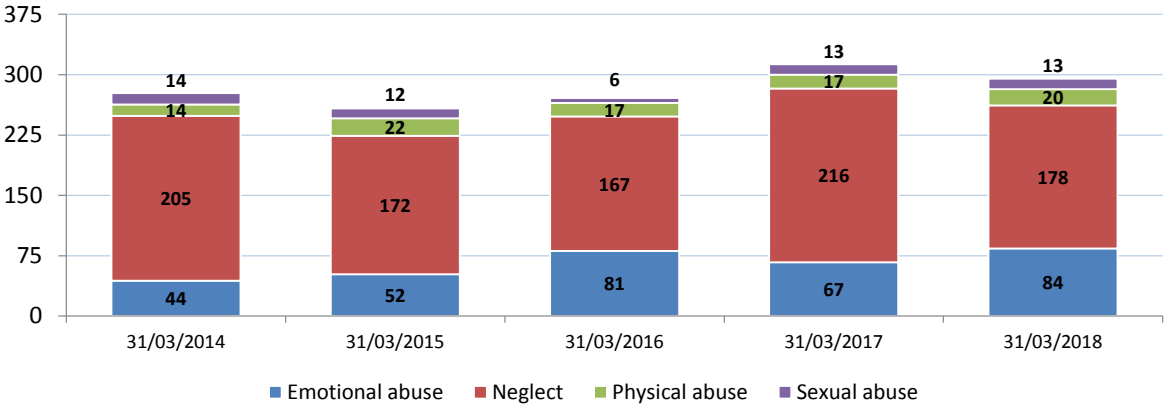


Age of Children when placed on a Child Protection Plan (Apr-Mar)

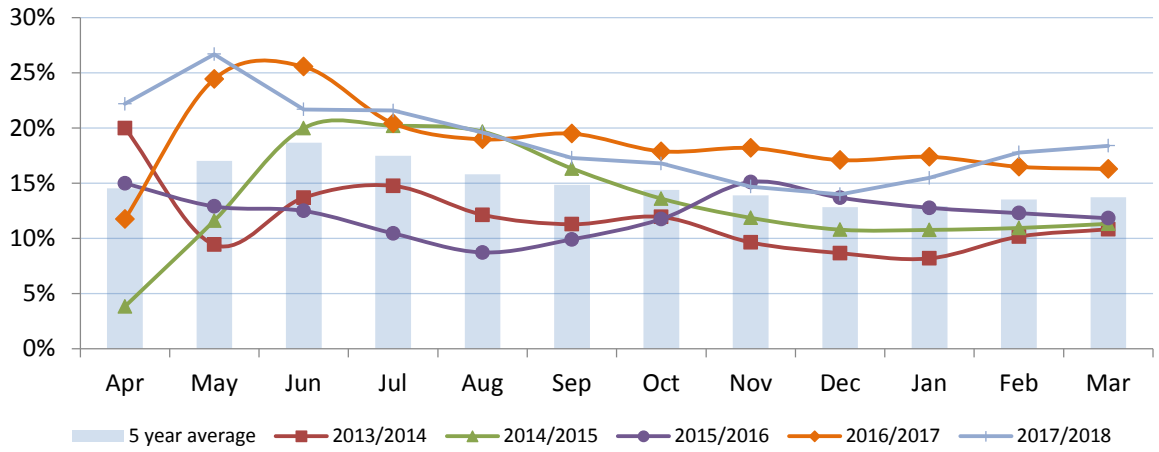


The category of neglect remains the highest at 60.3% of all plans. The numbers of plans lasting over 2 years remains low.

Child Protection Category at month end



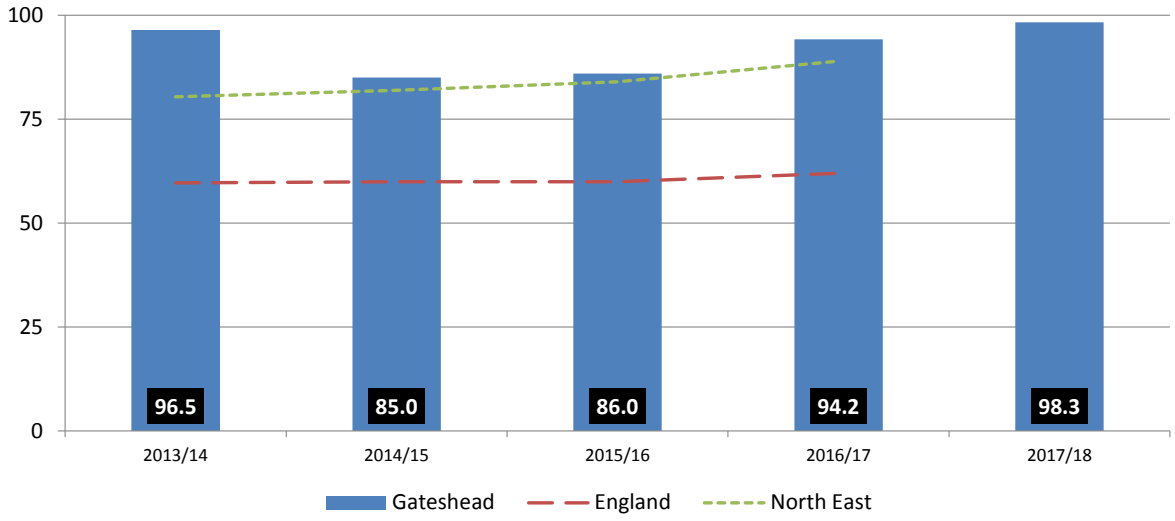
Performance Indicator: Percentage of children becoming the subject of Child Protection Plan for a 2nd or subsequent time



There was an increase noted in the numbers of children who became subject to a plan for a second or subsequent time (65 of 354 plans that started in 2017-2018 or 18.4%) and work is underway to understand this. The figure has increased in the first quarter of 2017-2018 and there are currently 23 children subject to a second or subsequent plan (27.7%). This indicator will continue to be monitored closely, although the 23 children involved does include two sibling groups of 4 and one sibling group of 3, which may help to account for the higher figure.

This reporting period also saw an increase in the number of children who are Looked After by Gateshead Council. At year end the rate showed a 4.4% increase from the previous year end and is 36.9% higher than the latest England rate and 9.5% higher than the North East rate. The Looked After Children performance information indicates good placement stability and timely performance planning. This data and information on outcomes is monitored regularly by Gateshead Council Children's Social Care Performance Clinic, the Corporate Parenting Partnership, the Looked After Children Overview and Scrutiny Committee and a number of other partner agency forums. The LSCB established a task & finish group to examine ways of safely reducing this figure.

Looked After Children numbers per 10,000



Other data to note included:

- Child Concern Notifications and contacts to Children's Social Care decreased from previous years by less than 1%; the number of referrals also decreased by around 3.5%.

- A high number of assessments undertaken by Children's Social Care identified mental health (37.7%) and domestic abuse (37.1%) as a factor. Other common factors included alcohol or drug misuse, socially unacceptable behaviour, neglect and emotional abuse. Whilst the numbers of cases where domestic abuse is a factor is high it is much lower than the England average of 2016-2017 (48.2%) whereas the socially unacceptable behaviour rate (19%) is much higher (7.1%).

- There was a 2.5% increase in Child In Need (CIN) Assessments being completed in 2017-2018 compared to 2016-2017, and there was also an increase in CIN assessments being authorised within timescales. The % of CIN assessments completed in timescales (88.3%) is higher than the latest reported national average (82.9%) and regional average (83.1%). There was a 14.3% decrease in Section 47 investigations but a higher percentage of these progressed to Initial Child Protection Conference (ICPC). Of those cases going to ICPC, 84.8% went on to require a Child Protection Plan, which indicates multi-agency agreement on the way to progress these cases

- 96.4% of ICPCs were held within the 15 day timescale (well above the regional average of 86.3% and national average of 78.3%). Attendance and contribution to CP conferences is monitored and remains strong overall, particularly for some partners e.g. Police. Work is ongoing to improve the contribution of some agencies to the process e.g. GPs. and also ensure sustained improvement against timescales for distribution of minutes

3.2 Summary of thematic information

3.2.1 Missing children

The LSCB Missing, Sexually Exploited and Trafficked Sub Group (MSET) monitors and coordinates multi-agency activity for children who are reported missing from home or care.

In total, there were **841 episodes** in 2017-2018 where a young person from Gateshead was reported missing or absent to police. **493 (58.6%) of these episodes were children/young people looked after by Gateshead Council**. These figures differ slightly from those presented by Northumbria Police – they state that there were 439 "missing" episodes involving under 18s in Gateshead and 331 "absent" episodes. This equates to 770 episodes in total, 417 of which were Looked After Children. However these figures only include young people reported missing from a Gateshead address and do not include Gateshead looked after children placed elsewhere in the Northumbria area or further afield whereas the LSCB data for MSET does. There are also a small number of young people placed into private children's homes in Gateshead by other local authorities who are included in the police figures (e.g. Fairways, Caxton House and Church Rise). There were 862 missing/absent episodes in 2016-2017 (of which 541 or 63% related to Looked After Children) therefore this represents a **2.4% decrease year on year** on the total episodes and an **8.9% decrease in missing from care episodes.**

All children who are missing or absent on two or more occasions in a six month period or for a single episode lasting more than 24 hours are offered an Independent Return Home Interview. This differs from a police Safe and Well Check (which all missing people receive on return) and is carried out by skilled and experienced youth workers to determine underlying

reasons for the missing episode and wider risks and vulnerability factors. The interviews are also used to identify broader trends, including “CSE hotspots” and there are clear links into MSET meetings and intelligence sharing with police.

In total there were **280** requests for a return interview in 2017-2018 (as the 841 missing episodes relate to a smaller number of individuals as a small cohort of young people were reported missing more than once). 154 interviews were carried out (55%), 86 young people refused (31%) and 40 interviews were no longer required or not appropriate (14%).

This 60% completion rate is significantly higher than in other LSCB areas where external services are commissioned to provide the service and reflects the specialist skills and local knowledge that the youth workers have whilst also retaining independence from the case. The youth workers also have links in to other services which means that appropriate support can then be put in place for young people when required.

3.2.1 Child Sexual Exploitation (CSE)

The MSET sub group of the LSCB also has oversight of cases where there are concerns about sexual exploitation. There were **79 cases** discussed at MSET due to concerns about them in 2017-2018, 20 of which were discussed on more than one occasion. This is a **68% increase** from 2016-2017 when there were 47 cases discussed (27 of those were discussed more than once).

It is not possible to separate how many of those cases were discussed due to missing episodes and how many due to CSE due to the overlap between the two, but a CSE risk assessment was carried out for each case that was discussed and disruption plans put in place. It is thought that this increase represents improved awareness rather than increased incidence of sexual exploitation. More detail on the work of the MSET is set out in Appendix 4. It is not possible to provide case studies on how the work of the group improved outcomes as they may lead to young people being identified.

The LSCB Business Manager is reviewing how CSE is recorded on the Social Care System and is working with the management information team to improve the way CSE is recorded to ensure data is accurate and up-to-date. This review is also looking at the way risk assessments are recorded, how we can improve the quality of risk assessments and how they inform care planning.

3.2.2 Private Fostering

Gateshead LSCB receives an annual report on Private Fostering from Children’s Social Care to update members on the number of arrangements in the borough and to raise local and national issues. The 2017 report set out that at the time of the report there were no children subject to private fostering arrangements in Gateshead. Reporting rates are likely to be an under-estimate. Professionals have a legal duty to report possible cases of private fostering to the local authority. A recent Ofsted thematic inspection noted the national under-reporting, and recommended that authorities focus on awareness amongst relevant professionals rather than seeking to increase public awareness. An action plan was put in place to raise awareness and encourage professionals to report private fostering arrangements, this included sending information to all schools and a webpage on the new website.

3.2.3 Child Deaths

The Gateshead LSCB Child Death Review Sub Group reviews the death of every child in the borough and reports into the sub regional Child Death Overview Panel (CDOP) which is shared with Sunderland and South Tyneside LSCBs. More information on the work of the sub group and CDOP is set out in Appendix 4.

In 2017-2018 the LSCB was notified of the deaths of **11** children from Gateshead. There were no significant safeguarding issues in any of the deaths. Detailed information is not presented in this report so that the young people cannot be identified but it should be noted that the majority of deaths were premature babies or babies born with life limiting conditions who died within a short period of their birth.

3.2.5 Allegations against those working with children

There are clear statutory processes in place for responding to allegations made against those working with children. The Local Authority Designated Officer (LADO) is a key role in this process.

From 1 April 2017 to 31 March 2018 there were a total of 340 contacts and enquiries to the LADO, and 67 referrals, making a total of 407 LADO enquiries where there were concerns about someone working with children. 57 of the 67 referrals were progressed. Referrals to the LADO were received from statutory and non-statutory organisations. Police, education and social care remain the main source of referrals in addition to Ofsted and other local authorities.

The most common category of abuse recorded for those cases which went to strategy meeting/discussion was physical abuse (38.6%). A number of the allegations were found to be false or malicious (14%); the remainder were recorded as “unfounded” (22.8%), “substantiated” (24.6%) and unsubstantiated (26.3%). The remainder of the cases are currently ongoing. An outcome is defined as substantiated where on the balance of probability abuse or harm is confirmed and unsubstantiated where there is insufficient identifiable evidence to prove or disprove the allegation. Employees subject to investigations that concluded either substantiated or unsubstantiated predominately received management advice with additional training. 0 employees were issued with written warnings and 0 received final written warnings. 7 employees were dismissed, 6 employees had referrals to the Disclosure and Barring Service for consideration, 2 employees had professional organisational referrals and 2 employees had a standard of care meeting. Please note that some employees could have multiple ‘outcomes’.

The LADO will continue to provide advice and guidance to employers and voluntary organisations in 2018-2019 and continue to liaise with the police and other relevant agencies and professional bodies in responding to allegations or complaints.

3.2.6 Pupil Exclusions

The increasing numbers of pupils being excluded from schools is a national issue. However, within Gateshead the rates of exclusions would appear to be even greater than the national average over recent years. This issue was identified by the Local Safeguarding Children Board (LSCB) and officers were asked to carry out research to identify why exclusions were increasing at such a rate and more importantly how could this be halted and reversed. This work was led by Service Manager for Education Support Service and a report presented to LSCB in the spring 2017. The report identified a number of factors were likely to be driving up exclusions. A key outcome was that a range of children’s services, health and school professionals would need to try to address the issue by working more closely together. As a

consequence, a conference was organised to bring services together to discuss the issue and agree a way forward. The conference was led by the LSCB chair.

Following the LSCB "Reducing Permanent Exclusions" conference in the summer of 2017, a joint action plan was devised and agreed with partners. Actions started to be implemented from September 2017 and are being monitored and evaluated by a group consisting of partners from the original LSCB conference. In addition to the LSCB receiving regular updates, The Council's Families OSC has asked for a regular update on the impact of the action plan.

Although it is relatively early days in regard to the plan, there are some promising figures to date.

	Numbers of Permanent Exclusions		
	16/17	17/18	% change
Autumn Term	34	29	-15%
Spring Term	19	15	-11%

Compared to last year, by the end of the Spring Term 2018 there has been nine fewer permanent exclusions.

4. SUMMARY OF LEARNING FROM INSPECTIONS AND REVIEWS

Gateshead LSCB was not subject to a Joint Targeted Inspection in 2017-2018 by Ofsted, the Care Quality Commission (CQC), Her Majesty's Inspector of Constabulary (HMIC) and Her Majesty's Inspector of Prisons (HMIP).

4.1 Inspections of partner agencies in 2017-2018

A number of Board partner agencies were inspected or had recent inspections published in 2017-2018:

Northumbria Police – PEEL
Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) visited Northumbria Police between the 8th and 9th January in order to undertake an inspection of the organisation's child protection arrangements. The inspection, part of a national programme of thematic inspections of all forces in England and Wales, sought to examine all aspects of response of all the organisation, including leadership, governance, partnerships, initial contact, investigations, decision making, management of those who pose a risk to children and the detention of children and young persons.

HMICFRS found a clear commitment to protecting children and recognised examples of good work across the organisation, with good engagement with partner agencies across the six local authorities.

Inspectors also identified areas for improvement to ensure the service provided to children in need of help and protection is of a consistently high quality. Seven recommendations have been made. HMICFRS found positive professional relationships and collaboration with external partners at both strategic and practitioner levels.
!

Gateshead Council: Ofsted Focused Visit – Care Leavers

Ofsted undertook a focused visit of Gateshead's Children's Services in March 2018, looking at the Council's arrangements for care leavers. The inspectors considered a range of evidence, including discussions with care leavers, social workers, personal advisers and senior managers. They also looked at performance management and quality assurance information and children's case records. No areas of serious safeguarding concern were identified. An action plan has been developed, progress against which is monitored by the Council's Corporate Parenting Overview and Scrutiny Sub Committee, with updates to the LSCB.

Clinical Commissioning Group

NHS England has a statutory duty to undertake an annual assessment of CCGs. This is done under the auspices of the Improvement and Assessment Framework (IAF), with the overall assessment derived from CCGs' performance against the IAF indicators, including an assessment of CCG leadership and financial management.

Newcastle Gateshead CCG received a rating of Outstanding for 2017/18.

During 2017/18 a total of **7 GP practices** have been inspected by CQC – all received a rating of **Good**.

Newcastle Gateshead CCG also had their annual internal assurance audit - a risk based audit of safeguarding arrangements; for which they received Substantial Assurance which is the highest grade of assurance.

Northumberland, Tyne and Wear NHS Foundation Trust

A team of inspectors visited Northumberland Tyne and Wear NHS Foundation Trust in April (and May). It was rated Good for safety, and Outstanding for caring, effectiveness, responsiveness and well-led. Overall, the trust rating has remained Outstanding - the same rating that it achieved when it was last inspected, in June 2016.

For safety, inspectors rated 14 of the 15 core services as Good and one as Requires Improvement. The rating of safety had improved from requires improvement to good in child and adolescent mental health wards, but the rating had gone down in the safe domain from good to requires improvement in acute wards for adults of working age and psychiatric intensive care units.

The organisation improved its rating for caring, moving from Good to Outstanding. The trust ratings for being responsiveness and effective remained at Outstanding. Patients had access to a range of activities, including during evenings and weekends – and with child and adolescent mental health wards, patients had good access to education provision. The trust was working with commissioners and staff to design specialist community-based services to ensure the right care and treatment could be provided in the community and to prevent hospital admissions.

During the inspection, it was noted that the trust had carried out a significant organisational restructure in October 2017, and engaged extensively with staff during this time, introducing cohesive new structures and governance arrangements.

The quality of performance data was outstanding. Staff at all levels had access to a wide range of data which was used to actively inform and shape how services were delivered and how care was provided. Inspectors noted that there was evidence of significant positive impact on patients as a result. CQC found some areas of outstanding practice.

Schools

A number of our **schools** were inspected by Ofsted in 2017-2018 and, once again, no safeguarding concerns were identified. Overall 38.3% of our schools are outstanding, which is higher than the national average of 19%.

Of 70 primary, junior, infant and nursery schools (including primary special schools), 40% are outstanding, 57% are good and 7% require improvement. Of 10 secondary schools and academies 30% are outstanding, 10% are good, 30% require improvement and 30% are inadequate. 50% of the total number of special schools are outstanding and the others are good. The PRU has recently academized and has not yet been inspected.

4.2 Learning from reviews in 2017-2018

The LSCB Learning and Improvement Sub Group manages learning from Serious Case Reviews (SCRs) and other reviews on behalf of the Board. There have been no SCRs initiated or published by Gateshead LSCB in the past 12 months. In 2017-2018, two Serious Incident Notifications were submitted to Ofsted/Department for Education.

It was agreed that the criteria for a SCR was met for one of the cases and the National Panel agreed with this decision. The SCR will be carried out during 2018-2019. Although the criteria for SCR for the other case was not met, it was agreed that there was additional learning and work should be carried out to learn lessons from this case and apply them to future practice – see appendix 2 for a summary.

Durham LSCB will be carrying out a SCR of a case that was previously open to Gateshead. Durham initially felt that the case did not meet the criteria for SCR, however the national panel requested the decision to be reviewed and a SCR is now being commissioned. The review should be completed by October 2018.

Despite the fact that no formal reviews were required in 2017-2018 the sub group worked within the Board's Learning & Improvement Framework to drive forward multi-agency learning and changes to practice.

The sub group carried out detailed reviews of the cases of 6 children and young people where potential lessons were identified.

The group also continued to build on the learning from a case first discussed in 2016-2017 and received a single agency management report on the learning. These reviews have led to a number of changes in practice including an increased emphasis on challenge/escalation and changes to procedures when children are returned home from care, and holding Initial Child Protection Conferences for a small number of complex cases where the child is Looked After under section 20. The learning from these cases has also led to the delivery of additional training on disguised compliance and working with hostile families. All of the reviews identified numerous examples of good practice as well as areas where things could have been done differently.

The sub group also considered a diverse range of SCRs from other areas to ensure that any relevant learning is disseminated and applied to practice in Gateshead. More detail on the work of the Learning and Improvement Sub Group is set out in Appendix 2 and 4 of this report.

5. HOW SAFE ARE CHILDREN IN GATESHEAD?

It is never possible to say categorically that all children are safe. However, external scrutiny of our services within Gateshead suggests that our services are at least as good as most other areas, and in many cases better. This is no mean achievement, since the authority scores highly on most deprivation indices, and all the public services have faced very severe reductions in funding.

We know that Gateshead **schools** are more likely than most to be rated outstanding, and that no schools in the area have been identified by Ofsted as having weaknesses relating to safeguarding. However, several schools have been rated inadequate or requires improvement during the course of this year. Good schools are normally safe schools, and schools play a vital role in helping children learn how to keep themselves safe, as well as providing us with a great opportunity to check on how children are doing.

We know too that many of the **child health** indicators in Gateshead are worrying; our rates of child poverty, smoking in children, under 16 conceptions, smoking amongst expectant mothers, obesity, and hospital admissions for injuries and for self-harm, all remain high.

The **safeguarding data** presents a mixed picture. We saw a small decrease in contacts and referrals, though the overall rates are still higher than we should be receiving; there is more work to be done in further improving our multi-agency front door. Numbers of children on child protection plans have also decreased slightly, from the previous record numbers of last year. Numbers of children in care have increases slightly. The timeliness of assessments and conferences remains high. We have been analysing these data changes with some care; as we strengthen our early help services, we must hope to see a reduction in the numbers of children that require child protection plans or being looked after.

External inspections paint a broadly positive picture of the quality of services operating across Gateshead; the hospital trusts, the CCG, the mental health trust and the police have all been subject to inspection with broadly positive outcomes. Just as importantly, where issues have been presented, partners have responded vigorously to the challenges presented to them, and the partnership itself has been strengthened through the process.

In the year ahead all LSCBs will be facing change, as the government's new legislation comes into force. Partners across Gateshead have been discussing the options, and we are confident we will have a robust and effective set of processes in place to respond to the new changes.

All partners are facing changes – reorganisations, budget reductions, changes of focus. Change brings the risk that the eye might veer off the ball of child protection. Gateshead LSCB is committed to ensuring that all partners stay focussed, and that we continue to work effectively together to keep the children of Gateshead safe.

APPENDIX 1 – SUMMARY OF STATUTORY ARRANGEMENTS

Legal duties and general summary

Chapter 3 of *Working Together to Safeguard Children* (2015) and *Regulation 4 of the Local Safeguarding Children Board Regulations* (2006) set out the statutory objectives and functions of LSCBs. Gateshead LSCB was judged to meet statutory requirements in the 2015-2016 Ofsted inspection and compliance is monitored by both the Board and LSCB Executive as well as the Independent Chair and Business Manager.

Policies and Procedures – the LSCB has web-based multi-agency child protection procedures which set out actions to take where there are concerns about a child, thresholds for intervention, guidance on recruitment and supervision, investigation of allegations, management of private fostering arrangements and cross border working (in line with 1(a) of Regulation 5). This is managed by the Policy and Procedures Sub Group on behalf of the Board and joint work is carried out with Sunderland and South Tyneside LSCBs.

Communicating the need to safeguard and promote the welfare of children – A number of methods are used in Gateshead to communicate the need to safeguard and promote the welfare of children depending on the audience and subject matter. For example, the LSCB has a website which contains detailed information for professionals on the work of the Board, Serious Case Reviews, Child Death Reviews, sexual exploitation and missing children and links to key documents such as *Working Together to Safeguard Children*, the LSCB Annual Report and the referral form for safeguarding concerns. There are also links to the online LSCB Inter-agency Child Protection Procedures for professionals to access. There is also a page called “what to do if you’re worried about a child” and this explains to members of the public, professionals and young people themselves how to respond to concerns.

For the last few years a summary version of the LSCB’s annual report has been produced with the assistance of Gateshead Council’s Communications Team and this has been shared with groups of young people including all school councils. This sets out what key issues have been noted in the past year and also how to raise concerns about a young person at risk.

The LSCB has a full training programme of face-to-face and e-learning modules to raise awareness of the need to safeguard and promote the welfare of children. Professionals are encouraged to attend the sessions and some sessions are mandatory for some practitioners.

All LSCB members are aware of their roles and responsibilities as Board members and partner agency representatives. This includes a requirement to promote the role of the Board and promote safeguarding in their own organisation/service. The LSCB’s lay member is also aware of his responsibilities and his unique role in linking the Board to the community which it serves.

Training – A full LSCB, Safeguarding Adults Board and Community Safety Board Training Programme is in place. This is managed by the Training Sub Group on behalf of the Board. See Appendix 3.

Monitoring and evaluating effectiveness – Gateshead LSCB operates under the principles of high support and high challenge with and between partners. The theme of challenge is a key business priority for the Board and this is monitored at each meeting. Effectiveness is also monitored via single agency audit reports, the LSCB Development Day (and in previous years the section 11 audits) and areas of the Learning & Improvement Framework

Serious Case Reviews – There were no Serious Case Reviews (SCRs) initiated or published in 2017-2018. A framework is in place to ensure that SCRs are carried out when the criteria are met and published as appropriate. See Appendix 2 for more information.

Budget

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

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

Cafcass, Gateshead Council, National Probation Service, Newcastle Gateshead CCG, Northumbria Police and Northumbria CRC all made contributions to the LSCB in 2017-2018.

Income 2017-2018 (£)	
Gateshead Council	73,083*
Newcastle Gateshead CCG	44,023
Northumbria Police	5,000
National Probation Service	932
Cafcass	550
Northumbria CRC	250
TOTAL	**123,155**

*The contribution from Gateshead Council includes the £11,430 budget for the LSCB Multi-Agency Training Programme which was previously reported separately.

In 2017-2018:

- **£74,131** was spent by the LSCB in salaries and on-costs for the LSCB Business Manager and business support post.
- **£15,453** was spent by the LSCB on fees which included £3,600 on the maintenance of the online LSCB Inter-Agency Child Protection Procedures, £500 to the National Working Group (for CSE) and the remainder was payment to the LSCB Independent Chair
- **£11,430** was spent on the LSCB multi-agency child protection training programme and **£4,905** was spent on other training

The budget for Child Death Reviews is shared with Sunderland and South Tyneside LSCBs and is not reported here.

Agencies have confirmed that they will match their contributions in 2018-2019.

APPENDIX 2 – FULLER LEARNING FROM LEARNING REVIEWS AND CHILD DEATH REVIEWS

The LSCB Learning & Improvement Sub Group take the lead on the LSCB Learning & Improvement Framework on behalf of the Board. Appendix 4 sets out progress made by the sub group in 2017-2018.

There were no Serious Case Reviews initiated or published in 2017-2018.

The Gateshead Local Child Death Review Sub Group and South of Tyne and Wearside Child Death Overview Panel (CDOP) review the death of every child resident in Gateshead on behalf of the LSCB. Appendix 4 details work undertaken by the sub group in 2017-2018 and the CDOP Annual Report details the learning from cases in the sub region.

LEARNING FROM CASE REVIEW – POLLY

BACKGROUND

Polly's case was reviewed by the LSCB's Learning & Improvement Sub Group following an allegation of rape made by Polly. It was agreed that the criteria for a Serious Case Review was not met and this recommendation was subsequently endorsed by the LSCB Independent Chair and National Panel of Independent Experts. However, it was agreed that there was additional learning and work should be carried out to learn lessons from Polly's case and apply them to future practice.

LEARNING EVENT

A learning event was held and was facilitated by the Service Manager for Safeguarding and Care Planning, who is an accredited Significant Incident Learning Process (SILP) reviewer. The event used a systems-based methodology and focussed on areas of significant practice.

The purpose of the learning event was to establish what lessons could be learned from the case about the way in which local professionals and organisations work individually and together to safeguard and promote the welfare of children.

The learning event included professionals from:

- Gateshead Council Children's Social Care
- Gateshead Council Legal Services
- Gateshead Council Safeguarding Children Unit
- Gateshead Youth Offending Team
- Newcastle Gateshead CCG (including links to GPs)
- Newcastle Hospitals NHS FT
- Northumbria Police
- Northumberland, Tyne and Wear NHS FT
- Schools and education agencies
- South Tyneside NHS FT

The session focussed on **key decision points** and **key learning events** in a five year period in Polly's life. It also covered some key events historically.

The session ended with a discussion on what the next steps should be and how any learning could be used to impact on future practice. This information is being used to inform recommendations and develop an action plan.

The action plan will be monitored by the L&I Sub Group on behalf of the LSCB and the chair will update the Board as part of regular sub group updates.

KEY LEARNING

- **Practice implications:**
  - Recognition must be given to the vulnerabilities in the system of handover between teams – information gets lost/diluted and focus is changed.
  - Allegations concerning mother and fathers physical abuse appeared to be true. Polly would make disclosures but would then withdraw, possibly due to parent manipulation. She would also make allegations about every placement she had which meant disclosures lost their impact.
  - CAF/TAF relies on parents cooperation – if no progress or significant change is being made, consider escalation to Child in Need or Child Protection.
  - CAF/TAF process is not always robust in terms of gathering and analysing information from other sources.
  - Concerns about children should always be followed up – do not assume another agency will make a referral into Children's Services.
  - Care review and planning meetings should involve all agencies who work directly with the child or their family.
  - Volatile family relationships – Cycles of familial reconciliation and rejection have a significant impact on young people's wellbeing and mental health.
  - Complex abuse strategy meetings should be recorded on each child's file.
  - Importance of multi-agency chronologies to share information and inform decision making and care planning.

- **Sexual activity and the issue of consent**
  - The fact that young people are engaged in what they view as consensual sexual activity does not mean that they are not being exploited or abused.
  - Victims of sexual exploitation or abuse may be coerced into sexual activity. They may feel unable to say no.
  - Some young people may not recognise they are being sexually exploited, believing they are behaving as they wish.
  - 16 and 17 year olds are often viewed as being more in control of their own choices and so less vulnerable to exploitation.
  - Sexual activity between young people of the same age is often perceived as being consensual, but exploitation may still be occurring.

Sexual activity is illegal under any circumstances for under-13 year olds. Those aged under 13 cannot give consent. Doing anything sexual with someone under 13 is automatically and offence, whatever the young person says.

- **ADHD – help or hindrance?**
  - Too much focus was put on ADHD. Parents had financial motivation for diagnosis. Parents used ADHD label to remove responsibility from themselves and deflect blame onto Polly.

- **Child abuse and neglect can cause.. (off set by good quality care-givers)**
  - Attachment and inter-personal relationship problems

- Mental health problems
- Alcohol and drug use
- Behaviour problems
- Child sexual abuse causes sexualised behaviour/anti-social behaviour and difficulties in relationships
- The earlier the abuse, the more likely the impact in adolescence.

- **Important to consider impact of adverse childhood experiences –** Using Trauma Informed Model changes everyone's mindset from **"What's wrong with you?"** to **"What happened to you?"** - impacting on how we assess & respond to need as well as build and maintain relational interventions and treatments. It also increases the likelihood that's the child's account will be believed.

MOVING FORWARD

- Robust Procedure for children returning home – Decision Making Meeting attended by multi-agency partners and IRO. The meeting should agree a detailed support package, monitoring arrangements and contingency plan
- Recognising the vulnerabilities in the system at the point of handover between social work teams. Adherence to previous plans made on the basis of assessment is crucial
- Awareness and understanding of escalation processes with regard to Child Protection Conferences.
- New practice guidance - Working with and recognising families who behave in a hostile, aggressive way or display behaviours indicative of disguised compliance.
- Multi-agency training available regarding uncooperative families and disguised compliance.
- Understanding CSE and role of MSET.
- Over reliance on medical diagnosis as a 'quick fix'.
- Trauma-led (ACE) focus needs to be more at the forefront of the minds of professionals.
- The importance of sharing information and working together to safeguard children

NEXT STEPS

Key learning from the event will be shared across agencies. Multi-agency workshops have begun and are scheduled until the autumn.

The purpose of the workshops is to explore the key events and disseminate the learning from the case. The workshops include facilitated discussion and some group work. We are also asking attendees to further explore:

- Are there any lessons for the system as a whole?
- Are there any lessons for your organisation?
- What do we need to do to change as a result of what we've learned today?
- How can any learning be disseminated?

Feedback from the workshops will also inform recommendations and the action plan.

APPENDIX 3 – TRAINING REPORT

The LSCB Training Sub Group aims to ensure that LSCB priority areas are supported with appropriate learning and development opportunities that have a positive impact on frontline practice. The work of the group links directly to the LSCB priority of **Learning.**

The 2017-2018 LSCB training programme saw the delivery of 60 training events with 1166 professionals attending classroom-based training and 304 professionals completing e-learning modules. The table below provides a comparison.

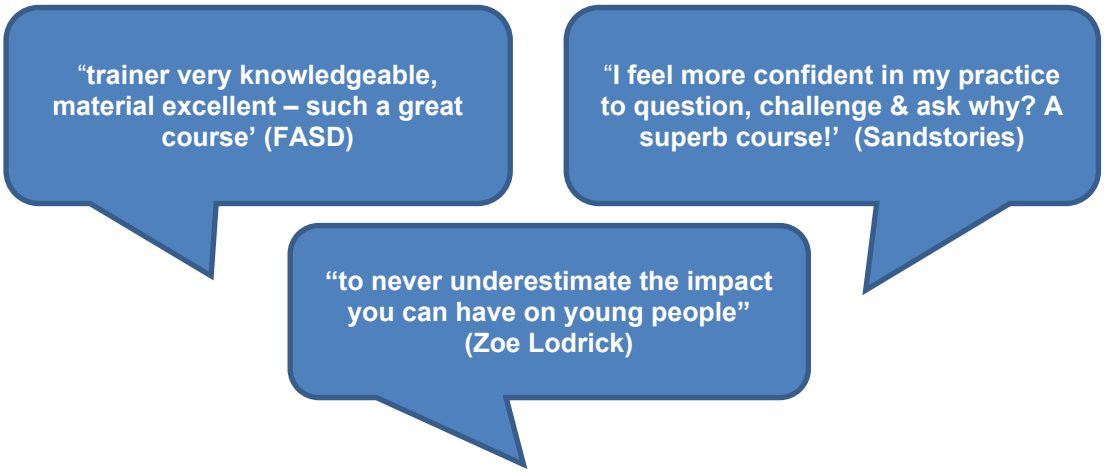
	Number of learning events	Face-to-face attendees	E-learning modules completed
2016-2017	59	1109	473
2017-2018	60	1166	304

The following sessions were delivered in the reporting period:

Event	Number of sessions	Number of Attendees
Boys and Young Men at Risk of Sexual Exploitation (LSCB)	1	17
Child Protection Awareness (LSCB)	8	153
Common Assessment Framework (LSCB)	3	40
Effective Child Protection Conferences and Core Groups (LSCB)	2	26
Female Genital Mutilation (LSCB)	1	15
Foetal Alcohol Syndrome (LSCB)	1	28
Introduction to Child and Adolescent Mental Health (iCAMH) (LSCB)	3	53
LGBT Young People at Risk of Sexual Exploitation (LSCB)	1	12
Multi-agency Working to Safeguard and Protect Children (LSCB)	2	40
Neglect (LSCB)	7	154
Safeguarding Babies from Abuse & Neglect (LSCB)	1	14
Safeguarding Children and Young People in the Digital Age (LSCB)	6	90
Safeguarding Children for Health and Social Care Professionals (LSCB)	2	53
Safeguarding Children with Disabilities (LSCB)	1	17
Sandstories (LSCB)	9	165
Serious Case Reviews - National and Local Picture (LSCB)	1	17
The Impact of Drug Use on Young People (LSCB)	1	10
The Impact of Parental Mental Health (LSCB)	2	45
Understanding Eating Disorders (LSCB)	2	18
Unveiling the Psychology of Sexual Exploitation and Domestic Abuse (LSCB)	1	86
Working with Disguised Compliance (LSCB)	3	67
Working with Hostile or Uncooperative Families (LSCB)	1	21
Young People Who Self Harm (LSCB)	1	25

Work continued in 2017-2018 to try and reduce the number of professionals who booked a place on a session and failed to attend and we updated our charging policy. From November 2017 to date cancellation & non-attendance charges have been applied generating an income of £2,050. Work also took place to better understand the impact of training on practice and ensure that the training programme was responsive to local need.

Once again, most of our training sessions were delivered "in house" by Gateshead LSCB multi-agency partners. The committed pool of trainers continues to deliver training which receives excellent feedback. We were also fortunate to be in a position to be able to commission external training sessions delivered in a unique style; for example Zoe Lodrick, a highly regarded psychotherapist delivered "Unveiling the psychology of sexual exploitation and domestic abuse" and Sue Woolmore, a renowned safeguarding expert with over 30 years' experience, delivered "Sandstories" which brought insight and wisdom to the impact of neglect and maltreatment on infants and children. Responses from impact evaluation questionnaires highlighted the positive impact that the training had on people's thinking and practice.

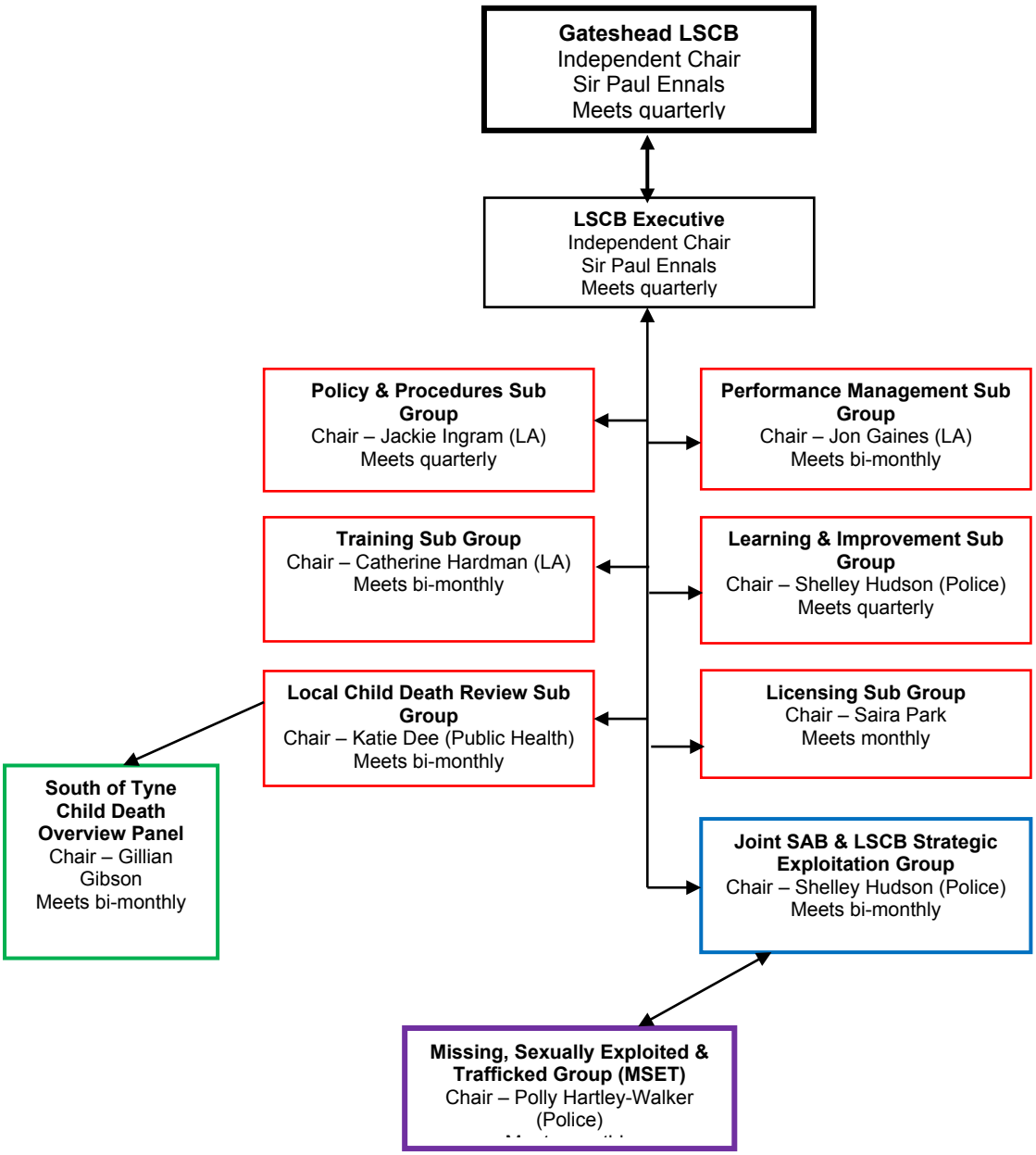


The LSCB Training Sub Group will continue to facilitate a live training programme receptive to and supporting the LSCB priorities for 2018-2019. The group will work to effectively communicate the training programme to encourage attendance from partner agencies as multi-agency training is important in supporting effective working together to safeguard children and young people. Specifically, the group will develop the skills and knowledge of those working to safeguard children and young people with mental health problems and disabilities and work with representatives from Gateshead Council's Community Safety Board & Safeguarding Adults Board to ensure that training across the three areas, including Domestic Abuse training supports the needs of partner agencies.

Gateshead LSCB are working with neighbouring LSCBs to develop a package of learning with regional themes from SCR's. We are also currently working with Newcastle Council on two packages of classroom based training. Gateshead LSCB continues to be represented at the NESCT regional trainers group.

APPENDIX 4 – SUB GROUP ACTIVITY

At 31 March 2018 Gateshead LSCB had seven sub groups, one of which was shared with the Safeguarding Adults Board and operated the following structure.



All sub group chairs are expected to provide an update at each meeting of the LSCB Executive Group, reporting on progress and plans for the future.

Joint SAB & LSCB Strategic Exploitation Group (SEG) – chaired by Detective Chief Inspector Shelley Hudson, Northumbria Police in 2017-2018.

The Strategic Exploitation Group is a sub-group of both the Safeguarding Adults Board and the Local Safeguarding Children's Board. The group is responsible for overseeing all work with respect to sexual exploitation, modern slavery, trafficking and female genital mutilation in Gateshead.

The **Missing, Sexually Exploited and Trafficked Group** (MSET) is a sub group of the SEG. In 2017-2018 there were 79 cases discussed at MSET, 20 of them more than once and this is an increase from the previous year. MSET members are also clear that after each meeting they must share current intelligence (e.g. hot spots, new social media apps of concern etc.) with all members of frontline staff in their team/service/agency.

During 2017-2018 a refresh of the CSE framework/MSET assessment was carried out to ensure that all agencies are focused on CSE and understand local processes. The revised risk assessment allows for a more thorough, corporate risk assessment to ensure that the right children are being discussed at MSET. The framework will be used by all LSCBs in the South of Tyne sub-region to ensure a more corporate and consistent approach and improve referrals into Team Sanctuary South.

Team Sanctuary South was formally established in April 2016 and the Detective Inspector from the team took over the chairing of MSET to ensure that there were clear links between Gateshead MSET and Team Sanctuary. The Gateshead embedded social worker also attends MSET to ensure that there is early effective sharing of information and an efficient referral and allocation into the team and partners.

There has been a significant amount of work conducted to improve the sharing of intelligence between agencies with the Team Sanctuary South Intelligence Cell being the central point of collection. This has allowed hot spot areas to be identified and disrupted. A number of disruption packages were produced from MSET intelligence in relation to vehicles, potential perpetrators and potential victims.

It is not possible to share specific case studies to demonstrate how the work of the MSET has helped reduce risks to young people and improve outcomes as this may lead to young people being identified in this report. Disruption plans have included specific actions to reduce missing episodes, disrupt relationships with inappropriate adults and work to promote self-esteem and improve individual young people's awareness of risk.

A series of "MSET road shows" took place in 2017-2018 to refresh professional with regard to processes for CSE, trafficking and missing children and young people. The multi-agency workshops were for professionals to highlight and discuss the new MSET referral process and risk assessment framework.

The LSCB Business Manager and Social Worker for Sanctuary South have also visited schools and attended team meetings to provide training and support use of the screening tool. This offer has been extended across all agencies and a number of workshops are planned for 2018-2019.

Work will also continue with regard to continued intelligence sharing between agencies to ensure that as many preventative and disruption tactics can be introduced and considered. This will ensure that all agencies are working together (coordinated by Team Sanctuary Intelligence) to keep children and young people safe from CSE and human trafficking. Through robust challenge by MSET panel members appropriate and effective individual safeguarding plans will be devised to reduce the risk presented in relation to CSE and missing and trafficked children. Gateshead Council will also continue to support Team Sanctuary South by funding the embedded social worker and there is a strong commitment from Northumbria Police to maintain the model.

Learning & Improvement Sub Group – Chaired by Shelley Hudson, Detective Chief Inspector, Northumbria Police in 2017-2018.

The Learning & Improvement Sub Group has been developed to further promote the role of the Board in providing scrutiny of safeguarding practices and ensuring that multi-agency learning from practice is effectively disseminated and drives improvement in safeguarding and the promotion of children's welfare in Gateshead. The Learning & Improvement Framework approved by the Board sets out the approach and time frame for activity. The framework is consistent with the requirements in *Working Together* (2015) and includes learning from:

- Local and regional Serious Case Reviews (SCRs)
- Child Death Reviews
- Reviews of child protection/child in need cases that fall below the threshold for a SCR
- Review or audit of practice in one or more agencies

The sub group reviewed 6 cases over the last year (and continued the work from some reviews initiated in the previous year), none of these cases met the criteria for a SCR. However, it was agreed that further learning could be gained from carrying out a learning review for one of the cases, using systems methodology.

The sub group considered a diverse range of SCRs from other LSCBs and cases across partner agencies. Some cases have been subject to deep dive management reviews where all relevant agencies across the LSCB have actively taken part to consider the learning for their agency. Learning from these cases has been identified across multi-agency services to improve practice in Gateshead.

Partners within the sub group have worked effectively to scrutinise and challenge practice, systems and frameworks taking actions back to their own agencies in order to continuously improve service delivery.

Licensing Sub Group – Chaired by Saira Park, LSCB Business Manager from September 2017 (previously chaired by Louise Gill, LSCB Business Manager)

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

The workload of the group is largely dependent on licensing applications. The group meets on a monthly basis and considers all applications submitted to Gateshead Council under the Licensing Act 2003 for premises licences, club premises certificates) and also review applications on existing licenses submitted by other parties.

The group considers each application individually and determines whether there are any implications from a child protection or safeguarding point of view. Other aspects of the licensing process, such as anti-social behaviour, are considered by other responsible authorities. If there are any concerns then the applicant may be asked to provide further information and this could lead to a representation being made to Gateshead Council's Licensing Committee. This could then lead to a licence not being granted, or being granted with conditions in the case of a new application, or a licence being revoked in the case of a review application.

The sub group reviewed **37** applications in 2017-2018, an increase from 2017-2018 when there were 28 applications. There were no safeguarding issues identified in the majority of applications – most of these were from individuals or businesses for premises licences, for example new restaurants/pubs/supermarkets opening and due regard had been given to protecting children e.g. "Challenge 25" procedures for the sale of alcohol.

The LSCB had cause to submit representations against two premises who had applied for review of their licence due to concerns regarding the sale of alcohol to children under 18. The Council's Licensing sub-committee made the decision to revoke the licence of both premises.

In relation to **Leadership, Challenge** and **Improvement** the sub group chair has continued to lead on the delivery of CSE training to taxi drivers licenced by Gateshead Council. The chair of the sub group has also challenged other responsible authorities on a number of occasions following intelligence sharing in MSET meetings e.g. around premises where young people stated that they could easily purchase alcohol or premises where it was easy to shoplift alcohol before congregating locally to get drunk and possibly have sex.

In 2018-2019 the group will continue to respond to applications for new licences or reviews of existing licenses and challenge any issues that impact on the protection of children.

The work of the sub group has previously been identified as good practice locally, regionally and nationally and the chair will make representations to ensure that it continues to feature in the new arrangements being developed as a consequence of the national review of LSCBs and changes in legislation. The LSCB Business Manager will continue to act as a link between this group and other related groups such as MSET and the Strategic Exploitation Sub Group to ensure robust links between safeguarding and licensing.

Local Child Death Review Sub Group (CDRG) – Chaired by Lynn Wilson and Katie Dee, Public Health in 2017-2018

The purpose of the CDRG is to undertake multi-disciplinary reviews of the deaths of all children who were resident in Gateshead at the time of their death to better understand how and why children die. These findings are used to take action to prevent other deaths, where relevant/appropriate and improve the health and safety of Gateshead's children. The sub group's remit is determined by the statutory functions of the LSCB as set out in Regulation 6 of the LSCB Regulations 2006, made under section 14(2) of the Children Act 2004 and Chapter 5 of *Working Together* (2015).

The work of the CDRG feeds in to the South of Tyne and Wearside Child Death Overview Panel (CDOP). The group collects and collates an agreed minimum data set of information on all child deaths in Gateshead, Sunderland and South Tyneside. This data set reflects the national requirements. CDOP produces a separate annual report and this is published on the LSCB website.

The sub group identified a number of areas of good professional practice, particularly with some of the more complex cases. There was evidence of good partnership working and good communication between professionals and with families.

The CDRG and surrounding processes continue to identify challenges around the availability of neonatal beds and this has been raised with the regional Neonatal Network.

CDRG members were also part of some regional work to learn from each other's processes in light of the Government review of LSCBs and CDOPs. A mapping exercise was undertaken and discussions carried on into 2017-2018

Sub group members continued to deliver training to clinicians and other professionals involved in child deaths as outlined in the LSCB training programme and specific to individual cases.

The LSCB was notified of the deaths of 11 children who were resident in Gateshead in 2017-2018. The majority of these deaths were neonatal cases, particularly premature babies or babies born with life limiting conditions. There were also a small number of Sudden

Unexpected Deaths in Infancy (SUDI) (numbers not listed to ensure anonymity). There were no significant safeguarding issues identified with any of the cases.

Due to the timescales involved in the Child Death Review process, the group also reviewed the cases of some children who died in previous years. Again, the majority of cases were neonatal deaths.

There has also been some national learning which has been discussed by the CDRG. For example there were a number of deaths where premature/small babies died after prolonged periods in car seats. Awareness raising work was carried out with professionals to advise that babies should only be in seats for 30 minutes at a time and always be visible so that parents can regularly check them.

It has been agreed that Gateshead CDRG will be part of a wider piece of work in 2018-2019 as the CDOP South of Tyne links CDOP North of Tyne CDOPs to hold a regional event and explore current child death themes. There is also consideration being given to future arrangements and how learning is shared, both regionally and nationally.

The workload of the group is determined by regional and national events and the group will continue to respond as appropriate in 2018-2019. Changes to legislation and statutory guidance may impact on the work and governance of the sub group but arrangements will continue as they are until this is clearer.

Performance Management Sub Group – Chaired by Jon Gaines, Service Manager Gateshead Council from November 2017

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

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

Due to staffing changes within Gateshead Council the sub group did not meet until May 2017. The work of the group and dataset were reviewed when a new chair was appointed in August following the Council's recruitment of Service Manager for Quality Assurance.

Work was then carried out to refine and develop the set of performance indicators and produce a dashboard. Discussions are also under way with neighbouring boards with a view to moving towards common elements of the data in order to simplify the task of those partners who operate across many LSCB boundaries.

The LSCB continued to receive performance and data reports on the previously agreed set of indicators (this was coordinated by Gateshead Council on behalf of the Board). A summary of this is provided in Section 3 of this report.

Policy & Procedures Sub Group – Chaired by Jackie Ingram, Senior IRO, in 2017-2018

The Policy & Procedures Sub Group works on behalf of the LSCB to ensure that statutory functions in relation to policies and procedures are carried out. The LSCB commissions TriX, an external provider, to produce and host the online LSCB Inter-Agency Child Protection Manual as part of a sub-regional agreement with Sunderland and South Tyneside LSCBs.

In 2017-2018 the sub group was able to manage the online LSCB Inter-Agency Child Protection Procedures on behalf of the Board.

Review of LSCB Thresholds
A key piece of work undertaken in 2017-2018 was the review of thresholds document, as part of the wider review of procedures. Significant progress has been made in reviewing the document, which the Board has responsibility for endorsing. A task and finish group has been working on details and a draft document has been agreed. The group felt that a more detailed document would be beneficial, to help inform decision making and also support early help.

The draft document describes levels of concern for children, young people and their families and should support consistent application of definitions and promotion and maintenance of good practice. The document is due to be ratified by LSCB in May and once finalised it will be available on the website in a format that is accessible.

The LSCB Business Manager will continue to lead on the sub regional work with TriX in 2018-2019.

Training Sub Group – Chaired by Naju Khanom, Workforce Development Officer, Gateshead Council until September 2017 and then Saira Park, LSCB Business Manager.

The purpose of the group is to develop and promote, through training, a shared understanding amongst safeguarding partners around the tasks, processes, principles, roles and responsibilities for safeguarding children and promoting better outcomes. For more information on the work of the sub group and the LSCB training programme see Appendix 3 of this report.

APPENDIX 5 – LSCB PRIORITIES FOR 2018-2019

Vision

"Our vision is that every child should grow up feeling safe and in a loving, secure environment, free from abuse, neglect and crime, enabling them to enjoy a happy and healthy childhood in which they can fulfil their social and economic potential

Role of the Business Plan

The Gateshead LSCB Business Plan sets the strategic direction for the LSCB. The Business Plan also reinforces the specific role of the LSCB to **lead, challenge** and support **learning.** The plan identifies specific priorities for action and is clear about roles and accountability.

The Gateshead approach

Due to the expected changes to statutory guidance, the LSCB agreed that the business plan for 2017-2018 should cover only one year, unlike the previous three year plan. There have been considerable delays in finalising the new statutory guidance so it was agreed the LSCB would continue with the same approach for 2018-2019.

This document provides a focus for 2018-2019 to build on the progress made in the previous year and to drive forward work to prepare Gateshead for the new safeguarding arrangements which will be established in 2019 in line with new legislation. This document will enable the Board to continue to focus on the specific role and remit of LSCBs in ensuring that the welfare of children is safeguarded and protected, as set out in *Working Together* (2015) and the Children Act 2004.

This Business Plan emphasises the role of Gateshead LSCB in **leading** the safeguarding agenda, in **challenging** the work of partner organisations, and in committing to an approach which **learns** lessons, embeds good practice and which is continually influenced by the views of children and young people.

2018-2019 Action Plan

In 2018-2019 the focus will continue to be on the three strategic business priorities:

- **Leadership**
- **Challenge**
- **Learning**

There will also be a focus on five thematic priority areas:

- **Voice of the child**
- **Communication & engagement with the frontline (including schools)**
- **Early Help & Early Intervention**
- **Mental health & Emotional Wellbeing**
- **Child Sexual Exploitation & Missing**

In addition, we will continue to work to prepare for the implementation of new legislation and guidance around statutory strategic arrangements for safeguarding.

We will do the following to deliver our priorities:

In relation to **Voice of the child** we will improve the way we capture the voice of the child and how its is heard by services and the LSCB so that we can learn from what young people are telling us and our partner agencies. We will evaluate the effectiveness of different aspects of the child's journey into help and services, the quality of the decisions made by individual agencies and the quality of multi-agency processes.

In relation to **Communication & engagement with the frontline (including schools)** we will

In relation to **Early Help** we will continue to challenge progress of the Early Help Strategy and receive assurance about the impact on safeguarding children. LSCB will monitor how early help arrangements are working and if this is reducing the need for escalation.

In relation to **Mental health & Emotional Wellbeing** we will continue to receive assurances on the implementation on the new model for delivering Child and Adolescent Mental Health Services (known as EMIL) and receive assurances that mental health services commissioned for children in Gateshead are adequate in terms of safeguarding and services for adults operate with a "think family" approach. We will ensure we liaise with Health & Wellbeing Board and any other groups to ensure work is joined up and reduce risk of duplication.

In relation to **Child Sexual Exploitation & Missing** we will seek to ensure that those children and young people who are likely to be exploited or go missing can be identified and supported appropriately and to ensure the workforce understand the particular vulnerabilities of these children and young people.

In addition, we will do the following to maintain a focus on our strategic priorities linked to our specific role to **lead**, **challenge** and **learn:**

In relation to **leadership** we will work to ensure that our future arrangements are fit for purpose and enable the new body which will be established to oversee strategic safeguarding arrangements in Gateshead to build on the work of the LSCB and strengthen the position in Gateshead further.

In relation to **challenge** we will continue to strengthen on our links with other partnerships (e.g. the Safeguarding Adults Board, Health and Wellbeing Board and Community Safety Board) and influence their agenda via our own work plan and membership.

In relation to **learning** we will continue to review cases where there are lessons to be learned through the Learning and Improvement Sub Group (and Serious Case Review Panel when necessary). We will also implement and embed the findings of any relevant inspections of the Board and partner agencies and cascade the learning across partner agencies.

APPENDIX 6 - GLOSSARY

CAF -	Common Assessment Framework
Cafcass -	Child and Family Court Advisory Support Service
CCG -	(NHS) Clinical Commissioning Group
CDOP -	Child Death Overview Panel
CIN Assessment -	Child In Need Assessment
CP Plan -	Child Protection Plan
CQC -	Care Quality Commission
CRC -	Community Rehabilitation Company (Probation)
CSE -	Child Sexual Exploitation
FT -	(NHS) Foundation Trust
HMIC –	Her Majesty's Inspector of Constabulary
HMIP -	Her Majesty's Inspector of Prisons
ICPC -	Initial Child Protection Conference
IRO -	Independent Reviewing Officer
LAC -	Looked After Child
LGBT -	Lesbian, Gay, Bisexual, Transgender
LSCB -	Local Safeguarding Children Board
MASH -	Multi-agency Safeguarding Hub
MOMO -	Mind of My Own (mobile app)
MSET -	Missing, Sexually Exploited and Trafficked Sub Group
SAB -	Safeguarding Adults Board
SCR -	Serious Case Review
SUDI -	Sudden Unexpected Death in Infancy

Gateshead
local safeguarding
children board

Gateshead LSCB Business Plan

2018-2019

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The Gateshead LSCB Business Plan sets the strategic direction for the LSCB. The Business Plan also reinforces the specific role of the LSCB to **lead, challenge** and support **learning.** The plan identifies specific priorities for action and is clear about roles and accountability.

The Gateshead approach

Due to the expected changes to statutory guidance, the LSCB agreed that the business plan for 2017-2018 should cover only one year, unlike the previous three-year plan. There have been considerable delays in finalising the new statutory guidance so it was agreed the LSCB would continue with the same approach for 2018-2019.

This document provides a focus for 2018-2019 to build on the progress made in the previous year and to drive forward work to prepare Gateshead for the new safeguarding arrangements which will be established in 2019 in line with new legislation. This document will enable the Board to continue to focus on the specific role and remit of LSCBs in ensuring that the welfare of children is safeguarded and protected, as set out in *Working Together* (2015) and the Children Act 2004.

This Business Plan emphasises the role of Gateshead LSCB in **leading** the safeguarding agenda, in **challenging** the work of partner organisations, and in committing to an approach which **learns** lessons, embeds good practice and which is continually influenced by the views of children and young people.

2018-2019 Action Plan

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- **Leadership**
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There will also be a focus on five thematic priority areas:

- **Voice of the child**
- **Communication & engagement with the frontline (including schools)**
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- **Child Sexual Exploitation & Missing**

In addition, we will continue to work to prepare for the implementation of new legislation and guidance around statutory strategic arrangements for safeguarding.

We will do the following to deliver our priorities:

In relation to **Voice of the child** we will improve the way we capture the voice of the child and how its is heard by services and the LSCB so that we can learn from what young people are telling us and our partner agencies. We will evaluate the effectiveness of different aspects of the child's journey into help and services, the quality of the decisions made by individual agencies and the quality of multi-agency processes.

In relation to **Communication & engagement with the frontline (including schools)** we will

In relation to **Early Help** we will continue to challenge progress of the Early Help Strategy and receive assurance about the impact on safeguarding children. LSCB will monitor how early help arrangements are working and if this is reducing the need for escalation.

In relation to **Mental health & Emotional Wellbeing** we will continue to receive assurances on the implementation on the new model for delivering Child and Adolescent Mental Health Services (known as EMIL) and receive assurances that mental health services commissioned for children in Gateshead are adequate in terms of safeguarding and services for adults operate with a "think family" approach. We will ensure we liaise with Health & Wellbeing Board and any other groups to ensure work is joined up and reduce risk of duplication.

In relation to **Child Sexual Exploitation & Missing** we will seek to ensure that those children and young people who are likely to be exploited or go missing can be identified and supported appropriately and to ensure the workforce understand the particular vulnerabilities of these children and young people.

Action Plan

Action	Lead Officer	Target Date
Voice of the child		
Receive reports throughout the year regarding partner engagement with young people including case studies and examples of good practice.	Business Manager (all Board members to contribute)	ongoing
Through new or existing arrangements seek the views of children on safeguarding issues and represent these to the LSCB.	Business Manager (all Board members to contribute)	March 2019
Host an engagement event with Board members and young people and seek the views of young people on LSCB priorities.	Business Manager	November 2018
Ensure that consideration is given to capturing the Voice of the Child when establishing the new arrangements in Gateshead	Independent Chair and Business Manager	March 2019
Communication & engagement with the frontline (including schools)		
Review and develop LSCB's communication & engagement Strategy	Business Manager	October 2018
Review LSCB Communications to ensure the right information is being disseminated to the right people.	Business Manager	September 2018
Develop and maintain LSCB website and information updates to ensure appropriate information is being disseminated correctly.	Business Manager	Ongoing
Raise awareness of the LSCB across the children's workforce and local communities.	Business Manager (all board members to contribute	ongoing
Audit the LSCBs effectiveness in providing key safeguarding messages to frontline staff.	PQA Chair	March 2019
Early Help & Early Intervention		
Monitor the impact of the new Early Help Strategy and re-model of services and receive assurances on the impact on safeguarding children (including new domestic abuse service)	Service Director Early Help	March 2019

Evaluate the effectiveness of different aspects of the child's journey into help and services, the quality of the decisions made by individual agencies and the quality of multi-agency processes.	PQA Chair & L&I Chair	March 2019
Mental health & Emotional Wellbeing		
Receive assurances that mental health services commissioned for children in Gateshead are adequate in terms of safeguarding, including waiting times.	Executive Director, Patient Safety and Designated Nurse, CCG	Ongoing
Through good links with the Health & Wellbeing Board (HWBB), continue the LSCB oversight of CAMHS and the "whole system" approach to Emotional Wellbeing, specifically with regard to emotional resilience for CYP.	Independent Chair & Business Manager	March 2019
Child Sexual Exploitation & Missing Children		
The Strategic Sexual Exploitation Group and MSET group will raise awareness of and develop best practice guidance relating to Child Sexual Exploitation and Missing Children (regional collaboration)	Strategic SEG Chair & Business Manager	March 2019
The Strategic Sexual Exploitation Group will oversee multi-agency support for children and their families through MSET and Return Home Interview arrangements.	Strategic SEG Chair	March 2019
Develop regional C/SE strategy (regional collaboration)	Business Manager (via BM Network)	March 2019
Ensure that missing children interviews are being undertaken in a timely manner and that information is being used to help disrupt and prevent further exploitation.	Strategic SEG Chair	Ongoing
Complete an audit of the effectiveness of multi-agency working in improving outcomes for children identified as at risk of CSE	PQA Chair	March 2019

In addition, we will do the following to maintain a focus on our strategic priorities linked to our specific role to **lead**, **challenge** and **learn:**

In relation to **leadership** we will work to ensure that our future arrangements are fit for purpose and enable the new body which will be established to oversee strategic safeguarding arrangements in Gateshead to build on the work of the LSCB and strengthen the position in Gateshead further.

In relation to **challenge** we will continue to strengthen on our links with other partnerships (e.g. the Safeguarding Adults Board, Health and Wellbeing Board and Community Safety Board) and influence their agenda via our own work plan and membership.

In relation to **learning** we will continue to review cases where there are lessons to be learned through the Learning and Improvement Sub Group (and Serious Case Review Panel when necessary). We will also implement and embed the findings of any relevant inspections of the Board and partner agencies and cascade the learning across partner agencies.

Action	Lead Officer	Target Date
Leadership		
Work to ensure that future arrangements are fit for purpose and enable the Gateshead Safeguarding Children Board to build on the work of the LSCB and strengthen the position further.	LSCB Independent Chair and Business Manager	March 2019
Challenge		
Further strengthen joint working between boards (e.g. the SAB, HWB and CSB) in particular re those areas of work that cross over, such as domestic abuse, mental health and PREVENT	LSCB Independent Chair and Business Manager	March 2019
Receive assurances that services operate with a "think family" approach where there is adult mental health, substance / alcohol use and domestic abuse and this is impacting on children's safety	Executive Director, Patient Safety and Designated Nurse, CCG	March 2019
Learning		
Review cases where there are lessons to be learned and ensure lessons are disseminated and actioned as appropriate	Chair of Learning & Improvement Sub Group and Business Manager	Ongoing
Implement and embed the findings of any Board or partner agency inspections and cascade the learning as appropriate	Relevant LSCB Executive members and Business Manager	Ongoing

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Gateshead Council

HEALTH AND WELLBEING BOARD
30 November 2018

TITLE OF REPORT: **Health Protection Assurance Annual Report 2017/18**

Purpose of the Report

1. Present an overview of the health protection system and outcomes for Gateshead as part of the Director of Public Health's responsibility to provide assurance to the Health and Wellbeing Board that the current arrangements for health protection are robust and equipped to meet the needs of the population.

Background

2. The Director of Public Health (DPH) employed by Gateshead Council is responsible for the exercise of the local authority's public health functions. This includes those conferred upon the Council by Regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 to promote "the preparation of or participation in appropriate local health protection arrangements". This report forms part of those arrangements.

3. Health protection describes those activities and arrangements that seek to protect the population from risks to health arising from biological, environmental or chemical hazards. It includes:
    - Prevention - screening, immunisation and vaccination schemes to prevent the incidence of diseases
    - Surveillance – systems of disease notification, identifying outbreaks
    - Control - management of individual cases of certain diseases to reduce the risk of spread
    - Communication – communicating messages and risks during urgent and emergency situations).

4. The attached report (Appendix 1) provides further detail of those arrangements and activity from April 2017 to March 2018.

5. An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases and air quality has highlighted that there are areas that require improvement and these form the assurance priorities for next year 2018/19. These include

    - Uptake of cancer screening programmes is generally very good, however there is evidence of variation at a local level in uptake of cancer screening programmes and a decline in uptake of the cervical screening programme.

- The Childhood Immunisation programme in Gateshead achieves a 90% or higher coverage rate for all of the children, however MMR 2 doses at 5 years and the Dtap/IPV/Hib booster at 5 years; are both well below the WHO target of >95% population coverage.

- The uptake of the influenza vaccination for clinical risk groups, pregnant women and frontline social care staff requires improvement.

- As part of the antimicrobial resistance work Public Health in partnership with the CCG and the wider local health economy need to be assured that NICE Guidance 63 - Antimicrobial stewardship: changing risk-related behaviours in the general population is implemented in Gateshead.

- Improving and monitoring air quality in Gateshead, which will bring together public health, environmental health and transport and support local action on air quality improvement.

Conclusions

5. Existing Health Protection Assurance arrangements are working well and have been effective in dealing with all aspects of health protection.

Proposal

6. It is proposed that Gateshead Health and Well-being Board notes the arrangements in place to assure the Board their responsibilities are being delivered.

Recommendation

7. The Health and Wellbeing Board is asked to consider the efficacy of existing arrangements and consider whether any improvement actions are necessary.

Contact: Alice Wiseman, Director of Public Health.

Appendix 1

Health Protection Assurance Report 2017/18

Executive Summary

1. Gateshead has robust systems in place in the management of existing and emerging health protection issues. These systems are shared across health, social care, environmental health and public protection and transport and planning, this framework is outlined in appendix 1.

2. An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases and air quality has highlighted that there are areas that require improvement and these indicate the priority areas for next year 2018/19. These include:

- Uptake of cancer screening programmes is generally very good, however there is evidence of variation at a local level in uptake of all of the cancer screening programmes and a decline in uptake of the cervical screening programme.

- Gateshead achieves a 90% or higher coverage rate for all of the childhood immunisation programmes, however MMR 2 doses at 5 years and the Dtap/IPV/Hib booster at 5 years; are both well below the WHO target of >95% population coverage.

- The uptake of the influenza vaccination for clinical risk groups, pregnant women and frontline social care staff requires improvement.

- In some areas, data is only available at a Newcastle Gateshead CCG level. This means that assurance at a local authority level is limited. Uptake of the AAA and cancer screening programmes in the Newcastle Gateshead CCG area continues to be either similar or above the national average

- As part of the antimicrobial resistance work Public Health in partnership with the CCG and the wider local health economy need to be assured that NICE Guidance 63 - Antimicrobial stewardship: changing risk-related behaviours in the general population[3] is implemented in Gateshead.

- Improving and monitoring air quality in Gateshead, which will bring together public health, environmental health and transport.

Introduction

3. The Director of Public Health (DPH) has a statutory responsibility for the strategic leadership of health protection for Gateshead Council[1]. The DPH, on behalf of the Council, should be assured that the arrangements to protect the health of their local communities are robust and are implemented appropriately. Guidance suggests that, through their DPH, Health and Wellbeing Boards will wish to be assured that acute and longer term health protection arrangements properly meet the health needs of the local

population[2]. Accordingly, this report is to inform the Health and Wellbeing Board about arrangements and outcomes for health protection in Gateshead.

4. The most recent data available has been used in the analysis for this report. In circumstances where the data is not available, assurance for Gateshead is limited to the overall assurance we have in respect of the programme or the period for which we do have data.

Background

5. Health protection is the domain of public health action that seeks to prevent or reduce the harm caused by communicable diseases, and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events.

6. This broad definition includes the following functions within its scope, together with the timely provision of information and advice to relevant parties, and on-going surveillance, alerting and tracking of existing and emerging threats:

    - National programmes for screening and immunisation which may be routine or targeted;

    - Management of environmental hazards including those relating to air pollution and food;

    - Health Emergency Preparedness Resilience and Response (EPRR), the management of individual cases and incidents relating to communicable disease (e.g. meningococcal disease, tuberculosis (TB), influenza) and chemical, biological, radiological and nuclear hazards;

    - Infection prevention and control in health and social care community settings and in particular, Healthcare Associated Infections (HCAIs);

    - Other measures for the prevention, treatment and control of the management of communicable disease (e.g. TB, blood-borne viruses, seasonal influenza).

7. The DPH is responsible for the Council's contribution to health protection matters and exercises its functions in planning for, and responding to, emergencies that present a risk to public health. The DPH is also responsible for providing information, advice, challenge and advocacy to promote health protection arrangements by relevant organisations operating in the Local Authority area. This report forms part of those arrangements.

Health protection a multi-agency function

8. Local Authorities are responsible for providing independent scrutiny and challenging the arrangements of NHS England (NHSE), Public Health England (PHE) and providers. The responsibility for the provision of the health protection function is spread across the following organisations:

9. Gateshead Council, through the leadership role of the DPH, has a delegated health protection duty from the Secretary of State to provide information and advice to relevant

organisations so as to ensure all parties discharge their roles effectively for the protection of the local population[4]. This leadership role relates mainly to functions for which the responsibility for commissioning or coordinating lies elsewhere. The Council also provides local support for the prevention and investigation of local health protection issues through the Public Protection Environmental Health (EH) function.

10. Screening and Immunisation Teams (SITs) employed by PHE are embedded in NHSE. The SITs provide local leadership and support to providers in delivering improvements in quality and changes in screening and immunisation programmes. The SITs are also responsible for ensuring that accurate and timely data is available for monitoring vaccine uptake and coverage.

11. PHE brings together a wide range of public health functions and is responsible for delivering the specialist health protection response to cases, incidents and outbreaks; and provides expert advice to NHSE to commission immunisation and screening programmes, as well as a number of other responsibilities relating to surveillance and planning.

12. All organisations have responsibility to protect their staff, customers and visitors etc. with appropriate infection control, staff vaccination and information programmes.

13. NHS Newcastle Gateshead CCG commissions treatment services (e.g. hospital inpatient treatment, nurses working with specific infections, such as TB) that comprise an important component of strategies to control communicable disease.

14. Emergency preparedness, resilience and response functions are provided by all category one responders; this includes the Local Authority, PHE, NHSE, Emergency Services and NHS Foundation Trusts. Those organisations form the Gateshead Multi-Agency Resilience and Emergency Planning Group.

Screening

15. Screening is used in a population to identify the possible presence of an as-yet undiagnosed disease or increased risk of disease in individuals without signs or symptoms. The purpose of screening is to identify and intervene early to reduce potential harm. Each programme is underpinned by rigorous quality assurance, including a programme of visits by the PHE screening quality assurance service and monitoring arrangements to ensure that the target population benefit from the service and those individuals are not exposed to potential harms (e.g. failures to correctly identify individuals requiring further tests).

16. The screening programmes, commissioned by NHSE for which the DPH has an assurance role are:
    - Cancer screening programmes (breast, bowel and cervical)
    - Diabetic Retinopathy
    - Abdominal Aortic Aneurysm (AAA)
    - Antenatal and newborn screening programme

17. The most recent data for the adult and ante-natal and newborn screening programmes are for 2016/17[3]. In these circumstances, assurance for Gateshead is limited to the overall assurance we have in respect of the programme or the period for which we do have data.

18. There are two key indicators that can be used as measures of assurances that can be used alongside the national uptake of screening programmes, these are:
    - National baseline indicators based upon the 2016-17 Public Health Function agreements
    - Clinical standards that are required to ensure patients safety and control disease.

19. Uptake of the AAA and cancer screening programmes in the Newcastle Gateshead CCG area continues to be either similar or above the national average. The table below present's coverage for the adult screening programmes.
20. Data for the Diabetic Eye Screening Programme is unavailable at a Gateshead level. Performance, reported at North of Tyne and Gateshead area level, suggests that uptake exceeds 80%. The SITs are also aware of inequalities in the uptake of the service, with lower uptake amongst younger age groups and those from more deprived socioeconomic areas.

Table 1: Adult Screening Programme Coverage 2017

Screening Programme	National Standard	% Coverage (2017)	
		England	Gateshead
Cervical Cancer (25-64 years)	80%	72.0%	74.3%
Breast Cancer (50-70 years)	70%	75.4%	76.7%
Bowel Cancer (60-69 years)	NA	58.8%	61.3%
AAA (men 65 years)	75%	80.9%	81.1%
Diabetic eye screening*	80%	82.2%	82.2%*

*North of Tyne and Gateshead diabetic eye screening programme data (2016/17)

21. The Antenatal and Newborn screening programme covers six areas:
    - Fetal anomaly
    - Sickle cell and thalassemia
    - Infectious diseases in pregnancy
    - Newborn infant physical examination
    - Newborn hearing screening
    - Newborn bloodspot screening

22. Data on the coverage of the entire Ante-Natal and Newborn screening programme is not available at a Gateshead level, however CCG level uptake at population level suggests that coverage is within acceptable levels.

23. Newborn bloodspot coverage across the North East region continues to be high at 98.7% for 2016/17 (England 96.5%).

24. Newborn hearing screening coverage across North East region continues to be high at 99.0% for 2016/17 (England 98.4%).

25. National data for the antenatal and newborn screening programme is only available for 2016/17.

Table 2: Antenatal and newborn screening coverage [1,6]

Screening programme	National Standard	% Coverage (2016/17)	
		England	Gateshead
Infectious Diseases in Pregnancy	99.0%	99.5%	99.7%*
Sickle Cell and Thalassaemia	99.0%	99.3%	99.8%*
Newborn Blood Spot Screening	99.9%	96.5%	99.0%**
Newborn Hearing Screening	99.5%	98.4%	99.2%***
Newborn and Infant Physical Examination Screening	99.5%	93.5%	86.7%****

* This is the data for Q3 and Q4 combined for 2016/17 there were no submissions made by Gateshead FT for the first two quarters of 16/17 year and consequently no end of year figure was published.

** Data is for NHS Newcastle/Gateshead.

*** Data is a combined Sunderland South Tyneside and Gateshead.

**** Although this screening level appears very low initial data for the first 3 quarters of 2017/18 has shown a continuing upward trend with Gateshead's screening level now above 93% as of Q3 17/18.

Immunisation and vaccination

26. Immunisation remains one of the most effective public health interventions for protecting individuals and the community from serious diseases. The national routine childhood immunisation programme currently offers protection against 13 different vaccine-preventable infections (a full schedule is attached in appendix 3). In addition to the routine childhood programme, selective vaccination is offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors.

27. NHSE is responsible for commissioning local immunisation programmes and accountable for ensuring local providers of services will deliver against the national service specification and meet agreed population uptake and coverage levels as specified in the Public Health Outcomes Framework and Key Performance Indicators[6].

Routine childhood immunisation programme

28. Current coverage for routine childhood immunisation programme in Gateshead is presented in table 3 below. Achieving population coverage of >95% is important as this is the point at which the entire population is protected, including the 5% that are not vaccinated. This is referred to as herd immunity.

Table 3: Coverage routine childhood immunisation programme Gateshead 2016/17[1,6]

Vaccine and booster programme	Age cohorts					
	12 months		24 months		5 years	
	England	G'head	England	G'head	England	G'head
Diphtheria, tetanus, pertussis, polio, haemophilus influenza type b (DTaP/IPV/Hib)	93.4%	93.9%	95.1%	97.5%	86.1% ****	89.4% ****
Meningitis C**	NA	98.4%	91.6%*	97.4%*		
PVC	93.5%	93.5%	91.5%*	92.6 %*		
Measles, mumps and rubella (MMR)			91.6%	93.0%	87.6%***	89.0%***
Hib/Men C booster			91.5%	92.9%	92.6%*	93.6%*

<90% Coverage | 90% to 95% Coverage | ≥95% Coverage

*Boosters
** 2016/17 data
*** 2 doses MMR 16/17
**** Booster is the average of first published data (Q1-Q4 17/18) for this immunisation[13].

29. Gateshead achieves a 90% or higher coverage rate for all of the childhood immunisation programmes apart from the MMR 2 doses at 5 years and the Dtap/IPV/Hib booster at 5 years. In both vaccination rates remain higher than the national average.

30. Gateshead only reaches the 95% coverage level for Meningitis C at 12 months and the booster for Meningitis C at 24 months.

31. All girls aged 12 to 13 are offered HPV (human papilloma virus) vaccination as part of the childhood vaccination programme. The vaccine protects against cervical cancer. It's usually given to girls in year eight at schools in England with a second dose administered within 6 to 12 months. In Gateshead the coverage is better than the national standard of 90% (see Table 4 below).

32. Td/IPV (tetanus, diphtheria and polio) teenage booster is the final dose of the routine childhood immunisation programme. The national plan is to provide the Td/IPV booster in year 9 alongside the final MenC booster. Gateshead has a higher coverage rate than England.

Table 4: HPV and Td/IPV Booster 2016/17[2,8]

Vaccine and booster programmes	Age Cohorts			
	Year 9		Year 10	
	England	Gateshead	England	Gateshead
HPV[2]	87.2%	91.7%	83.1%	90.5%
Td/IPV[4]	83.0%	93.1%		

33. Significant changes to the immunisation programme for meningitis were introduced in 2015. The MenACWY immunisation was added to the national immunisation programme in August 2015 in response to the rising number of meningococcal W (MenW) cases in teenagers and young adults. Catch-up campaigns were arranged to reach older teenagers and "freshers" at university.

34. In Gateshead, from September 2016 up to 31 Aug 2017, 84.3% (83.6% England) of Year 9 students (aged 13-14) received the MenACWY vaccination[5].

At risk immunisation programme

35. The at risk immunisation comprises the following:
    - Pneumococcal (PPV) vaccine single dose at 65 years
    - Shingles vaccine single dose at 70 years (catch up for 78 and 79 year olds)

Table 5: Pneumococcal (PPV) and Shingles immunisation coverage [1,6]

Vaccination	England	Gateshead
PPV (2016/17)	69.8%	72.1%
Shingles (70 years old) (2016/17)	48.3%	48.8%

36. The coverage rate for the adult immunisation programme in Gateshead is higher or similar to the England rate. A national shortage of PPV vaccine is contributing to decreases in percentage vaccinated over time.

Seasonal flu vaccine programmes

37. In 2017/18 seasonal flu vaccine offered annually to:
    - Those aged 65 years and over
    - Those aged six months to under 65 in clinical risk groups
    - All pregnant women
    - All two and three year olds
    - All children in school years Reception, 1, 2, 3 and 4
    - Those in long-stay residential care homes or other long stay care facilities
    - Carers
    - Frontline health and social care workers

38. Targets for uptake in the adult population were 75% of the eligible population. Ambitions for uptake amongst children were 40-65% of those eligible. The table below presents the data that is available on the seasonal flu vaccine.

Table 6: Seasonal flu Vaccination Coverage Gateshead 2017/18[6]

Adult Seasonal flu Vaccination			
	National Standard	England	Gateshead
Aged 65+	75%	72.6%	75.4%
Clinical risk groups	75%	48.9%	54.4%
Pregnant women	55%	47.2%	52.7%
Front-line staff (NHS FT)	75%	68.7%	76.1%
Children Seasonal flu Vaccination			
Age	National Standard	England	Gateshead
2yrs	40 – 65%	42.8%	44.4%
3yrs		44.2%	44.1%
4-5yrs (Reception)		62.6%	62.7%

5-6yrs (Year 1)		61.0%	62.3%
6-7yrs (Year 2)		60.4%	63.8%
7-8yrs (Year 3)		57.6%	62.3%
8-9yrs (Year 4)		55.8%	60.6%

Below min standard | Within standard range | Exceeds standard

39. Gateshead has higher coverage rate than England across most aspects of the seasonal flu vaccination programme. The adult programme is close to or above the expected minimum standard for adults, the childhood age groups are all above the minimum required 40% uptake level; however none of them have surpassed the upper suggested level of 65%.

40. The Gateshead Council Employee Winter Flu Vaccination programme for frontline staff 2017/18 used a voucher scheme which all eligible staff could use at local pharmacies. The uptake of the flu vaccine for frontline social care staff in Gateshead was very poor at just over 8%.

41. In contrast take up by staff at Eastwood PIC was 81%. At that site an outreach clinic offered vaccination to staff, this was based on the learning from the flu outbreak the previous year 2016/17.

42. The Council has reviewed its approach to staff vaccination for the 2018/19 flu season as a result of poor uptake.

Surveillance and communicable diseases

43. Effective surveillance systems ensure the early detection and notification of particular communicable diseases. PHE Health Protection Team obtains data from a wide variety of sources, including healthcare staff, hospitals, microbiology laboratories, sexual health services, local authority environmental health teams, care homes, schools and nurseries. This information is closely monitored to make sure that individual cases of disease are effectively treated and prevented from spreading, and that outbreaks of infections are monitored, analysed and controlled.

Environmental health and food safety

44. Gateshead Council's Environmental Health team are an important resource in preventing, identifying and investigating cases and outbreaks of, especially, foodborne infections, including food poisoning.

45. Gateshead food safety team received 346 food hygiene and food standards complaints (2017/18). All complaints were investigated in a timely manner and action taken where appropriate. These investigations identified the following issues

- An investigation into internet sales of DNP (Dinitrophenol), which included 3 Local Authorities, National Food Crime Unit, MHRA, 2 police forces and US enforcement agencies. (Action: Prosecution by other LA – ongoing)
- Dog allowed in kitchen of café (Action: Advice)

- Poor hygiene conditions in a take away premise (Action: Prosecution)
- Rat in care home kitchen (Action: caution)
- Cockroaches in premise (Action: Advice)
- Sale of counterfeit alcohol (Action: Caution)

46. Gateshead food safety team conducts a food sampling programme. In 2017/18 167 samples were obtained. The food sampling programme identified issues relating to hand washing, cleaning, incorrectly labelled products, excessive levels of sulphur dioxide in mincemeat (used to give it a rich red colour). All establishments which were unsatisfactory were given advice and resamples taken to monitor improvement.

Control of specific diseases

47. Early diagnosis by clinicians, prompt treatment of cases and early reporting by microbiologists and clinicians to the PHE Health Protection Team are essential in enabling prompt public health action for diseases such as meningococcal infection. For other diseases such as gastrointestinal infections, initial reporting may be through local authority environmental health officers.

48. The tables below present data on the notifications received for specific communicable diseases.

Table 7: Measles, mumps, meningococcal disease and whooping cough notifications 2017[7]

Area	Disease									
	Measles*		Mumps*		Rubella*		Meningococcal disease*		Whooping cough*	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
England and Wales	1693**	2.9	7722**	13.2	362**	0.6	657**	1.1	3302**	5.7
North East	126	4.8	1181	44.8	20	0.8	56	2.1	360	13.7
Gateshead	13	6.4	108	53.6	2	1.0	3	1.5	41	20.3

*Data source: EpiNorth3, 2017 data, Diagnosis (confirmed, probable and possible cases)

**Data source NOIDS 2017 data used. Local and National data are not comparable, only cases which have been notified by a registered medical professional are included in the national data.

All rates are per 100,000 population calculated using the mid-year population estimates for 2016 from the ONS

49. In 2017 notifications were higher in Gateshead and the North East for both mumps and whooping cough when compared to the average for England and Wales; these higher rates of notifications are similar to the previous year (2016).

Table 8: Foodborne and waterborne infectious disease Incidence rate 2017[12]

Area	Disease									
	E. coli O157*		Non Typhoidal Salmonella*		Campylobacter *		Cryptosporidium*		Legionellosis *	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
England	666 **	1.2	9631 ***	16.5	57462 ***	98.4	4624 ***	7.9	316 ***	0.5
North East	32	1.2	384	14.6	3256	123.5	296	11.2	14	0.5
Gateshead	1	0.5	36	17.9	177	87.8	23	11.4	0	0.0

* Data source: EpiNorth3, 2017 data, Diagnosis (confirmed, probable and possible cases)

**Data source HPZone 2017 Data for England only

*** SGSS, 2017 data. Includes cases confirmed by NHS laboratories only.

All rates are per 100,000 population calculated using the mid-year population estimates for 2016 from the ONS

50. Gateshead has similar rates to the NE region in all main food and waterborne infectious.

Table 9: Hepatitis and Tuberculosis notifications 2017[10]

Area	Disease									
	Hepatitis A*		Hepatitis B**		Hepatitis C**		Hepatitis E**		TB****	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
England and Wales	1333 **	2.4	5083 **	9.2 **	6428 **	11.6	1181 **	2.1	5083 ***	9.2
North East	13	0.5	215	8.2	372	14.1	35	1.3	110	4.2
Gateshead	1	0.5	24	11.9	64	31.7	3	1.5	9	4.5

Data source: EpiNorth3, 2017 data, Diagnosis (confirmed, probable and possible cases)

**Data source HPZone 2017 Data for England only. Includes reported infections of hepatitis A, B, C & E

*** Data source Enhanced Tuberculosis Surveillance (ETS) 2017 data

**** Data source Enhanced Tuberculosis Surveillance (ETS) 2017 data for England only

All rates are per 100,000 pop culated usi ear popula ates for 2 the ONS

51. Rates for Hepatitis C are higher than the regional and national average. Changing Lives are partnering work with the Hep C Trust to deliver peer education with the aim of increasing knowledge and subsequently access to testing and treatment for Hepatitis C across Tyne and Wear. The Hepatitis C Operational Delivery Network (ODN) in the North East has been functional since June 2015.

Table 10: Sexually transmitted infections (STI) and new HIV diagnosis notifications (2017) [8-9]

	Rate per 100,000 population

	All new STI diagnosis	Chlamydia	Genital herpes	Genital warts	Gonorrhoea	Syphilis	HIV
England	743	361	57	104	79	13	10
North East	677	358	58	104	67	8	6
Gateshead	680	348	62	107	75	10	8

Rate per 100,000 population estimates 2016 (ONS)

52. The rates of STIs in Gateshead are slightly lower than the England average for all but Genital herpes and Genital Warts.

Healthcare associated infections (HCAIs)

53. On behalf of NHSE, PHE uses routine surveillance programmes to collect data on the numbers of certain infections that occur in healthcare settings. Prevention of HCAIs in healthcare settings is a key responsibility of healthcare providers, with most employing or commissioning dedicated specialist infection control teams[10]. Hospital Trusts each have a Director of Infection Prevention and Control providing assurance to the Trust Board on HCAI prevention. PHE provides infection control advice in non-healthcare community settings such as care homes and schools.

54. PHE also monitors the spread of antibiotic resistant infections and advises healthcare professionals about controlling antimicrobial resistance (AMR). Rates of HCAIs for Newcastle Gateshead CCG are given below:

Table 11: Rates of Healthcare Associated Infections 2016/17[11]

	Rates of Healthcare Associated Infections per 100,000 population 2017/18	
	England	Newcastle Gateshead CCG
MRSA	0.4	0.4*
MSSA	21.6	28.7*
E. coli	74.3	97.6*
C. difficile	24.0	28.9*

These are crude non-standardised rates and should not be used for comparative purposes with other CCGs.

Antimicrobial Resistance

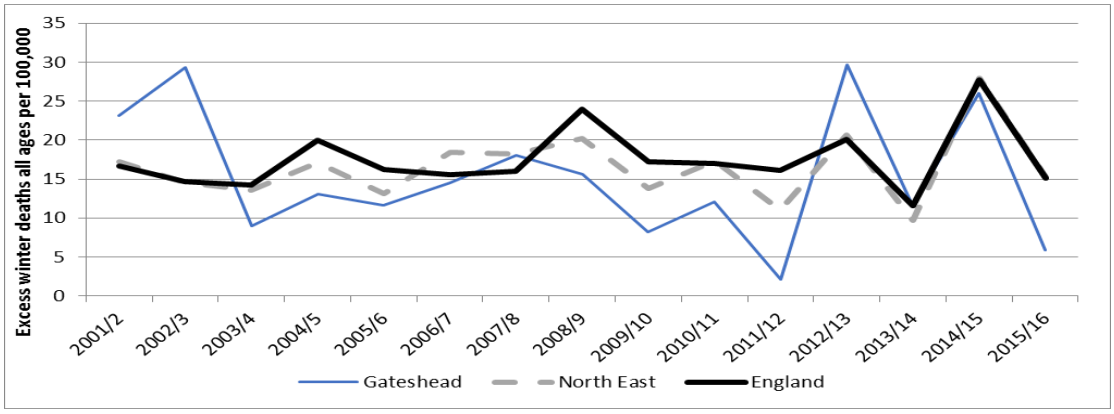
55. Preventing infections from occurring in the first place is one the best ways of reducing the need to prescribe antibiotics. There is an increasing global concern over the rise of AMR. It is well evidenced that the more we use antibiotics the less effective they become against their targeted organism (bacteria, virus, fungi and parasites), therefore every infection prevented reduces the need for and use of antimicrobials, which in turn lessens the potential for development of resistance.

56. Currently in the UK, the greatest and increasing threat from drug resistant organisms is from Gram-negative bacteria, there is a target to reduce gram-negative HCAIs by 50% by 2021.

Excess winter deaths

57. Data for the year 2016/17 is not yet available. In Gateshead there were 42 excess winter deaths in 2015/16, compared to 173 in 2014/15. The majority of excess winter deaths occur in the over 85s (55%). There is significant variation in the numbers of excess winter deaths between different years. It is not always apparent why this is the case but factors like seasonal flu outbreaks and temperature changes can have an impact. Winter of 2014/15 had the highest number of excess winter deaths in England and Wales since 1999/00 with 41 300 more people dying in the winter months compared with the non-winter months. The chart below presents the all age excess winter deaths rate per 100,000 population and highlights the year on year variation, both at a national and local level.

Chart 1: Excess winter deaths single year 2001 - 2016 all ages



Source: PHE Fingertips data

Emergency Preparedness Resilience and Response

58. Planning for emergency situations, such as extreme weather events, outbreaks or terror incidents, takes place at regional and local levels:

- The Director of Public Health is a member of the North East Health Resilience Partnership (NELHRP) which is responsible for ensuring that the arrangements for local health protection responses are robust and resilient. Work is directed through the Health and Social Care Resilience Group (H&SCRG) which is responsible for co-ordinating the development of health and health related social care resilience arrangements, capability and capacity to respond to emergencies and major incidents as part of a multi-agency response

- PHE co-ordinate the health management of the response to biological, chemical, radiological and environmental incidents, including specialist services which provide management advice and/or direct support to incident responses.

- The Gateshead Multi-Agency Resilience and Emergency Planning Group that meets quarterly, the role of this group is to ensure that the council and partners are equipped to respond to an emergency. This includes reviewing and developing internal policies, engagement in and sharing the learning from exercises and reviewing and learning from local emergency situations e.g. flooding.

- The DPH continues to be part of regional on-call arrangements to chair the Scientific and Technical Advice Cell (STAC), convened by PHE to co-ordinate such advice in the event of an emergency incident.

Air Quality

59. There are various contributory factors to air pollution, including road transport, domestic and industrial sources. There are two pollutants associated with road transport that cause problems with health in Gateshead. They are nitrogen dioxide (NO2) and particulate matter less than 2.5 microns in size (PM2.5) - both have short and long-term effects on human health. NO2 is a colourless gas released from motor vehicle exhaust systems when fuels are burned. PM2.5 is also linked to exhaust systems, but is also released from braking systems and tyre wear.

60. The Government has set specific air quality objective standards for pollutants that should not be exceeded. When pollutants are found to be close to or higher than these standards, local Councils are required to declare Air Quality Management Areas (AQMA) and take steps to reduce air pollution.

61. Due to measured levels of NO2 repeatedly exceeding the annual mean objective of 40 micrograms per cubic metre (µg/m3), Gateshead Council declared an AQMA in April 2005 within Gateshead Town Centre. This was extended to the south along Durham Road in April 2008.

62. The highest annual mean concentration of NO2 within the Town Centre AQMA during 2016 was 37.2µg/m3 measured at the junction of Durham and Dryden Road, using diffusion tubes. The highest annual mean concentration of NO2 using automatic monitoring equipment was 37.4µg/m3 measured at Bottle Bank. This is an increase of 4µg/m3 since 2015 at this location but this is in keeping with annual fluctuations at the site. This may have been influenced by higher traffic levels in this area during the A1 works in first part of the year. The monitoring data also indicates that there were no exceedances of the annual mean objective level outside of the AQMA.

63. Gateshead Council has been mandated by central government to develop a plan that will address how to reduce NO2 exceedances at locations indicated by DEFRA. Newcastle City and North Tyneside Councils are in the same position and officers from the three authorities have been working together on this activity. Governance structures have been

put in place with a steering group chaired by Gateshead Councils Chief Executive and a working group led by a Newcastle officer. All authorities have representation for transport, environmental health and public health. Officers have been working closely with DEFRA.

64. The authorities have prepared a Strategic Outline Case for the plan and an Outline Business Case. A Full Business Case is required on 31/12/18 or as soon after that date as consultation has been completed.

Conclusions

65. The Health Protection Arrangements across Gateshead are multi-agency. This report alongside an overview of the meeting and reporting structures (appendix 2), aims to provide the necessary assurance that the local health protection systems are robust and equipped to both prevent and suitably react to health protection situations.

66. An assessment of the current health protection arrangements for Gateshead has identified that these are working well to protect the population.

Recommendations

67. An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases and air quality has highlighted that there are areas that require improvement and these form the priorities for next year 2018/19. These include:

- Uptake of cancer screening programmes is generally very good. However there is evidence of variation at a local level in uptake of all of the cancer screening programmes and a decline in uptake of the cervical screening programme.

- Uptake of the childhood immunisation programme in Gateshead has shown some variation in trend with vaccination rates for measles, mumps and rubella (MMR), Diphtheria, tetanus, pertussis, polio, haemophilus influenza type b (DTaP/IPV/Hib) and Meningitis C are all below the regional average in 2017/18, this is well below the WHO target of >95% population coverage.

- The uptake of the influenza vaccination for clinical risk groups, pregnant women and frontline staff, particularly in social care, requires improvement.

- As part of the antimicrobial resistance work Public Health in partnership with the CCG and the wider local health economy need to be assured that NICE Guidance 63 - Antimicrobial stewardship: changing risk-related behaviours in the general population is implemented in Gateshead.

- Improving and monitoring air quality in Gateshead, which will bring together public health, environmental health and transport.

References:

[1] Regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives). Regulations 2013, made under section 6C of the National Health Service Act 2006

[2] DH, PHE, LGA (2013). Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. DH, PHE, LGA. May 2013. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf.

[3] PHE Fingertips: Public Health Outcomes Framework; Gateshead available from: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000049/pat/6/par/E12000001/ati/102/are/E08000037

[4] Td/IPV adolescent vaccine uptake: available from: https://www.gov.uk/government/collections/vaccine-uptake#td/ipv-adolescent-vaccine-uptake

[5] School based immunisation programme: Meningococcal ACWY immunisation programme: vaccine coverage estimates. Available at: https://www.gov.uk/government/publications/meningococcal-acwy-immunisation-programme-vaccine-coverage-estimates

[6] PHE (2017) CANE Seasonal influenza vaccination report 2016/17. PHE North East Centre.

[7] PHE (2018) Protecting the population of the North East from communicable disease and other hazards. Annual Report 2017/18

[8] PHE North East Centre (2017): Spotlight on sexually transmitted infections in the North East 2016 data. PHE

[9] PHE (2017) HIV and AIDS in the North East 2017 Surveillance Report: PHE

[10] Protecting the population of the North East from communicable disease and other hazards Annual Report 2017/18

[11] PHE Fingertips; AMR local indicators Gateshead available at: https://fingertips.phe.org.uk/profile/amr-local-indicators/data#page/3/gid/1938132910/pat/46/par/E39000039/ati/152/are/E38000212

[12] Protecting the population of the North East from communicable disease and other hazards Annual Report 2017/18

[13] PHE Cover of vaccination evaluated rapidly (COVER) programme 2017 to 2018 quarterly data

Appendix 1: Health Protection Assurance: External Structure

Means of assurance	Purpose	Frequency	Lead Organisation(s)
Public Health Oversight Group (PHOG)	Provide a forum for systematic assurance of NHS England's Public Health Section 7a Agreement (PHS7A) direct commissioning responsibilities* (see p.3) and for the sharing of stakeholder intelligence between public health partners in the local health and care economy and opportunities for the Directors of Public Health (DsPH) representatives to provide support and improve communication within their networks. This includes oversight of the quality, safety and patient experience of these commissioned services with a focus on improving health outcomes and reducing variation in quality across Cumbria and the North East. Assurance is a "positive declaration intended to give confidence". This group is not for direct commissioning performance management. This function is carried out through contract review processes as appropriate.	6 per year	NHS England
Screening and Immunisation Oversight Group (SIOG)	A joint SIOG for Newcastle and Gateshead is being established and would constitute membership from NHSE, PHE, CCG, LA.	TBC	NHS England
NHSE commissioned Cancer and Non-Cancer Screening Programmes			
Cumbria and NE (CANE) Regional Screening Programme Boards	Provide strategic leadership for updating, planning and implementing the delivery of the following screening programmes: Diabetic Eye Screening; Aortic Abdominal Aneurysm (AAA); cervical, breast and bowel cancer screening; Antenatal and Newborn screening programmes for CANE. Facilitate the sharing of good practice; ensure compliance with national guidance and effective performance management.	2 per year except AAA 4 per year	NHS England
North Screening Quality Assurance Team	The purpose of these regional teams is to: • assess the quality of population screening	Report directly into the	PHE SQAS

	services, including through peer review • give expert advice during the management of screening incidents • provide daily support to commissioners and screening programme providers • work with providers and commissioners to improve equitable access to screening	regional screening programme board	
Information on screening incidents	DsPH are informed of serious incidents in their area and invited to be part of the SI Steering Group to ensure awareness in case of media interest and harm/potential harm to residents. A summary of incidents is presented to the PHOG (see above) and all serious incidents are discussed and formally closed at PHOG.	Ad hoc	NHS England
Updates at regional DsPH meetings	Raise awareness of developments and issues in any of the programmes by exception Also provide ad hoc workshop sessions in response to requests.	Bimonthly attendance	NHS England
Annual Regional Screening Report	Discussion ongoing as to if annual report should be published and, if so, in what format. Local authorities are regularly provided with all data which would appear in Annual Report in the form of a LA Assurance Dashboard.	NA	NHS England
NHSE commissioned immunisation programmes			
Updates at regional DsPH meetings	Provide systems leadership for updating, planning and implementing the delivery of seasonal influenza; shingles (herpes zoster) and pneumococcal (aged over 19) vaccination programmes.	Monthly	NHS England
Newcastle Gateshead Flu Board	Provide strategic leadership for updating, planning and implementing the delivery of the seasonal flu plan	Bi monthly	Newcastle Gateshead CCG
0-19 and Influenza Immunisation Boards	Provide strategic leadership for updating, planning and implementing the delivery of the national 0-19 for CANE. They facilitate the sharing of good practice; ensure compliance with national guidance and effective performance management. The Board is responsible for identifying areas of improvement and opportunities for joint working to improve uptake and reduce inequalities.	2 per year	NHS England
ImmForm	Local authorities have direct access to ImmForm to	NA	Local authorities

immunisation uptake data	enable detailed analysis of immunisation data in their localities		
Annual Seasonal Influenza Vaccination Report	Inform partners – CCGs/LAs/A&E Boards – of performance and developments in previous flu season and priorities for next season	Annual	NHS England
Health protection surveillance and case/incident management response			
DPH Quarterly Report on Infectious Disease	This report gives the Local Authority assurance regarding the burden of relevant infectious diseases of public health consequence in Northumberland. It gives an overview of the incidence in Northumberland of common causes of infectious gastrointestinal diseases, vaccine preventable diseases (including measles, mumps and rubella), and other selected organisms of public health consequence (eg. Legionella). It also includes a summary of Local Authority level vaccine coverage data.	Quarterly	PHE (North East Health Protection Team and Field Epidemiology Service)
PHE NE Monthly Healthcare Associated Infections (HCAIs) Summary Report	This report informs the Local Authority of the number of cases of the numbers of specific (HCAI) in local hospital Trusts. Specifically, it covers numbers of MRSA, MSSA, C difficile and E coli cases. This data is collected by PHE's Field Epidemiology Service in support of the NHS, and is shared with Directors of Public Health for information.	Monthly	PHE (Field Epidemiology Service)
Operational updates on local health protection issues	This is a weekly confidential email from the Consultant in Health Protection covering the South of Tyne area highlighting any local outbreaks managed by the Health Protection Team and any individual cases which the Consultant believes may be of interest to the local Director of Public Health or hospital microbiologists. It also highlights any regional or national issues which are likely to have local consequences.	Weekly	PHE (North East Health Protection Team)
HIV, Sexual and Reproductive Health Epidemiology Reports (LASER)	These are confidential reports for Directors of Public Health covering STIs, HIV and reproductive health at the Local Authority level, in order to inform joint strategic needs assessments.	Annual	PHE - Field Epidemiology Service (FES)
Access to HIV / STI web portal	This is a restricted access data portal which provides Directors of Public Health with sexually transmitted infection surveillance data at a local level.	When required	PHE - FES
North East Quarterly Sexual Health Bulletin	This report gives the DPH an overview of the number of cases of gonorrhoea, chlamydia, syphilis, and genital warts diagnosed per quarter at each of the North East's	Quarterly	PHE - FES

	GUM clinics. It includes a breakdown of cases by key demographics such as gender and age. It also gives an overview of the number of sexual health screens undertaken at each GUM clinic, and their positivity rate.		
North East Annual Sexually Transmitted Infectious Report	This report covers the same topics as the Quarterly Bulletin, but for the full calendar year. The data is set in the context of previous years, allowing comparisons to be drawn and trends to be identified. This also includes commentary on national trends and outbreaks.	Annual	PHE - FES
Access to PHE Fingertips data portal	This online data portal provides the DPH with an overview of a wide range of data relating to the health of the population, often available at Local Authority or CCG level. Several sets of data are of particular relevance to health protection: for example, 'Health Protection Profiles', 'Sexual and Reproductive Health Profiles' and 'TB Monitoring Indicators'.	When required	PHE
Annual Regional Health Protection Report	This is an annual report for the North East region, prepared by the PHE North East Deputy Director for Health Protection. It gives a summary overview of the action taken by the Health Protection Team in the preceding year to protect the health of the North East population. It includes a summary of prevention, surveillance, and disease control activity, as well as a summary of emergency preparedness, microbiology, communications, and environmental work. It also describes work to improve the quality of health protection services year-on-year, and sets out the Team's priorities for the coming year.	Annual	PHE - North East Health Protection Team (NE HPT)
Regional annual TB report	This report presents data on the burden of tuberculosis in the North East, and an overview of treatment outcomes in the preceding year. The data is broken down at Local Authority level. Incidence of cases is broken down by key demographics, including age and ethnic group, and is set in the context of incidence in other years so that comparisons can be drawn and trends identified. The report also includes recommendations for tackling TB in the North East over the coming year.	Annual	PHE - FES
Area Health Protection Committee meetings	This meeting covers the Northumberland, North Tyneside, Newcastle upon Tyne, Gateshead, South Tyneside and Sunderland Local Authority areas. It is attended by the Directors of Public Health, members of their teams, members of three Local Authority Environmental Health teams, and representatives from	Quarterly	PHE NE HPT

	the local hospital Trust microbiology teams. The meeting discusses recent outbreaks or incidents of wider interest, including sharing recommendations from incidents across the area. The meetings also provide DsPH with the opportunity to discuss and challenge the routine health protection response across the area.		
NE Quarterly TB Summary Report	This report provides data on the incidence of TB at local authority level, broken down by key demographics. Case numbers at local authority level are typically too small on a quarterly basis to reliably consider trends, but these reports provide the DPH with assurance that the number of TB cases within their area is within typical limits.	Quarterly	PHE - FES
NE PHE Centre Weekly Influenza and Intestinal Infectious Disease Reporting	These reports give an overview on influenza activity at an international, national and regional (North East) level. This includes the latest data on the circulating strains of influenza. This report also summaries the most relevant points from the PHE weekly national influenza report.	Weekly (October to March)	PHE - FES
Participation in/Minutes of Outbreak Control Team (OCT) meetings	When community outbreaks of infectious disease occur which require multiagency management, the DPH is routinely invited to take part in Outbreak Control Team meetings chaired by the Consultant in Health Protection. This allows the DPH (or deputy) to represent the interests of the local population and the Local Authority in decisions taken to control the outbreak. Formal minutes of these meetings are produced, and typically circulated within 24 hours.	N/A	PHE NE HPT
Outbreak/Incident reports	Following the conclusion of any community outbreak of infectious disease for which an Outbreak Control Team has been convened, a formal report is always prepared by the Consultant in Health Protection who chaired the Outbreak Control Team (or a deputy). This includes a summary of the outbreak and actions taken to control it, as well as any recommendations for future practice or outbreak investigations. These are typically circulated within 8 weeks of the closure of an outbreak.	N/A	PHE NE HPT
National Health Protection Report	This is a national online publication. It highlights new publications of a large range of different routine national data reports on infectious diseases (e.g. national data on laboratory reports of respiratory infections; sentinel surveillance of blood borne virus testing in England; and laboratory surveillance of Pseudomonas bacteraemia). It also highlights	Weekly	PHE

	publication of new non-routine Health Protection publications by PHE, such as updated guidance.		
Emergency Planning Resilience and Response (EPRR)			
Local Resilience Forum (LRF)	Local resilience forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act.	quarterly	
Regional Local Health Resilience Partnership (LHRP)	PHE NE is active member of the NE LHRP where it is represented by the Deputy Director for Health Protection and the two Health and Social Care Sub Group where it is represented by the Emergency Preparedness Manager. Gateshead Council is represented by the DPH & Resilience, Resilience & Emergency Planning Manager.	quarterly	NHS England / DPH Co-chair
EPRR Exercises	PHE NE, Gateshead Council alongside other category 1 responders are active members of the Training and Exercising sub groups of the Local Resilience Fora in the NE (represented by the Emergency Preparedness Manager) as well as chairing the NE Training and Exercising Group. PHE participates regularly multi-agency exercises as relevant as well as in internal PHE wide exercises. Any lessons identified for local authorities are fed back through either the LRF or LHRP as appropriate to the lesson and exercise topic.	N/A	

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