



FAMILIES OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Thursday, 3 December 2015 at 1.30 pm at the Bridges Room - Civic Centre

From the Chief Executive, Jane Robinson

Item	Business
1.	Apologies for absence
2.	Minutes (Pages 1 - 8) The Committee is asked to approve as a correct record the minutes of the last meeting held on 22 October 2015
3.	Case Study - Health in Schools (Pages 9 - 14) Report of Director of Public Health
4.	Vision 2030 and Corporate Plan - Delivery and Performance (Pages 15 - 56) Report of Strategic Director, Care Wellbeing and Learning
5.	OSC Work Programme Review (Pages 57 - 60) Joint Report of the Chief Executive and Strategic Director, Corporate Services and Governance

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Date: Wednesday, 25 November 2015

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FAMILIES OVERVIEW AND SCRUTINY COMMITTEE

22 October 2015

PRESENT: Councillor Malcolm Brain

Councillors: Caffrey, J Graham, McCartney, Adams,
Hawkins, Ronchetti, Clelland, Turnbull, Robson

CO-OPTED MEMBERS: Malcolm Brown and Jill Steer

F16 Apologies for Absence

Apologies for absence were received from Councillors S Craig, McHatton, Simcox, Oliphant, McMaster, Thompson, McNally and co-opted members, Sasha Ban, John Wilkinson and Ray Tolley.

F17 Minutes

RESOLVED - The minutes of the meeting held on 10 September 2015 be agreed as a correct record subject to the following clarification;

Minute F15 'OSC Review – Evidence Gathering' – paragraph 9 be amended to read:

*“A breakdown of child protection figures was provided, it was noted that figures were high at 2013/14 however the 2014/15 **national comparator figures** are not yet available.”*

Matters Arising

The Chair confirmed that he has met with officers regarding the REALAC team and in particular around LAC achievement in education results. Further information will be brought back to a future meeting.

Following the query raised at the last meeting around what work is being done in schools to raise awareness that 'sexting' is illegal, it was confirmed that this is delivered through the Chelsea's Choice Workshop. It was also noted that this is picked up through the Healthy Schools Programme, which has 100% take up. In addition the Emotional Health and Wellbeing Team will also pick up on such issues.

In relation to the Child Health Profile (minute F13) it was confirmed that LAC immunisation rates are currently at 96.1%. It was noted that the Child Health Profile looks only at the number of LAC continuously looked after for 12 months, there is a limitation on data in that the child can refuse a health assessment so there may be under reporting.

F18 Performance Improvement Update – Children Presenting at Hospital as a result of Self Harm

The Committee received a presentation around the work achieved, in relation to self-harm in 10-24 year olds, over the last 12 months.

It was noted that the term self-harm describes a range of things, it can be hidden and is defined as self-poisoning or injury. It was acknowledged that regionally and nationally this is a real problem with most self-harm hospital admissions as a result of self-poisoning. It was confirmed that self poisoning includes overdosing with a medicine or a poisonous substance, self-harm also includes; cutting, burning, scalding, hair pulling and strangulation.

It was reported that for Gateshead there are high hospital admission rates and the numbers of young people being admitted as a result of self-harm have increased. It was noted that the reasons for this are complex and are not isolated incidents; this can be linked to Child Sexual Exploitation and vulnerability factors. A recent Peer Review looked at sector led improvement and self-harm was flagged. Self-harm is also a focal point of the LSCB for 2014-2017.

It was noted that in 2014/15 there was a significant number of hospital admissions as a result of self-harm, however A&E admission have reduced, although this is not a full data set as data is one year behind. It was also reported that Gateshead is towards the higher end of the scale in terms of hospital admissions and is above the North East aggregate line. The wards with the highest rates currently are; Pelaw and Heworth, Dunston and Teams and Winlaton and High Spen. It was acknowledged that there are a lot of young people who may be self-harming but who are not presenting at hospital, therefore there will be some under reporting.

The Committee was advised that during 2014/15, 353 children and young people were seen by the Tier 2 CAMHS service, of this number 23 were coded as self-harm, this equates to 6%. From this 6%, five were referred on to specialist CAMHS provision. Referrals for these 23 young people were through GP's, schools, health professionals and self-referrals from parents. It was confirmed that, during 2013/14, 77 young people under the age of 18 were admitted to the QE Hospital as a result of self-harm.

In order to tackle this problem a Self-Harm Protocol for Gateshead has been developed by a multi-agency sub-group. This is based on good practice examples and looks at pathways to identify risk and harm minimisation. It is aimed at ensuring consistency across agencies. From the protocol an action plan is being developed, which will be endorsed by partners. Training for frontline staff will be developed around self-harm, in particular embedding in schools. Trends will continue to be monitored in relation to self-harm and new ways of working will be explored. It was noted that the Action Plan would be circulated once there was wider sign up.

It was questioned why there was a low take up of schools in relation to the Health Related Behaviour Survey. It was confirmed that this was done electronically to make it more flexible for schools to sign up, however no secondary schools signed up. Headteachers and pastoral support were contacted and this will be repeated. It was suggested that the Safeguarding Governor should be contacted in addition to the Headteachers. It was also suggested that completion of the survey should be a requirement of the Healthy Schools status.

The point was made that in certain groups of young people, self-harm is a fashionable status and therefore what could be done to separate that group. It was noted that in terms of the protocol's action plan there will be support for schools to do basic questioning to differentiate those young people who are at risk. It was acknowledged that cases will need to be filtered where additional support is required.

It was suggested that there is not enough awareness made of the issue, for example in terms of the risks of over the counter medicines. It was acknowledged that the severity and complexity of cases are increasing and work is ongoing to look at early prevention through the Healthy Schools Programme. The point was made that schools can be a stressful situation for young people and therefore it was questioned whether school was the best setting for such support. It was confirmed that the support is wider than schools and a training directory of services is available and it is hoped will be built into all areas not just schools.

The pressures in terms of waiting times for CAMHS services and GP's was acknowledged and it was questioned whether anything was being done to bring this time down. It was noted that work is ongoing to bring waiting times down but that 18 weeks is quite typical, however that also depends on priority and where there is a risk the young person is seen earlier.

It was pointed out that information around the re-design of the CAMHS service will be reported to the Health and Wellbeing Board and any gaps in data will be flagged up during that process.

- RESOLVED -
- (i) That the Committee noted the content of the report and its comments on the information provided and suggested areas for development be noted.
 - (ii) That the Committee agreed to receive an update in 12 months following the implementation of the protocol and to share the findings of the Health related behaviour questionnaire.

F19 OSC Review – Child Protection in Gateshead – Evidence Gathering

The Committee took part in the second evidence gathering session of the review into how the child protection system operates in Gateshead. The

session looked at how referrals are made, the thresholds for whether a child and family should be assessed and how the level of support is determined.

The presentation focused on the work of the Referral and Assessment Team (R&A), which is the 'front door', the team filters all contact and assesses the circumstances of each referral. The service structure underneath the R&A Team consists of the Safeguarding and Care Planning Team, Disabled Children Team and the Children and Families Support. Depending on the level of support required, as assessed by R&A, families can be referred to any of these teams. The R&A team provides the initial point of contact for all new referrals into Children's Social Care.

It was reported that the R&A team is a very busy team, consisting of 23 Social Workers, a Domestic Violence Worker, two Family Support Workers and a Homeless Prevention Support Worker. The core business of the team is to ensure the statutory duties and responsibilities of the Council are discharged in respect of safeguarding children. The R&A team provides advice and support to signpost families to appropriate services. The team begins the initial planning process by providing timely assessments such as; Child in Need Assessments, Domestic Violence Assessments, Private Fostering Assessments, Prison Visit Assessments and Children in Hospital Assessments.

In terms of thresholds it was noted that these must be right as there cannot be an open door for all. It was noted that a multi-agency threshold document provides guidance for professionals as to whether to recommend an assessment and at what level. This is divided into three tiers; level 1: baseline – universal services, level 2: moderate – targeted services and level 3: high – specialist Social Care services. It was noted that the list of indicators is not exhaustive and in many cases multiple factors are likely to be present and it is for professional judgement as to whether the criteria are met. It was also acknowledged that the needs of a child are often found in a number of different pieces of evidence, for example a number of indicators being met in tier 2 may indicate the need for a tier 3 assessment. Similarly, it was recognised that a single indicator can sometimes be so significant that it will deem assessment at a high level even in the absence of any other indicator.

In terms of the referral process, if the threshold is met and there is no immediate risk of harm, a case will be allocated within 24 hours. If a referral does not meet the threshold criteria no further action is needed but the contact will be recorded. If the referral does not meet the threshold criteria but low level needs are identified, referrers will be advised and signposted to other more appropriate services. If the threshold is met the case will be allocated for assessment.

It was noted that the assessment framework is a regionally agreed document, this ensures more collaborative work to guarantee consistent assessments. The assessment framework focuses on four domains; child development,

family and environment, parenting capacity and risk. It was noted that the assessment is a diagnostic process and must be completed within 45 days. It looks at whether parents can make changes, the child's social integration and family parenting capacity. The assessment looks at whether the child's current environment is safe, what works well and the anticipated impact if nothing changes. The Social Worker must analyse all the information available and in particular looking at risk factor; whether there is a probability of a negative occurrence that may be avoided through pre-emptive action. The Social Worker must deal with uncertainty and ambiguity and develop an evidence base and demonstrate professional judgement to establish the severity and likelihood of risk.

It was noted that key principles have been identified which have come from a number of Serious Case Reviews;

- professional curiosity
- family history and cumulative risk
- partnership cooperation between agencies
- checks and balances – use supervision as an opportunity for error correction, during assessments there are 10, 25 and 40 day checkpoints
- bias – need to be challenged
- keeping the child in focus

In relation to the work of the team it was confirmed that between April and September 2015, the R&A team completed 772 Children in Need Assessments, 97.4% of which were completed within timescales. A breakdown of factors applicable during assessment was provided, this showed that the factor present in the most cases was domestic violence, mental health was also applicable in a lot of cases. It was noted that Child Sexual Exploitation was only a factor in a small number of cases, however it is expected that this will increase as awareness on this issue is raised.

The Committee was provided with a case study and a discussion was held about how a decision was made in relation to that case. In terms of decision making the Social Worker will do a history check and gather information, there will also be consultation with the Duty Manager which ensures there is management oversight. Threshold criteria is used at all times when making decisions and the immediate safety of the child must always be considered. It was noted that referrals can vary, they can be written referrals or through a telephone call or from walk in's at the Civic Centre.

Once a Child in Need Assessment begins a Social Worker is allocated on the second day. The assigned Social Worker will spend time speaking to the child in a variety of environments. Following completion of the assessment a number of outcomes can be reached;

- no further action
- signpost to Universal Services
- refer to TAF/CAF (early support services)
- refer to Family Intervention Team

- transfer to another Local Authority
- transfer to Safeguarding Care Planning on a Child in Need Plan or a Child Protection Plan

The Committee was invited to ask questions and make comments about the information presented.

It was questioned whether there is challenge at all points throughout the assessment. It was confirmed that there is and at the end of the process in particular. In addition, on a weekly basis managers check a random selection of cases and during inspection Gateshead was judged as outstanding in its quality assurance processes. It was noted that quality assurance starts at the beginning and is also checked at the end, Social Workers have ready access to management at all times. When a referral is made it cannot be closed until there is agreement from a manager.

The point was made that previously there was a high level of sickness within the team and it was queried whether this impacted on the service in terms of completing assessments within 45 days. It was confirmed that at present the sickness rate is good, Social Workers are supported and regular supervisions are held to ensure they are fit and well and there is cover for anyone that is on long term sick. It was also noted that the team is very stable and if a Social Worker had to go off in the middle of an assessment this would be passed to a manager.

It was noted that the majority of referrals are through the police, probation and court, and concerns were raised that this is when a family or child is at crisis point. It was confirmed that every time the police attend an address in Gateshead where a child is present a referral will be received, therefore the severity of the cases can vary. It was noted however that there is a police wide referral process but they are able to use some discretion and they will decipher whether the situation requires a referral or just a contact. It was confirmed that Gateshead has done well in ensuring people and professionals understand thresholds and they are encouraged to call for advice before making a referral. It was also recognised that Operation Encompass, where domestic violence cases are reported to schools, is working very well.

- RESOLVED -
- (i) That the Committee's comments on the second evidence gathering session be noted.
 - (ii) That the Committee agreed the proposals for the next evidence gathering session.

F20 Collaborative Commissioning of CAMHS Service

The Committee received a report outlining the work currently ongoing to redesign children and young people's mental health services across Gateshead and Newcastle, the project is called 'Expanding Minds, Improving Lives'.

It was reported that there is national recognition that CAMHS is not meeting the needs to children and young people. Work is being carried out jointly with Newcastle Council and the CCG to set up different ways of designing services. The timescales for the project were set out and it was confirmed that multi agency events are being held during November and December.

An Advisory Group has been established to share early thinking with key stakeholders, and Youth Focus has also been commissioned to develop a group of young people aged 13-19 to become co-commissioners. It is hoped that this group can help shape future mental health services.

The consultation is currently ongoing until 13 November, a new model will be co-produced from November to January with formal consultation on the proposed new system starting in February 2016. It is hoped that the new system will be in place from May 2016.

The Committee welcomed the change to the service.

RESOLVED - That the Committee noted the progress of the project to date.

F21 Monitoring Report – OSC Review – Role of the Council in Supporting Educational Outcomes

The Committee received the first monitoring report following its review into the role of the Council in supporting educational outcomes. The main recommendations from the review were around information and transparency, the strategic delivery of education services and work with Special Schools.

Since completion of the review it was confirmed that 2014/15 examination data analysis is ongoing. An annual assessment of the impact of the secondary 'narrowing the gap' project is now on senior officer's performance management targets. Work is also underway to review the Governors' development programme to enable them to challenge school leaders. Special School Headteachers will undertake annual discussions with the committee in the future. It was noted that there has been a response to the increasing numbers of SEN statements with Eslington School currently being expanded and also additional provision at Gibside.

The Committee was happy with the progress so far and agreed to receive a further monitoring report in six months time.

RESOLVED - That the Committee was satisfied with the progress against actions to date.

F22 Any Other Business

The Chair, on behalf of the Committee, thanked Martin Gray for his work on the Committee over the last several years and wished him well for the future.

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TITLE OF REPORT: **Health in Schools Update 2015**

REPORT OF: **Carole Wood, Director of Public Health**

SUMMARY

The purpose of this report is to provide the committee with an update on The Gateshead Health in Schools Programme (formerly Healthy Schools) within Gateshead, to outline the scope of the new model that has been developed over the last 12 months following the evaluation of the programme in 2013.

1. Background

Following the decommissioning of the National Healthy Schools Programme in 2011 in which Gateshead was the first Local Authority Area to achieve 100% National Healthy Schools Status for all its schools, Gateshead Public Health continued to fund a locally developed Healthy Schools Programme to maintain and build on the excellent work that had been generated by Gateshead Schools around health issues.

Despite this, there still remain huge challenges around addressing specific areas of child health. Overall the health and wellbeing of children and young people in Gateshead is generally worse than the England average; however, the 2015 Child Health Profile shows 16 out of the 32 indicators are better or not significantly different to the England average. Key findings in the 2015 Child Health Profile show:

- The level of child poverty in Gateshead is worse than the England average with 22.1% of all children aged 16 years or under living in poverty.
- The level of obesity for Gateshead children aged 4-5 years has gone up to 10.5% and for 10-11 years this has come down to 20.7%. The England average level of obesity in children aged 4-5 years is 9.5% and 10-11 years olds is 19.1%
- Immunisations uptake in Gateshead is above the England average. The health and wellbeing of children in Gateshead is generally worse than the England average. Infant and child mortality rates are similar to the England average.
- There is an increase in the number of hospital admissions as a result of self-harm for young people 10-24. Gateshead is significantly worse than the England average.

To help address these challenges, schools play an important role in helping to educate young people around health & wellbeing and to be seen to promote healthy behaviours as part of a whole school approach. This is now being recognised by Ofsted as an increasingly important element of the personal development, behaviour and welfare of pupils as outlined in the 2015 Ofsted Inspectors

Handbook. In order for a school to achieve an 'outstanding' grade from Ofsted it must show how:

Pupils work hard with the school to prevent all forms of bullying, including online bullying and prejudice-based bullying.

Staff and pupils deal effectively with the very rare instances of bullying behaviour and/or use of derogatory or aggressive language.

The school's open culture actively promotes all aspects of pupils' welfare. Pupils are safe and feel safe at all times. They understand how to keep themselves and others safe in different situations and settings. They trust leaders to take rapid and appropriate action to resolve any concerns they have.

Pupils can explain accurately and confidently how to keep themselves healthy. They make informed choices about healthy eating, fitness and their emotional and mental well-being. They have an age-appropriate understanding of healthy relationships and are confident in staying safe from abuse and exploitation.

Pupils have an excellent understanding of how to stay safe online and of the dangers of inappropriate use of mobile technology and social networking sites.

2. Gateshead Healthy Schools Programme 2011 – 2015

Following a period of consultation with Gateshead schools around the future of the Healthy Schools Programme it was decided to develop and implement a simplified version of what was proposed to be the National Healthy Schools Enhancement Model, based on a simple "Plan, Do, Review" approach. "

In addition to this, the Enhancement Model would have the core theme of Emotional Health & Wellbeing running through it. When schools identified their chosen health priority, they needed to demonstrate that they were addressing the associated Emotional Health & Wellbeing issues, as we understand this is key to all areas of health and wellbeing.

The Gateshead Healthy Schools programme was an outcomes based intervention programme with schools working in partnership with wider Gateshead partners to address the chosen health priorities identified within individual schools.

Whilst working within an outcomes based model, schools were addressing the specific health outcomes of children and young people as highlighted in the Public Health Outcomes Framework and the Marmot Review around Health Inequalities.

There will be a presentation at the December meeting showcasing a case study of a school who has engaged with the Gateshead Healthy Schools Programme.

3. Evaluation of the Gateshead Healthy Schools Programme

In October 2013, Improving Health & Wellbeing UK were commissioned to evaluate the impact of the Gateshead Healthy Schools Programme and provided a series of recommendations for the future development of a new Health Programme in Schools, which covered the following:

- Improving management and coordination of the Gateshead Healthy Schools programme (GHSP).
- Becoming more strategic in approach.
- Re-branding the GHSP.
- Reviewing the contributions of the GHSP to school improvement.
- Improving the collection, management and use of data.

- Targeted support for vulnerable individual pupils and perhaps their families.
- Reviewing the funding arrangements, including possible contributions from schools.
- Re-focusing on health priorities that support pupil attainment.
- Reviewing and revising other health contracts.
- Re-engaging with school and community nursing.
- Developing healthy nurseries and post-16 provision.
- Considering the wellbeing of school-based staff.
- Enhancing health and wellbeing training.
- Developing the online support.

These recommendations outlined in the evaluation helped form the basis of the new Health in Schools Programme.

4. Development of Gateshead Health in Schools Programme

Whilst exploring the evidence base of school based programmes around health and wellbeing, interventions focusing on the promotion of social and emotional wellbeing, and on healthy eating and physical activity appeared to be the most effective. Good social and emotional wellbeing, healthy eating, physical activity and a healthy weight also appeared to promote educational achievement.

There was considerable uncertainty about the effectiveness of school-based interventions to prevent smoking, teenage pregnancy and sexually transmitted infections.

For most outcomes (except smoking), programmes appeared to be more effective if they were multicomponent. Programmes needed to be sustained (and sustainable) and be incorporated into the curriculum, involve the school and school environment, and include training for teachers and, where possible, parents and peer mediators.

4.1 Aim

The overall aim of the Gateshead Health in Schools model is to improve the health of school-age children and young people in Gateshead, and reduce health inequalities, using school-based interventions or programmes.

4.2 Objectives

The objectives of the model are:

- To enable children and young people in schools in Gateshead to receive sustainable, evidence-based, cost-effective interventions to promote healthy eating and physical activity, and their social and emotional wellbeing, and resilience.
- To support schools in improving the school environment, curriculum and ethos in order to promote health and wellbeing.
- To support schools to identify their specific health and wellbeing needs.
- To engage with staff, students, their families, after-school clubs, the wider community and wider stakeholders.
- To support schools to access evidence-based programmes to help them to address their specific health and wellbeing needs.
- To support schools to maintain Healthy Schools status and to move to enhanced Healthy Schools status.
- To facilitate the early identification of children and young people with greater needs and their access to appropriate services.
- To link with workplace health initiatives to improve the health and wellbeing of school staff.

4.3 Components

The Health in Schools model in Gateshead will consist of a core Health in Schools programme and a supplementary Health in Schools programme.

The core Health in Schools programme will have three components:

- Coordination of the Health in Schools model.
- Social and emotional wellbeing programme.
- Procurement of the school questionnaire / survey with feedback to schools.

The supplementary Health in School programme will address specific health and wellbeing needs identified by the school questionnaire / survey and engagement with staff, students, families and communities, and which cannot be addressed through the core programme. This will consist of two components:

- Additional services, including training, offered by wider stakeholders.
- Schools purchasing programmes or training from a suite of appraised programmes ('buy-back').

4.4 Core Health in Schools programme

4.4.1 Coordination

Coordination of the Health in Schools model will involve:

- Promote new services and programmes, and support health promotion campaigns, for children and young people.
- Provide quality assurance of all aspects of the framework and to participate in termly Quality Assurance Group meetings
- Work with schools, school nurses and other agencies on how to identify those in greater need and interventions to offer those identified.
- Raise awareness by schools of care pathways and available services for children and young people in Gateshead.
- Support schools to identify and agree activities to address their specific health and wellbeing needs.
- Support schools to engage with families, outside agencies, and the wider community and to elicit the views of staff, students and families.
- Support any existing health and wellbeing group and/or champion(s) in schools, or to support their development.
- Support schools in improving the school environment, curriculum and ethos in order to promote health, in particular to promote healthy eating and physical activity. This includes working with breakfast clubs, before and after school clubs and any other 'wrap-around' childcare.
- Support schools to access training for staff.
- Coordinate training for all school staff (including school governors).
- Liaise with wider stakeholders in their offer of health promotion and training to schools.

4.4.2 Social and emotional wellbeing programme

The social and emotional wellbeing programme will involve:

- Support schools to develop a school curriculum that promotes social skills.
- Support schools to create and sustain an environment that promotes resilience of students.
- Provide training to teachers, teaching assistants, head teachers and school governors in social and emotional wellbeing.

- In primary schools, provide teacher training in management of behaviour, and parenting education.
- In secondary schools, provide conflict resolution training.
- Work with the Drugs and Alcohol team to develop and deliver training in a (psycho)social skills and developmental prevention programme that can support efforts to prevent drug and alcohol use.
- Work with the Health in Schools coordinator and others (for example, school nurses) to develop strategies to identify those at greater risk of mental health problems and offer appropriate interventions or signpost/refer to other services as necessary.

In addition, a Mental Health Liaison worker will offer schools a variety of flexible activities/workshops/group work and information to support a range of emotional health and wellbeing, including for example:

- Self Esteem
- Anger Solutions
- Friendship
- Empathy Awareness
- Anti-Bullying
- Food & mood
- Positive Thinking
- Exam Stress
- Relaxation sessions

4.4.3 Additional Support

- Access to expert advice, support and guidance from a local team of Public Health professionals who will be able to offer additional support and guidance to schools
- Access to a comprehensive on-line “Community of Practice” where schools will be able to access a wide range of information and resources to support their work around health. The Community of Practice will also allow schools to contact and share good practice with other schools and also to access a wide range of health professionals
- Termly information / training sessions around key health priorities and emerging best practice and developments in the field of children and young people’s health.
- Opportunity to access a young person’s health and wellbeing survey to gather information on your pupil population’s health behaviours and attitudes.

4.5 Supplementary Health in Schools programme

4.5.1 Additional services provided by wider stakeholders

The new Health in Schools model will identify opportunities for effective collaborative working to improve the health of school-age children and young people. Where schools, in conjunction with the coordinator, identify specific health needs, the coordinator will help them to address these needs by first identifying whether they can be addressed by services offered at no cost to schools by providers with existing contracts or offers to schools. These service providers will be supported to offer training for staff or programmes for children and young people (and their families and/or communities) that supplement existing programmes that focus on social and emotional wellbeing and resilience.

4.5.2 Schools purchasing programmes or training from a suite of appraised programmes ('buy-back')

The Healthy Schools programme evaluation found that a large proportion of schools would be willing to pay for the provision of some health and wellbeing programmes. These could support schools in addressing those specific health and wellbeing needs or priorities that they have identified with the help of a coordinator.

5. Next Steps

Due to the escalation of the Councils budget proposals for 2016-18, the Health in Schools Core offer of support, which was originally to be funded by Public Health, will now have to be offered to schools as a "bought in" service from September 2016.

Information on the new programme is now included as part of the Services to Schools and Academies Brochure as a separate Service Level Agreement that schools will need to purchase. The costs for schools wishing to buy into the Health In Schools SLA is £500 per year for Primary Schools and £700 for Secondary Schools.

With the new Ofsted Inspection Framework paying increasing attention to pupils' health and wellbeing, it is hoped that schools will see the value and importance of the Health in Schools Programme and agree to buy in to this service.

Schools can utilise the funding they receive from the School Sports Premium to buy into the Health in Schools Service Level Agreement as this money can be used for programmes that promote pupil health & wellbeing.

6. Recommendations

- For all schools to buy into the new Health In Schools Core offer to help enhance and support their efforts to addressing health inequalities and promoting health & wellbeing within their schools.
- To encourage schools to utilise School Sports Premium money to buy into the Health in Schools Programme.

Contact: Emma Gibson

Ext: 2845

TITLE OF REPORT: The Council Plan – Six Month Assessment of Performance and Delivery 2015/2016

REPORT OF: Jane Robinson, Chief Executive
David Bunce, Strategic Director, Care, Wellbeing and Learning

SUMMARY

This report provides the six month assessment of performance for 2015/2016. It provides an update on the performance and delivery of the Council Plan 2015-2020.

Background

1. The report forms part of the Council's performance management framework and gives an overview of progress for the priorities appropriate to the Families Overview and Scrutiny Committee (OSC).
2. The six month performance report monitors progress against the Council Plan 2015-2020.

New Council Plan 2015-2020

3. Following significant changes in the national policy landscape and the challenging financial climate the Council has, and is still facing, a new approach to the Council Plan was developed as part of the strategic planning framework.
4. The new Council Plan 2015-2020 was approved by Cabinet on 14 July 2015 and will enable the Council, along with partners, to be better placed to achieve positive outcomes for the people of Gateshead and deliver the ambition of Vision 2030 over the next 5 years.

Five Year Target Setting 2015/16 – 2019/2020

5. As part of the Council's Performance Management Framework, five year targets were set for the period 2015/2016 to 2019/2020 which will enable performance to be monitored to ensure continuous improvement. These targets were approved by Cabinet on 14 July 2015.

Delivery and Performance

6. The six month 2015/2016 assessment of performance report relates to the remit of the Families Overview and Scrutiny Committee and focuses on achievements, areas identified for improvement and future actions.
7. Progress as to how well the Council is performing in relation to the equalities objectives where information is available at the six month stage is also reported in this report.

Recommendation

5. It is recommended that the Families Overview and Scrutiny Committee:

- (i) consider whether the activities undertaken during the last six months are achieving the desired outcomes in the Council Plan 2015-2020;
- (ii) agree that the report be referred to Cabinet on 9 February 2016, with the recommendations from the Families Overview and Scrutiny Committee for their consideration.

Contact: Marisa Jobling

Ext: 2099

**Families Overview and Scrutiny Committee
3 December 2015**

Council Plan - 6 Monthly Update of Delivery and Performance 2015/16

Portfolio	Children and Young People
Portfolio Member:	Children and Young People – Councillor Angela Douglas
OSC Chair	Councillor Malcolm Brain
Lead Officer	David Bunce , Strategic Director, Care, Wellbeing & Learning
Support Officer	Ann Day , Service Manager, Children’s Commissioning

Introduction

1. The Council Plan 2015-2020 sets out the vision for the Council and together with Children Gateshead (the plan for children, young people and families) and the Active Healthy and Well Gateshead Strategy provides the strategic outcomes framework for children and young people. The overarching strategic outcome for children and young people threaded throughout is that they are **given the best start in life**, which is in line with the shared outcomes in the Council Plan and in particular “Live Well Gateshead”, to develop a healthy, inclusive and nurturing place for all.
2. ‘The foundations for virtually every aspect of human development – physical, intellectual, emotional - are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well being from obesity, heart disease and mental health to educational achievement and economic status.’ (Marmot)
3. In order to do this we believe that they should have healthy lives, live in a safe environment where families are supported when they need it, are free from poverty and are supported educationally to achieve their full potential. In order to measure and monitor our progress in achieving these outcomes we need to look at a number of outcome measures and performance indicators. This report provides a picture of how well we are doing in achieving our strategic outcomes and monitors the performance of services that contribute towards those outcomes.
4. **Section A** of this report provides the 6 month performance update and analysis for 2015/16 and includes a total of 14 strategic outcome indicators. The strategic outcome indicators have been identified as providing a high level picture of the strategic priorities for the Council and its partners in relation to children and young people.
5. Of the 14 indicators strategic outcome indicators, 13 are normally scheduled to be reported on at the 6 month stage. Child Poverty is normally reported at the end of year; however, the figures have been released early this year and are included in this report. For 4 of the indicators being reported, the data is provisional/unvalidated at this stage and therefore subject to change. For two of the strategic outcome indicators, no further update is available since the last performance report (F03- excess weight in primary school in year 6 and Adoption – average time between placement order being granted and child being matched).

6. The Children and Families Social Care Service has continued to experience high numbers of families requiring assessment and support. The service has performed well against the majority of indicators and while numbers of children subject to child protection plans under the category of neglect are still high, there has been a reduction since March 2014. There has been a slight downturn in some of the remaining performance indicators but most remain within acceptable tolerance levels and remain under close scrutiny through weekly reporting and monthly performance clinics.
7. In terms of early intervention, there has been a steady increase in the number of families who are being worked with through Gateshead's multiagency approach to early intervention and the CAF/TAF approach. This has been increasingly key to our work with those families identified as part of the FamiliesGateshead programme.
8. **Section B** of this report provides a summary of additional indicators that underpin our work with children, young people and their families.
9. **Annex 1** provides a summary table of all the performance information provided within this report. The strategic outcome indicators are highlighted in bold.

10. **Achievements**

- 64% of children achieved a good level of development at age 5, exceeding the target of 59% and improving on previous years (57% last year and 34% in 2013. We are 2% closer to the national average of 66%.
- There has been a 14.3% decrease in children subject to a child protection plan over the last six months.
- New "neglect" guidance has been developed and disseminated across the service, providing a consistent definition of neglect across all levels of intervention and providing guidance for staff teams on how to identify "neglect".
- Over 700 taxi drivers and call handlers have received training to help recognise children at risk of being sexually exploited. Safeguarding training is now compulsory for taxi drivers applying for their first licence and those renewing them.
- 100% of our schools have signed up to a new project, Operation Encompass, and will receive regular information from the police to help support and protect young people who have witnessed domestic violence in the family home.
- Gateshead College has received an "outstanding" rating from Ofsted, one of only 2 FE colleges to receive this rating in the latest academic year. The college is exceeding national targets for its performance, at 8.2% above the national average.
- The holiday hunger programme "Fill the Holiday Gap" offered daily hot meals to children who normally receive free school meals, benefiting

over 1500 children and 500 parents. The All School Parliamentary Group has recommended other local authorities to resource and support such programmes.

- The expansion of Eslington School (rated outstanding) by Ofsted, from September 2015, has created a split site school and resulted in an additional 30 specialist school places for children from 4-11 years (previously 5 years).
- At September 2015, out of 83 schools inspected in Gateshead, 28 are outstanding (34%), 44 are good (53%), 10 require improvement (12%) and 1 is inadequate (1%) –(report by Ofsted at September 2015 in terms of the most recent overall effectiveness judgements for schools inspected)
- Missing children and young people referrals are now managed by the LAC Admin Team, creating a more robust system.
- Active Kidz activities attracted 375 children and young people during the spring and summer holiday periods. The majority attended on a number of days resulting in 3,150 daily bookings. 70% were referrals from Social Care and 30% from public bookings.
- Immunisation take up in Gateshead continues to be above the national average.
- The new model for the Healthy Schools Programme has been launched, which will include a core offer for all schools and an optional supplementary offer. The programme will include a focus on emotional health and wellbeing as well as tackling childhood obesity and reducing risk taking behaviour.
- A dedicated worker to manage all Looked-after Children has been created within YOT.

11. **Areas for Improvement**

- Work has begun on the Families Overview and Scrutiny Committee review of child protection.
- We have developed a Care Leavers Accommodation and Support Panel (CLASP), (between Housing Services and the LAC Team), to provide a more structured and consistent approach to the accommodation needs of care leavers.
- As smoking during pregnancy has been identified as probably the number one cause of adverse outcomes for babies, health visiting services play a key role in supporting women and their families to stop smoking during the antenatal period. Discussions, where relevant, are held at each visit.
- While the latest locally collated data for NEET is showing an improvement, there remains a significant difference in NEET figures across the academic ages, with young people at year 14 (18/19 year olds), proving to be the most difficult to tackle. A member of the Connexions team has now specific responsibility to reduce 18+ NEET young people. The improvement of partnership working is a key focus.
- Numbers of children admitted to hospital as a result of self harm continue to be of concern. Although there are some positive signs; from

2013/14 to 2014/15 Gateshead Local Authority saw a 15.4% drop in the number of 10 to 24 year olds being admitted for self-harm (214 to 181). Based on the current number of patients having been admitted for 2015/16 there may be a 7.2% decrease in admissions in comparison to 2014/15.

- Provisional figures suggest an improvement in the number of looked after children achieving A*-C in English and maths (from 8.57% to 20%), however, this remains an area of challenge.
- Infant mortality figures are showing a 6.8% increase from the previous reporting period and are higher than both the north east and the national figure.
- Persistent absence in primary schools has risen from 1.6% to 2.87%.
- Although the latest statistics suggest that relative poverty is decreasing, child poverty in Gateshead continues to be above the national average.
- Under 18 conception rates are worse than the England average.
- While there has been a reduction in under 18 hospital admissions due to alcohol specific conditions, this still remains higher than the national average.
- Hospital admissions due to substance misuse is significantly higher than the national average; this will be monitored in order to examine trends.
- Mothers smoking at the time of delivery remains above the England average rate.
- Rates of breastfeeding initiation are below the national average, however regionally Gateshead is performing well.
- A&E attendances of 0-4 year olds have increased over the last three years and are currently higher than the national average. In particular there has been an increase in hospital admissions due to asthma. While this is usually a result of emergency admissions the increase in respiratory problems needs to be examined further.
- At 68.2% breast feeding rates continue to be significantly lower than nationally (74.3%) and have decreased by 1% since the last reporting period.
- Workloads and capacity have been a challenge over the last 6 months for the Safeguarding and Care Planning Teams and the service has experienced a higher level of staff turnover which has created some disruption in the service. Recruitment has been largely successful with new social workers joining the service in the near future.

12. **Key Actions over the next 6 months**

- Undertake a review of how child protection works in Gateshead Council.
- Focus on 0 to 19 as part of the transformation and integration agenda. This will include the transfer of the 0-5's public health commissioning responsibility to the Council from October 2015 and a number of reviews including healthy weight in childhood (as part of the Integrated Wellness approach).

- Prevent Training to be delivered in all schools, addressing approaches to extremism, cyber crime and other forms of exploitation
- Preparation for the Ofsted single framework (SIF) inspection which inspects local authority services for vulnerable children. It brings together into one inspection child protection, services for looked after children and care leavers and local authority fostering and adoption services. The service is working closely with other authorities that have been inspected.
- A CSE regional conference is to be held at Gateshead College on 20 October 2015, with 125 places allocated for Gateshead staff.
- Gateshead will be participating in the Step up to Social Work and Frontline programmes in 2016. 7 student social workers will join the service for a year's intensive training to achieve their social work qualification. The aim is for high calibre graduates to develop into outstanding practitioners who will add to the quality of the workforce in Gateshead.
- LSCB will conduct an Inquiry into child sexual exploitation and the effectiveness of the response in Gateshead.

Section A: Performance and analysis for the first six months of 2015/2016 for the 14 strategic outcome indicators

13. The overall picture is that for the 14 strategic outcome indicators where information is available, albeit provisional, the pace of improvement is good, with performance on most key deliverables being maintained or improving. In light of increasing demand and ongoing service reductions this shows a positive picture.
14. 7 of the indicators have met the target set and are improving on performance from previous reporting periods.
15. 2 strategic outcome indicators relating to health have not met the target include the % mothers smoking at the time of delivery which has slightly increased since last year and hospital admissions for self harm, which has seen a significant increase.
16. 2 of the targets relate to GCSEs (including the 3 equalities targets measuring GCSE including maths and English). Although the data is provisional at this stage, there has been a slight decrease in the attainment of 5A* - Cs amongst pupils overall. The results for those vulnerable pupils are particularly disappointing, including those accessing free school meals and those with SEND which are also showing a decrease in performance. While results for children who are looked after have improved, their overall achievement rate is still low.
17. For 2 further strategic outcome indicators, no official update has been available (Data for excess weight in year 6 at primary school is due to be released in December 2015 and timeliness of adoptions data will be released in the next couple of months).

18. 1 strategic outcome indicator around NEET figures is showing improvement although the data has been collated locally at this point and the official figures are not directly comparable.
19. The strategic outcome indicators which have not met their targets will be subject to additional scrutiny through Group Management Team and where appropriate, LSCB and the Children's Trust.

Strategic Outcome Indicator F01: Prevention of ill health: pre natal outcomes - % of mothers smoking at the time of delivery (Rate of smoking at time of delivery per 100 maternities)

End of year 2014/15	Target	2015/16 6 month position
15.0%	12.8%	15.1 (for year ending 2014/15)

20. **Target not met**
For the end of year 2014/15 the figure for mothers smoking at the time of delivery was 15.1%. This was a 0.7% increase on the total of 15.0% in 13/14. The Gateshead rate for 14/15 was significantly worse than the England average (11.4%) but was better than the North East (18.0%) and the CNTW rate (15.4%) (Cumbria, Northumberland and Tyne and Wear). It is not possible to predict at this point in time whether this slight increase is demonstrating a change in the previous direction of trend which has seen the rate of smoking at time of delivery decreasing since 2009/10.
21. These end of year figures provide the latest data available for Gateshead. As a result of the merger between Gateshead CCG, Newcastle North and East and Newcastle West CCGs, there is now no longer separate data published. This is currently being looked at to find out whether there is an opportunity to obtain separate information for Gateshead.
22. Please note that the figures quoted for the North East are un-validated. NHS England does not publish quarterly totals for the North East. As a result of the changes from PCT and SHA areas to CCG and Area Teams the North East has now been replaced by Cumbria, Northumberland, Tyne and Wear area team (CNTW).
23. As smoking during pregnancy has been identified as probably the number one cause of adverse outcomes for babies we continue to work on the Babyclear programme which involves referring women to smoking cessation services if the 12 week baby scan records a particularly high CO2 reading. Our Health visiting service also plays a key role in supporting women and their families to stop smoking during the antenatal period with discussions taking place, as relevant, at every visit.

Strategic Outcome Indicator F02: Readiness for school: Children achieving a good level of development at age 5 (Early Year Foundation Stage) EYFS profile changed in 2012)

End of year 2014/15	Target	2015/16 6 month position
57%	59%	64%

24. Improving – Target met

Outcomes at the end of reception for 2015 are positive and indicative of a three year improving trend. The proportion reaching a good level of development has improved to 64%, an increase of 7% from 2014 (57%). The official national average figure has just been released and at 66% this shows that we are 2% closer to the national average than in 2014. The national figure has also improved from 64% in 2014.

25. Outcomes improved in all areas of learning and development and although boys’ attainment is still below that of girls, the gap between them in literacy (where there was the biggest gap) has reduced by 2%.

26. Our strategies to support improved outcomes have included:

- Training focused on ensuring high aspirations and challenge for all children
- Support to develop the quality of those teaching young children including their skills in the prime areas of learning and development (the building blocks for future success)
- Further development of the leadership within Early Years provision to ensure that we are building capacity within the sector.
- A dedicated programme of training for newly qualified teachers in the Early Years.
- The production of resources to support effective assessment within the Early Years.

Strategic Outcome Indicator F03: Reduce Excess weight in primary school children in Year 6 (excess weight defined as a combination of “overweight” and “obese” from 2014/15 onwards)

End of year 2014/15	Target	2015/16 6 month position
37.2% (this covers the period 2013/14) Data not comparable from 2013/14 to 2014/15	34.8%	No further update

27. No further update

The data that is currently available for children at year 6 is for the 2013/14 academic year which was reported in the year end performance report (2014/15). The data for 2014/15 for this indicator is not currently available; it

will be released with NCMP data sets in Dec 2015. We have completed a five year target setting exercise and have established a set of challenging targets up to 2018/19 to tackle this challenging area of work.

28. In terms of children at reception stage, there has been no change to the data available for excess weight at school age reception (excess weight defined as a combination of overweight and obese (from 2014/15 onwards). The data that is currently available is for the 2013/14 academic year which was officially released in Dec 2014 and was reported in the last performance report. The new NCMP data for 2014/15 will not be available until Dec 2015.

Strategic Outcome Indicator F04: Educational attainment primary (previously % pupils achieving level 4 in English and Maths at key Stage 2)

End of year 2013/14	Target	2015/16 6 month position
80% (academic year 2012/13)	82%	82% (provisional for academic year 2014/15)

29. **Target met (although provisional at this stage)**
Performance at Key Stage 2 has been strong over time and remains so. Although provisional at this stage, figures indicate that the target has been met; Gateshead has improved performance by 2% from the previous year and remains above the national average of 80% and the north east average of 81%.
30. Seven primary schools were inspected by Ofsted during this period (spring and summer terms). Three were judged to be good, three were judged as “requires improvement” and one remains in special measures (Following HMI’s visit to the school there is some optimism that the school may be taken out of special measures during the autumn term). 1 school improved its overall effectiveness rating from the previous inspection, 5 schools maintained the overall effectiveness rating from the previous inspection and 1 school received a lower overall effectiveness rating from the previous inspection.
31. Our achievable ambition is that all schools are good or outstanding schools in Gateshead. Considerable focus and resource is being aimed at maintained schools that are not yet identified by Ofsted to be good schools. Work includes forming Governor Steering Groups, facilitating links with outstanding schools, increasing input from officers and support from the regional HMI. Where appropriate, the LA works closely with the local church dioceses. In general, schools in this situation are making strong progress in improving standards of education as they move towards becoming “good” schools.

Strategic Outcome Indicator F05: Educational attainment secondary (% pupils achieving 5 or more GCSEs A* - C or equivalent including Maths & English)

End of year 2013/14 (2012/13 academic year)	Target	2014/15 6 month position (provisional for 2013/14 academic year)
58.5%	59%	57.4%

32. **Target not met (provisional at this stage)**
The results reported here are provisional results and show a slight decrease from the previous year. As DFE Performance measures for KS 4 changed significantly in 2014, figures are not directly comparable with the years before that. However, under the new accounting rules Gateshead has performed above the England average of 52.8% and the north east average of 54.4%.
33. One secondary school was inspected by Ofsted during this period (spring and summer terms) and was judged as “requires improvement”, overall but in the category of “leadership and management” and “behaviour and safety of pupils”, it was judged to be “good”.
34. The percentage of good or outstanding secondary schools in Gateshead, at 75%, is higher than the national average of 68.

Strategic Outcome Indicator F06: NEET (% not in education, training or employment as a proportion of 16-18 year olds)

End of year 2013/14	Target	2014/15 6 month position
7.6% (official January 2015) 8.9% (July 2014)	7.0%	6.6 % (July 2015) (local data)

35. **Improving (however, target figure and 6 monthly reporting are not directly comparable)**
The last reliable data set produced by Connexions is for 31st July 2015. Following the academic year the data becomes unreliable (the time between young people leaving school and moving on to training or employment), until it settles down in late October when young people re-engage. This is recognised by the Department for Education which excludes this period from the official performance publications.
36. This period has seen a continued decline in both NEET and “Not known” figures. NEET stood at 7.1% on 1st April 2015 and had reduced to 6.6% by end of July 2015 (401 young people). This compared with 8.9% for the same period last year. Similarly, the Not Known figure showed a continued decline, reducing from 3.6% on 1st April 2015 to 2.7% at the end of July 2015. This compared to 6.2% the previous year.
37. There remains a significant difference in the NEET figures across the academic ages, which is proving difficult to tackle. Academic Year 12 (16/17

year olds) had a NEET figure of 2.8%, whilst Year 13 (17/18 Yr. olds) showed a higher rate of 6.2%. However, at academic Year 14 (18 /19 yr olds), the figure stands at 10.5%, over half the total figure. This compares favourably with the previous year when it was 13.7% but still represents over half of the NEET group.

- 38. A variety of work has been undertaken with NEET young people by Connexions and the Adolescent Youth Support Service, including personal mentors, door knocking exercises and provision of a small budget to enable barriers to the labour market to be challenged.
- 39. A member of the Connexions team has now taken responsibility to look at reducing 18+ NEET young people and will be aiming to create better partnerships and aligned working between services within the council and with external partners.
- 40. Challenges for the future will be to counter the fragmentation and decline in work based learning programmes within Gateshead, and the ending of the 16-17 year old Youth Contract (N-Gaged) on 31st August 2015. Both of these will have a detrimental effect upon progressions of the more 'vulnerable' young person.

Strategic Outcome Indicator F07: Life chances: First time entrants to the youth justice system. (Calculated per 100,000 10-17 year olds in Gateshead)

End of year 2014/15	Target	2014/15 6 month position
74 FTEs 462 per 100,000 (provisional)	70 FTEs 398 per 100,000	10 FTEs (provisional) 57 per 100,000

- 41. **Improving (quarterly targets met)**
In terms of official (published data), the latest YJB data obtained via PNC (Police National Computer), covers the period April 2014 –March 2015) and reports 74 FTEs per 100,000, which is a rate of 462, a 9.8% reduction year on year. However, it is higher than the national average of 402 per 100,000.
- 42. The latest provisional figure for quarter 2 (July – September 2015), shows a total of 87 FTEs (per 100,000 of 10017 year olds), which equates to 15 young people. This is a 50% increase from quarter 1 (10 young people and 57 per 100,000) but is within our target for quarter 2 of 16 FTE's (91 per 100,000).
- 43. This quarter the FTEs were made up of 12 males and 3 females, with a mean age of 15 years for the group. One young person was a looked after child. The leading categories were "theft and handling" (19%), followed by "criminal damage" at 15%.

44. The service continues to identify children and young people on the cusp of offending or involved with anti-social behaviour. The continued reduction in FTE is being achieved through the development and expansion of the current Prevention Programme within YOT, work with schools and the new Child to Adult Violence work and Pre-pubescent Sexualised Behaviour work that has been identified as a trend in current caseloads. There has also been work undertaken around development of new partnerships to ensure children and young people are referred in a timely and appropriate manner.

Strategic Outcome Indicator F08: Early Intervention – reducing the numbers of children subject to a child protection plan (numbers with child protection plans per 10,000)

End of year 2014/15	Target	2014/15 6 month position
64.2 per 10,000	62 per 10,000	55.1 per 10,000

45. **Improving and on target**
The number of children subject to a child protection plan increased significantly during 2013/14 to 276 at the end of that year, which was a 68% increase over the course of the year. The figure remained fairly stable over the first quarter of 2014/5, with 277 children subject to a CP plan at 30th June 2014, at the end of September 2014 this had risen to 287 and at the end of December 2014 it was 300. This was the highest figure experienced in Gateshead and made the authority a statistical outlier. However, by March 2015, the figure had fallen to 258 (64.2 per 10K). The reduction, has, in part, been achieved by the reduction of 14 children who were subject to double protection. By the end of September 2015, this figure has further reduced to 221 children (55.1 per 10K). While at 55.1 per 10,000 children, Gateshead remains significantly higher than the 2013/14 national average of 42.1 per 10,000, it is now lower than the regional average of 59.3 reported in 2013/14.
46. Those children subject to a plan as a result of neglect continue to remain the highest proportion at 67%; however, this has reduced from the end of March 2014 when it was 73.9%. Categories given as the reason for the CP plan are an “on the day” count and thus provide a snapshot picture.

Strategic Outcome Indicator F09: Safeguarding – % of children subject to a Child Protection plan for a second or subsequent time

End of year 2014/15	Target	2015/16 6 month position
11.3%	15%	9.9 %

47. **Improving and on target**
During the period of April to September 2015, out of the 131 children who became subject to a child protection (CP) plan, 13 children became the

subject of a CP plan for a second or subsequent time (9.9%). This cohort includes 1 group of 4 siblings, 2 groups of 2 siblings, and 5 individuals. 8 of these cases began their current CP plan over 2 years from when their previous CP plan ended. At the same time last year, 25 out of 153 children became the subject of a CP plan for a second or subsequent time (16.3%). Nationally, this figure stands at 15.8% and in the north east 12.6% (2013-2014 CIN Census).

48. Performance remains strong in this area. While there will always be changes in circumstances that make it appropriate for a child to become subject to a CP plan for a second or subsequent time, a low rate is an indication that CP plans are effective at providing support to families so that once ended they result in a safe and stable situation for the child.

Strategic Outcome Indicator F10: Looked After Children - % children living continuously in the same placement for 2 years (This is not a cumulative indicator, which means it is based on a current figure at the end of the period, rather than a total figure built up during the year)

End of year 2014/15	Target	2014/15 6 month position
78.8%	78%	81.06%

49. **Improved and on target**
During the period of April to September 2015, 107 children have been in their placement for at least 2 years out of the 132 children who have been looked after for 2 and a half years or more. At the same time last year there were 95 out of 123 children (77.2%).
50. A number of initiatives are ongoing to ensure that the focus on providing high quality stable placements is maintained including permanence practice, training for foster carers that support placement stability such as behaviour management and the payment for skills fostering initiative.

Strategic Outcome Indicator F11: Adoption – average time between placement order being granted and child being matched in days

End of year 2014/15	Target	Six month position
208 days	<181 days	No further update

51. **Awaiting latest information to assess against Target**
So far this year we have had 11 adoptions with an average of 240 days.
52. This indicator is published on the National Adoption Scorecard. We are waiting for the most recent figures to be published from Government. The indicator looks at the time taken for the local authority (LA) to match a child to

its adoptive family once the court has granted a placement order. The figure is based on a 3 year average.

53. The average time between entering care for these 11 children and moving in with an adoptive family is 530 days (based on a 3 year average).
54. The focus for the adoption service over the last 6 months has been the implementation of the ASF (Adoption Support Fund) and the beginning of discussions and planning for Regionalisation of Adoption Services. The Adoption Support Fund was launched in May and the service has made some successful bids to the fund to provide therapeutic services to adopting families. In addition, an early bid has been presented to the DfE in collaboration with 3 neighbouring local authorities, proposing a model of regionalised delivery of adoption services. Further work is needed in respect of the proposal to be accepted by DfE.

Strategic Outcome Indicator F12: Reduce child poverty rates (% less than 60% average income and out of work benefits)

End of year 2014/15	Target	End of year 2014/15
21.4% (2012 figure)	21% (to reflect 2013 figure)	20.5% (2013 figure)

55. **Improving and target met**
New data was made available in October 2015 (a month earlier than expected).
56. The indicator is based on the number of children living in homes with 60% less than the median income
57. The latest figures for child poverty in Gateshead show that 20.5% of children were judged to be living in poverty (snapshot at August 2013 latest figures). This figure shows a fall in the number of children living in poverty from the previous year at 24.1% and it also represents a reduction in child poverty from a high of 24.8% in 2007. The gap between Gateshead and England has narrowed very slightly over this period, with the current England average at 18%. Gateshead's figure is lower than the average for the north east of 22.2%. The highest rate of child poverty in the region is Middlesbrough (at 31.8%) and the lowest rate is Northumberland (16.8%).
In Gateshead
58. Poverty and the impact of welfare reform in particular, continue to be a major challenge in Gateshead. The wards that have a high proportion of children in poverty are clustered in or around the central area of Gateshead and include: Felling at 40.2%, Deckham at 33.8%, High Fell at 32.8% and Dunston & Teams at 27.8%.

59. In Gateshead efforts to mitigate against the effects of welfare reform are continuing through our work on financial inclusion; the Families Gateshead programme; and supporting young people into education, employment and training. Other initiatives are through the Employment and Enterprise Growth and Job Centre Plus to get people into work and tackle low wages. We are also trying to break the cycle of poverty through targeted support to improve the attainment of children in areas of disadvantage at the early year's foundation through rolling out the 2 year offer and application of evidence based parenting programmes.
60. Initiatives in schools to tackle child poverty have included work in schools to raise financial capability skills. To help engage students at an early age, a Money Safety Booklet has been designed for Primary Schools to help raise awareness to children and their parents of managing money effectively. Gateshead Advice Centre is working closely with sixth form schools delivering programmes on safety, money and employment. This enables young people to gain the financial knowledge and skills needed prior to moving on to adult life.
61. In July 2015, the Government's Work and Pensions Secretary announced that the Government will remove its child poverty target and replace it with a new duty to report levels of educational attainment, worklessness and addiction, rather than relative material disadvantage. The government has reaffirmed its commitment to continued independent scrutiny of progress in relation to social mobility, life chances and poverty.

Strategic Outcome Indicator F13: Equalities Objective - Promote positive emotional mental health amongst the school age population (Hospital admissions for self harm rate per 10,000) under 18 years

End of year 2013/14	Target end of year 2014/15	2014/15 6 month position
491.7 per 100, 000 (this relates to 2012/13 year end) 10-24 years	491.7 per 100, 000	626.5 per 100,000 (2013/14 year end data) 10-24 years

62. **This is also currently the confirmed target for 15/16 with the reduction rate still to be confirmed.**

The currently available data is for the 2013/14 and shows that the figure has risen from 491.7 per 100,000 in 2012/13 to 626.5 per 100,000 in 2013/14, an increase of 27.4%. Gateshead is considered to be significantly worse than the England figure (412.1) and is now also significantly worse than the North East (507.2). Gateshead has the 4th highest rate of admissions for self-harm in the North East. The actual number of admissions has also gone up from 170 to 214. It is important to bear in mind, however, that the data for this indicator refers to episodes of admissions and not persons so it should not be taken that this was 214 different young people who were admitted.

63. Nationally and regionally mental health problems and self harm rates are also increasing for young people. The gender differences for the data shows that females are more likely to self-harm than males.
64. It is unclear as to what is the reason behind the increase, however, one reason could be that more young people and professionals are becoming aware of self harm and as a result, better reporting of incidents and those seeking help could explain the increase.
65. Unfortunately as there is only 2 years of data available it is very difficult to infer if the data demonstrates an increasing trend in this indicator or if the 2013/14 year illustrates a one off increase.
66. The development of the Gateshead Self Harm Protocol, along with greater awareness and sign up to training, will give professionals working with children and young people a greater awareness and more confidence in identifying, addressing and supporting incidents of self-harm in the future

Addendum to data

67. From data that was provided by the North of England Commissioning Support Unit (NECS) we have been able to produce some further analysis on the rates of self-Harm for ages 10 to 17 years.

2013/14 Year	2014/15 year
477.6 per 100,000 (10-17 years)	471.0 per 100,000 (10 – 17 years)

68. *Please note there are caveats associated with this data set. The information reported here is the result of a specifically requested piece of work by NECS and it is unlikely that this data set will be available going forward. The rates per 100,000 stated here are crude rates not directly standardised rates and have been calculated by Gateshead PM&I MIRO. The data sources used are the Hospital Admissions for self-harm by age and gender provided by NECS for 10 to 17 years for 2013/14 and 2014/15 and the ONS mid-year population statistics for 2013 and 2014. Because of the calculation this data is not comparable with other North East local authorities or with national rates of 10-17 self-harm and should not be quoted as an official Gateshead rate.*
69. For the 2013/14 year the admissions for self-harm for 10-17 year olds rate per 100,000 was 477.6, for 2014/15 this rate has decreased to 471.0 per 100,000 a drop of 1.4%. The total number of actual admissions has decreased as well going down from 84 to 81 (note this is the number of admissions not individual young people). For the 2014/15 year females accounted for significantly more actual admissions for self-harm than males.
70. The numbers of females admitted for self-harm in 2014/15 has actually increased compared to 2013/14 whereas for males for the same period the number of actual admissions has gone down.

Strategic Outcome Indicator F14: Equalities Objective - Attainment of Vulnerable Young People - % pupils achieving 5 or more GCSEs A*-C or equivalent including Maths and English for a) Looked after Children (including those in custody), b) Pupils on Free School Meals and c) Children with Special Educational Needs:

F14a: Equalities Objective - Attainment of vulnerable young people - % pupils achieving 5 or more GCSEs A*-C or equivalent including Maths and English for looked after children (including those in custody)

End of year 2014/15	Target	2015/16 6 month position
8.57%	21%	20 % provisional figures for academic year 2014/15 academic year

71. **Provisional Improving - Not Met target**
Provisional figures suggest that out of the 45 looked after children in Gateshead, 20% achieved 5A*-C including English and Maths. This figure includes those Looked after children in Gateshead schools and out of borough. 20 children (44%) had special educational needs and/or a disability.
72. Out of the 29 looked after children attending Gateshead schools, 17% achieved A*-C including English and Maths.
73. The results (although provisional at this stage) show a significant improvement on the previous year (8.57%).
When Gateshead and out of borough pupils are compared to LAC nationally over 3 years, we are above the national average for A*-C. In 2013 and 2015 we compare well to national averages although 2015 is currently a prediction. The highest percentage of pupils with SEND in 2014/15 were in years 10 and 11, which is impacting on GCSE results.
74. Work has been stepped up to improve outcomes for looked after children. There has been a focus on improving PEPs (personal education plans). To date (September 2015), PEP documents for primary, secondary, post 16 (school sixth forms only) and for Looked After Children with SEN (those with a statement or single plan on roll at a special or maintained school) are available and reviewed regularly. A PEP for Early Years is being considered for development and the development of a Post 16 PEP Career Plan for those Looked after Children over 16 years attending educational settings such as colleges is being led by the LAC team.
75. We are also developing a system of school visits and tighter team management of cases.

F14b: Equalities Objective - Attainment of vulnerable young people % pupils achieving 5 or more GCSEs A*-C or equivalent including Maths and English for Pupils on Free School Meals

End of year 2014/15	Target	2015/16 6 month position
29.1% figures for 2013/14 academic year	41%	31.8%

76. Provisional and not met target

Although the provisional figure is disappointing and below the target, it shows a slight improvement from the previous year. This area continues to be a challenge in Gateshead and we are challenging and supporting secondary schools and academies to accelerate progress and raise attainment for those students entitled to free school meals.

F14c: Equalities Objective - Attainment of vulnerable young people % pupils achieving 5 or more GCSEs A*-C or equivalent including Maths and English for Children with Special Educational Needs

End of year 2014/15	Target	2015/16 6 month position
20.0% figures for 2013/14 academic year	25%	20.8% provisional figures for 2014/15 academic year

77. Provisional and target not met

It should be noted that these are provisional figures which show a very slight increase from the previous year's performance. As official figures are not yet released, there is no information available at this stage to illustrate how Gateshead performs against other local authorities.

Section B: Summary of additional indicators that underpin our work with children, young people and their families.

78. The following additional measures all contribute towards the overall picture of whether children are being given the best start in life.
79. **Infant mortality** – this is one of our high level outcome measures. It is time lagged data and is produced nationally measuring the number of children dying at less than 1 year of age per 1000.
80. The latest data is for the period 2011-13 (combined because of small numbers) Gateshead's rate is 4.7 per 1000 which equates to around 33 deaths for this period. It shows a 6.8% increase on the previous period (4.4 per 1000). The Gateshead rate is currently higher (but not significantly higher) than the North East rate for infant mortality at 3.3 per 1000 and is also slightly higher (but not significantly higher) than the England rate at 4.0 per 1000.
81. From 2001-03 to the latest data set in 2010-12 the actual rate of Infant mortality has increased by 14.6% from 4.1 per 1000. The last two periods of data have both shown rises in the rate but it is too early at this stage to predict whether this is the beginning of a new upward trend.
82. Infant mortality is often associated with and at increased risk for those families living in poverty and mothers who smoke during pregnancy. Interventions to reduce infant mortality include reducing teenage conceptions; smoking cessation programmes targeting pregnant women, improving maternal nutrition, and safe sleep campaigns. Gateshead currently delivers the baby clear programme which at 12 week booking scan a CO2 monitor reading is taken of the mother, and if her reading is greater than 4 parts per million she is referred to the stop smoking service.
83. **Initiation and Prevalence of breastfeeding at 6 weeks**
Latest available data is year-end 2014/15 and quarter 1 of 15/16.
- (To obtain the breastfeeding initiation rate maternity services are required to submit number of births, number of mothers initiating breastfeeding, and those not.)
84. Gateshead initiation rate for breastfeeding for 2014/15 was 67.5% a 1% decrease on the figure at the end of 2013/14 of 68.2%. This is first time since 2011/12 that the breastfeeding initiation rate for Gateshead has gone down at the year end figures.
The figure was higher than the North East rate at 60.1% and higher than the CNTW figure of 64.4%. However, Gateshead was significantly lower than the overall England rate of 74.3%.
85. For the latest available quarter Q1 15/16 Gateshead's initiation rate for that quarter was 66.7%, which is down on the rate for the same period last year Q1 14/15 of 69.8%. However it is an increase on the quarterly rate for Q4

14/15 of 61.3%. Gateshead's rate for quarter 1 is higher than the CNTW rate (64.3%) but is lower than the England rate of 73.8%. The North East rate is not available for quarterly information.

86. **For mothers continuing to breast feed at 6-8 weeks**, the latest available data is year-end 2014/15 and quarter 1 15/16.
87. Gateshead breastfeeding prevalence at 6-8 weeks for 14/15 was 37.2%, which is a 2.2% increase on the figure for end of year 13/14 (36.4%). In spite of this increase, Gateshead is still considered to be significantly worse than the England rate for 2014/15 which was 43.8%. We are currently unable to compare the Gateshead data for 14/15 with the regional North East or the new CNTW figures as these two data sets failed their validation criteria for year end and the % rates have not been published at this time.
88. From Breastfeeding Initiation to prevalence at 6-8 weeks there is a currently a 44.9% reduction in the percentage of children being breastfed for Gateshead, which is similar to a slightly smaller 41.1% reduction nationally.
89. Quarter 1 data for Gateshead in 2015/16 has not passed the validation criteria and has not been published; however, unofficial rates suggest that the figure is 32.0%, compared to 37% at this time last year, which is worse than the CNTW rate of 34% and significantly worse than the national rate of (45.2%).
90. Work is underway with midwives and health visitors to ensure improvement in this area. Continued support is offered to all mothers to initiate breastfeeding through community midwives and breastfeeding peer supporters within the community. .

Early Years

91. Outcomes from inspections of Early Years provision are again positive. All but two provisions within the school sector are good or better within Early Years and in the non-maintained sector all but 4 provisions are good or better. One setting has recently been downgraded from good to requires improvement and we are taking all considerable action to ensure that the provision improves rapidly.
92. While there are more childminders judged to be less than good we have reduced the number of new childminders being admitted to the Early Years register who are judged to be less than good as a result of more rigorous training and induction.
93. Training and support continues to be accessed free by the non-maintained sector which means that it is available to the widest range of individuals. Through our improved knowledge of inspection, we continue to offer targeted and highly effective support to those settings which cause more concern. As we have limited powers to intervene with the non-maintained sector, we continue to work hard to develop and maintain positive relationships.

Children's Centres Reach figures

94. Engagement rates for families accessing early childhood services have increased from 54.27% in March 2015 to 56.79% at the end of August 2015.
95. Through the transfer of the commissioning of the Health Visiting (HV) service into the LA in October 2015, partnership work will be further strengthened. Work is already underway to progress the integration of service delivery to avoid duplication of work and to move towards shared resources between health visitors and children's centre staff. Evidence of this is can be seen from the joint facilitation of 1st stage weaning programmes giving staff capacity to deliver 2nd stage weaning programmes.
96. The take up of 2 year old free early learning places across Gateshead has increased to 67% of eligible families.
97. The 2 year old Integrated Assessment has been launched in Gateshead. This provides a holistic view of the child, developmentally, both in the home and in childcare settings. It is a more accurate assessment and will lead to less children 'slipping through the net', before reaching school and support being offered earlier, particularly for those children who are accessing their 2 year old free early learning place.
98. In terms of universal services (open to all families), there were 285 families reached through Baby and Toddler Groups and 426 families reached through Library Service Rhyme Time sessions during the summer 2015 term. Children's Centre staff continue to provide free universal groups within the most deprived areas of Gateshead. These groups are free to service users and during summer 2015 term were attended by 1,848 families of which 1,129 were from Children's Centre target groups and 1,034 of these target group families only accessed the universal service provision.
99. In terms of targeted work, during the last six months, children's centres undertook family support work on an individual basis with 149 families. Of those families 41 (27.7%) returned to universal support following intervention, 83 cases (56.1%) remain open and continue to receive targeted CC support, of the remaining families; 1 escalated to statutory social care, 2 families escalated to Family Intervention Team, 15 families closed due to disengagement and 6 families moved out of Gateshead area.

Number of young people in drug treatment

100. The data for Q4 2014/15 is currently the latest end of year data available and shows 133 new presentations to treatment (year to date April 14 – March 15). This is a reduction from 163 presentations for the same period 2013/14. The rolling 12 month figure of young people using the service at the end of quarter 4 for 14/15 is 173, which is also a reduction from 212 the previous year.
101. 47% of all referrals in this period were from the Youth Justice system, 15% from Children's and Family Services, 16% from Health and Mental Health

services, 10% from Education services, 11% from Family, Friends and self and 1% from Substance Misuse services. This is quite different to the split nationally with 30% of all referrals in this period coming from the Youth Justice system, 26% from Education services, 17% from Children's and Family Services, 11% from Family, Friends, 8% from Health and Mental Health services, 4% Other referral source and 4% from Substance Misuse services. On average 61% of the service users spent between 0-12 weeks in treatment compared to 41% nationally. Gateshead had 5% of its service users spending more than 52 weeks in treatment compared to 9% nationally. Of the 133 new presentations to treatment 30% of these had previously been in structured treatment which is higher than the national figure of 22%.

102. 84% of exits from the service were in a planned way (slightly down on last year (88%)), this was above the national average of 79%.
103. Alcohol remains the primary substance with 77% of clients using alcohol (slightly down on previous), Nicotine is present in 51% of clients (also a decrease) and Cannabis was 58% (showing a slight increase). This is in contrast to the to the national picture which indicates that 86% of young people were using cannabis, 51% using alcohol and only 12% using nicotine. This split shows the scale of the nicotine problem among young people in Gateshead.
104. In terms of gender split for Gateshead 63% (slightly down on the previous year) of those in treatment were male and 37% were female (a slight increase) compared to the national split which is currently very similar of 63% male and 35% female.
105. For the split by age ranges Gateshead's highest age bracket was those aged 17 years with 29% of those in treatment; his is again similar to the national picture with 27% of those in treatment from the 17 years age bracket.
106. The data for Quarter 1 15/16 has also been released and shows 20 new presentations with 57 young people using the service (Year to date April 15 to June 15). These figures show a reduction from quarter 1 in 2014/15 where there had been 42 new presentations and 83 people using the service during the same period.
107. The total number of young people in the service as of June 2015 was 156 (this is the rolling 12 month total), which is a reduction from 198 the previous year.
108. For this period Alcohol remains the primary substance with 77% of clients in treatment for this reason. Nicotine is present in 40% of clients and Cannabis in 68%. This is in contrast to the to the national picture which indicates that 88% of young people were in treatment for cannabis, 48% for alcohol and only 14% for nicotine which is continuing to showcase Gateshead's high levels of nicotine misuse amongst young people.

109. Overall at Q1 15/16, 65% of those in treatment were male and 35% were female, this is an identical split to the national picture

Alcohol specific hospital admissions under 18s

110. The latest available data covers the period 2011/12 – 2012/14, where Gateshead's rate was 58.8 per 100,000, a decrease of 17.6% on the previous period. The Gateshead rate was lower than the North East rate of 65.8 but still significantly higher than the England rate of 40.1.
111. This reduction represents the 4th consecutive period of data that has shown a fall in the rate of U18 admissions to hospital as a result of alcohol; the trend would suggest that this is set to continue. Gateshead's rate of 58.8 per 100,000 represents 70 admissions to hospital which is the lowest number we have seen since the publication of these figures (120 in 2006/7-2008/9).
112. Gateshead had the 5th lowest rate of U18 admissions out of the North East local authorities, with Newcastle being the lowest at 41.5 and South Tyneside the highest at 90.4.

Teenage conceptions - Under 18s

113. The latest available data is for quarter 2 of 2014. For Quarter 2 2014 the Gateshead rate of under 18 conceptions was 43.1 per 1000. This is a marked increase on the rate at Q2 2013 of 25.1 and is also an increase on the rate for Q1 2014 of 41.1 per 1000. The number of conceptions for the quarter has also gone up on Q1 2014 from 35 to 37 and is a significant increase on the number from Q2 2013 of 22. Currently Gateshead's rate is higher than the North East rate (32.5) and significantly higher than the England rate (23.2).
114. Teenage pregnancy specialist midwives are in post to provide early help, intervention and support to teenage mothers in conjunction with the Family Nurse Partnership.

Permanent exclusions

115. The figure is provisional at this point and is based on 6 monthly data taken from EMIS. DfE will report on this in spring 2016, based on the school census. Permanent exclusions are at 0.02 of total school population, an improvement on last year's figure of 0.7.

Fixed term exclusions

116. Fixed term exclusions at 2.17 are slightly increased from the previous year where 2.11 of the total school population received fixed term exclusion. This figure is provisional at this point and is based on 6 monthly data taken from EMIS. DfE will report on this in spring 2016, based on the school census.

Attendance/PA trends for primary and Secondary Schools

117. This figure is provisional at this point and is based on 6 monthly data taken from EMIS and based on a combined view of the autumn and spring terms. DfE will report on this in spring 2016, based on the school census. Persistent absence in primary schools has risen to 2.87 from 1.60% the previous year.
118. Persistent absence in secondary schools has risen to 7.09% from 6.66% in the previous year. This figure is provisional at this point and is based on 6 monthly data taken from EMIS. DfE will report on this in spring 2016, based on the school census.

Targeted Youth service

119. In terms of “Health Drop In” sessions, the 3 venues (Thomas Hepburn, Heworth Comprehensive and Lord Lawson) have had 191 contacts and 110 young people regularly participating.
120. The impact of this work has meant that young people have been supported with LGBT issues, young people have become more aware of issues which affect their health, e.g. drugs and alcohol and are able to make more informed decisions and where they can go for help and support.
121. We have had 65 young people participating in “enrichment programmes” which included 30 ASDAN accreditations. Separately, 6 young people have been working on the Gold award for Duke of Edinburgh (1 complete), 8 young people on the silver award (3 complete) and 38 on the Bronze award (16 complete).
122. 26 Open Access sessions have taken place with 476 participants in terms of (centre/detached/mobile work). This has offered social, educational and creative opportunities, as well as information, advice and guidance on issues ranging from employment to volunteering, bullying, child sexual exploitation, sexual health, self-harm/ suicide, DV and positive relationships.
123. Staff have undertaken training to better support young people in these issues and a part time Youth Worker Conference gave staff up to date information on CSE and Legal Highs.
124. Successful Keyfund bids have allowed young people to take part in various trips and activities.
125. Overall the service has had 1179 recorded contacts over the last six; as a result of the changes in the service and the focus on targeted work, we no longer compare these figures with previous years.
126. Over the past six months, 29 young people have been members of Gateshead Youth Assembly. The Assembly’s activities over the six months have included a “Convivial Supper” with Gateshead Young Inspectors, show

casing their work to OSC members and attending a protest in London against British and American Tobacco Companies working practices. They funded and hosted a Poverty Symposium to highlight how schools can poverty proof the school day and how to alleviate the effects of poverty on their students. Four young people worked on and were awarded the ASDAN Community Volunteer Qualification, which is equivalent to an average grade A level, for their work on GYA over the past two years. The older members also delivered political awareness sessions in their sixth forms, taking along voter registration forms and encouraging their peers to register and vote.

Youth Justice Custodial sentences

127. To date, there have been 5 custodial sentences during the past six months from a total of 44 court disposals.
128. The latest YJB published data for July 2014-June 2015 shows the 12 monthly rate of custody for Gateshead at 0.23- this represents 4 custodial sentences in the 12 month period and a 0.06 decrease year on year. This is below the regional average for this period (0.47) and also below the national average (0.43).

Rate of proven reoffending

129. The latest 12 month reoffending data from the Police National Computer (PNC) for January 2012 - December 2012 sets Gateshead's Binary (number of young people who go on to reoffend) rate of offending at 39.2% and the Frequency (number of re offences committed per young person) rate of reoffending at 1.04. This represents a cohort of 212 young people, of whom 83 went on to reoffend and commit 212 re-offences.
130. When comparing this PNC data with Gateshead's latest reoffending performance data taken from our Reoffending Live Tracker (January 2014-December 2014), it is encouraging to note that since 2008 there has been a 77% reduction in cohort size, which equates to 689 young people (in 2008) to 160 young people currently. There is also a 78% reduction in re-offenders, which equates from 230 re-offenders (in 2008) to 51 reoffenders.
131. The reoffending figures continue to demonstrate the prolific nature of some young people and the challenges faced by the service to reduce their reoffending.

Social care additional indicators

Referral rates leading to CiN assessment

132. The number of referrals to children's social care remains lower than the peaks experienced from 2012-2014. At the end of quarter 2, there have been a total of 900 referrals. This is a 3% increase in the number of referrals in comparison to the same period last year. There have also been slight

variations in the agencies referring, with a percentage increase in the number of referrals coming from health (24.8%) and other referrals (“other” referrals include those from “other” agencies – 62 referrals in total), including fire service/youth workers/solicitors/NSPCC), Home Office (2 referrals), housing association (17 referrals), and other local authorities (35 referrals). The majority of referrals continue to come from police/probation/courts and this has remained stable since the end of the year (March 2015) at 34.1%.

133. Of the referrals received so far this year, 886 have resulted in completed child in need assessments (98.4%). At the same time last year, there had been 873 referrals, of which 842 resulted in completed child in need assessments (96.4%)
134. Re-referrals within 12 months have continued to remain low at 11.6%. This is lower than at the same time last year when it stood at 19.4%, and is also lower than the England average of 23.4% and the North East average of 22.9% (2013/14 CIN Census). This suggests that a greater proportion of children and young people who require support are receiving this in a timely way once they come to the attention of children’s social care.

% of CIN assessments carried out within 45 days

135. Between April to September 2015, a total of 1007 CIN assessments have been completed; this includes a number of CIN assessments which are not completed as the result of the referral but are part of ongoing work with the family. Of the total number of CIN assessments completed, 964(95.7%) were completed within timescales which continues to represent strong performance in this area. At the same point last year, 1133 CIN assessments had been completed, with 1110 of these being within 45 working days (98%).
136. Although this appears to represent a decrease in work completed, due to the time taken to complete most assessments, the numbers completed in April and May 2014 were the result of a larger than average number of referrals in February and March 2014. There has actually been a small increase (4%) in the number of CIN assessments beginning during 2015-16 so far.
137. 49% of assessments were completed between 41 and 45 working days during the first and second quarter, which is similar to the 53% completed during 2014-2015. It is likely that this is due to the complexity of cases that are being assessed. Managers retain close oversight at regular intervals during assessment to ensure there is no drift in undertaking assessment.

Section 47 enquiries

138. At the end of September 2015, there had been 268 Section 47 enquiries initiated. In comparison to 245 completed last year, this shows a 9.4% increase. Of those 245 enquiries undertaken, 47.4% (127) did not proceed to an initial conference, which is lower than the national average of 54.9%.

139. Of those 141 Section 47 enquiries which did not proceed to conference, 127 (90%) resulted in the children being made subject to a Child Protection Plan, which indicates that appropriate cases are going to conference and that there is a multi-agency agreement on the way to progress these cases. So far, all cases that proceeded to conference did so within the 15 day timescale (100%), which is well above the national average of 69% (2013/2014 CIN Census).

CP plans lasting more than 12/24 months

Current CP plans lasting more than 12 months

140. At the end of September 2015 there were 221 open CP plans, of which 64 had been open for a year or more (29%). 3 of these plans have now been open for more than 2 years (1.3%).

Ended CP plans lasting more than 24 months

141. The duration of child protection plans is a proxy measure for the success of the plan. For children no longer subject to a CP plan we scrutinise the percentage lasting longer than 12/24 months. The former NI set focused on 24 months. While the 24 month indicator looked at the duration of ended plans only, the 12 month indicator looks at current CP plans and their duration. During the period April to September 2015, 168 CP plans have been ended, of which 1 had a duration greater than 2 years or more (0.6%). At the same time last year, 144 plans had been ended, of which 4 were in place for 2 years or more (2.7%). This represents both an improvement on last year, and is favourable compared to the national figure of 4.5%.
142. While numbers remain low for plans lasting longer than 2 years, the circumstances of the cases involved make the longer timescale for the plan appropriate. Cases that remain open over 1 year continue to be scrutinised and monitored by service managers and discussed within the performance clinic to ensure there is no drift nor delay in moving the case forward.

% of CP reviews held within timescale

143. Of the 151 children who have required reviews between April and September 2015, who have been CP for at least three months and are currently CP, all have received their reviews within timescale (100%).
- There have been 179 reviews carried out in total.
- Last year, 200 children had reviews in the same period, with none being out of timescale.
144. Nationally, 94.6% of children were reviewed within timescale and in the North East 96.8% were reviewed within timescale (2013-2014 CIN Census)

Numbers of looked after children

145. The number of looked after children has increased since March 2015 (340 - which represents 84.8 children per 10,000), and at the end of September 2015 was 371 (92.5 per 10,000). This is lower than the rate of 96 per 10,000 reported at the end of March 2014, but is still above the regional average of 80.4 per 10,000 and is significantly higher than the national average of 59.7 per 10,000. Work is ongoing to scrutinise the reasons behind the increase.

% of LAC with 3 or more placements 6 monthly figure 5%

146. At the end of September 2015, there were 18 looked after children who have had 3 or more placements out of a total of 371 looked after children. This equates to 5%.
At the same time last year there were 11 out of a total of 337 looked after children which was 3.3%.
147. A number of initiatives are ongoing to ensure the focus on providing high quality stable placements is maintained. This includes permanence practice, training for foster carers to support placement stability such as behaviour management and the payment for skills fostering initiative.

LAC reviews held within timescale 6 monthly figure 99.27% – Lynne to confirm)

148. At 99.27%, the proportion of Looked after children whose reviews were held within timescale is above the national average (91%). However, there are three children who have had their reviews out of timescale. Work is ongoing to ensure that children and young people are sufficiently engaged in their LAC reviews.

Care leavers in suitable accommodation

149. There are 145 young people who will turn 17, 18, 19, 20 or 21 during 2015-2016. Out of the 128 cases we are in touch with, there are 4 young people who are in unsuitable accommodation (96.9% in suitable accommodation).
150. We have developed a Care Leavers Accommodation and Support Panel (CLASP), (between Housing Services and the LAC Team), to provide a more structured and consistent approach to the accommodation needs of care leavers. A CLASP flag list of all 63 young people in or leaving care age 17 years and over at July 2015 highlighted that 17 are flagged as red indicating their accommodation is potentially unstable (these tend to be our complex young people), 35 are flagged as Amber this indicates moderate needs and support and may have further accommodation needs in the future. 14 are flagged as green indicating that at this time their accommodation is stable.

**Please note – there are 17 young people who we are not in contact with. We know where these young people are however they either refuse our services or no longer want to be contacted.*

Care leavers in education, employment or training

151. There are 145 young people who will turn 17, 18, 19, 20 or 21 during 2015-2016. Out of the 128 cases we are in touch with, there are 74 in some form of EET (57.8%).
152. Current support for care leavers into training and employment includes: offering employment and training opportunities to care leavers within the local authority (the family firm); use of data in strategic planning and setting our own targets for EET; strengthened joint working between Youth Services/Connexions and DWP; continuing to improve links with training and further education providers; improved links with Higher Education; development of a post 16 PEP (career planning tool); specialist EET guidance and advice for care leavers up to the age of 25; DWP – benefits – protocol and work experience opportunities and development of apprenticeships.
153. A Corporate Parenting awareness-raising event was recently held to map and align support provided to care leavers. An outcome of the event is that colleagues within the Council's Learning and Skills Service will now guarantee an offer of an interview for an appropriate traineeship/ apprenticeship to looked after children and care leavers.
**Please note – there are 17 young people who we are not in contact with. We know where these young people are however they either refuse our services or no longer want to be contacted.*

Adoption children whose placements started within best interest dates

154. 11 adoptions have taken place during April-September 2015, of which 7 were within the best interest date (63.6%). At the same point last year there had been 21 adoptions, of which 12 were within the best interest dates (57.10%).
155. Work continues with the courts to eliminate any drift or delay.

Multi agency working

156. The number of new Common Assessments being undertaken has increased. 445 new Common Assessments have been registered in the last 6 months (which is just below the whole of the annual figure for 2014/15 of 494).
157. There are currently 1139 active Teams around the Family (TAFs), which provides a more accurate representation of the multiagency work being undertaken in Gateshead. A number of the active TAFs will not have a CAF as they are step down cases from statutory social care for families where

support needs to be maintained but at a less specialist level. The majority of Lead Practitioners are from the Family Intervention Team (383), with Education (199) and Positive Pathways services (150)

Family Intervention Team

158. 138 families (265 children) were referred to the Family Intervention Team in the first quarter of the year (April – June 2015). 65 of those families (122) children were referred by the Referral and Assessment Team, 46.7% of all referrals made. The cases of 73 (133 children) families were closed to FIT in the same quarter, requiring no further action at Tier 2. 8 families (21 children) required specialist social care intervention and were stepped up to the Referral and Assessment Team, (9%) of all cases closed. 1 family was referred to the Safeguarding and Care Planning Team (1.1%) of cases closed.
159. In the six months between April and September 2015, 155 referrals were made to group parenting programmes and all parents will be offered a place on a programme.
160. The Family Intervention Team has also led on work with DWP on developing a “relational” approach to family support work, as part of the national Family Stability Project. This has involved training 12 team members across children’s services to deliver the Parents as Partners programme by the Tavistock Centre for the Couple Relationship (an evidence based intervention with co-parenting couples with relationship difficulties). Consultancy support and funding will be offered by DWP to develop this work further. Separately, 3 FIT staff members were trained in the Respect Young People’s Programme (evidence based and for perpetrators of child to adult violence); the programme is now being delivered to open FIT cases, often in conjunction with YOT workers. FIT has also developed a pilot in partnership with Gateshead Housing Company, enabling the Neighbourhood Relations Team to fast track referrals to FIT where legal proceedings are pending. 5 families have been referred in July and August.

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Key	R	not met target	↓	Direction of travel is negative
	A	Not met target but within tolerance	↑	Direction of travel is positive
	G	met target	→	Figures remain static or expected fluctuations

Children and Young People OSC 6 monthly performance report 2015/16

		2010	2011	2012	2013	2014	2015/16				RAG	commentary
							Q1	Q2	Q3	Q4		
F01: Prevention of ill health: pre natal outcomes - % of mothers smoking at the time of delivery	actual		19.50%	15.9	15%	15.10%					↓A	For the end of the year (equating to 2014/15), there were 15.1% of mothers smoking at the time of delivery against a target of 12.8%. This was a 0.7% increase from the previous year. It was worse than the national rate of 11.4% but better than the north east rate of 18% and the CNTW rate of 15.4%.
	target 12.8%			19%	18%		12.8%					
breast feeding initiation		67.70%	65.80%	66.60%	68.20%	69.80%	66.70%				↓A	2014/15 figure shows a 1% decrease from last year. The figure is higher than the north east rate at 60.1% and the new CNTW figure of 64.4%. The latest quarterly figure stands at 66.7% which is higher than the CNTW rate of 64.3 but less than national 73.8% rate.
breast feeding at 6-8 weeks		37.90%	33.40%	36%	36.40%	37.20%					→G G	2014/15 data at 37.2% shows an increase of 2.2% (36.4%) from the previous year. Quarter 1 data has not passed the validation test so this figure is unofficial, however, unofficial rates suggest that the figure is 32.0%, compared to 37% at the same time last year. This is worse than the CNTW rate (34%) and significantly worse than nationally at 45.2%.
F03 Excess weight in primary school children in year 6 (excess weight defined as a combination of "overweight" and obese from 2014/15 onwards.	34.80%	9.08%	10.06%	36.10%	35.80%	37.20%						The data for 2014/15 for this indicator is not currently available and is due to be <i>released</i> in December 2015. The latest figures for the revised definition of this indicator were released in December 2014.
prevalence of obesity in primary school age yr6		23.20%	21.30%	21.90%								No update available on the data presented. New data will be available in December 2015.

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		2010/11	2011/12	2012/13	2013/14	2014/15	2015/16				RAG	commentary	
							Q1	Q2	Q3	Q4			
FS13: Hospital admissions for self harm	TBC	166.9	146.5	491.7 per10K	626.5								This figure covers the year 2013/14 and shows an increase of 27.4%. This is significantly worse than the latest national data (412.1%) and also worse than the north east figure (507.2 per 10,000 children/young people. Gateshead has the 4th highest admissions rate in the north east.
Alcohol specific hospital admissions under 18s		120	106	90	71	58.80%							Latest data covers the period 2011/12-2012-14, where Gateshead's rate at 58.8 per 100,000 shows a decrease of 17.6% from the previous period. The Gateshead rate was lower than the north east rate of 65.8 but significantly higher than the national rate of 40.1 per 100,000 cyp.
number of young people in drug treatment			109	121	163	133							Data for Q4 (2014/15) is the latest end of year data and shows 133 new presentations to treatment. This is a reduction of 163 for the same period 2013/14. The rolling 12 month figure of young people using the service at the end of 2014/15 is 173, which is a reduction from 212 the previous year.
Teenage conceptions (under 18) per 1000		49.7	30.2	31.8			41.1	43.1					For quarter 2 of 2014 the rate of under 18 conceptions was 43.1 per 1000. This is a marked increase on the rate at Quarter 2 2013 of 25.1 and is also an increase for quarter 1 of 2014 of 41.1 per 1000. The number of conceptions for the quarter has also risen from the previous year from 35 to 37 and is a significant increase from quarter 2 (2013) of 22. Currently, Gateshead's rate is higher than the north east rate (32.5) and significantly higher than the national rate (23.2).

CHILDREN'S SOCIAL CARE		2010/11	2011/12	2012/13	2013/14	2014/15	2015/16				RAG		
							Q1	Q2	Q3	Q4			
1	Referral rates leading to CiN Assessment	Target 75%	86.9%	89.2%	84.5%	83.0%	93.70%	90.1%	98.4%			↑G	During the period April - September, there have been a total of 900 referrals, of which 886 have resulted in a child in need assessment (96.4%). At the same time last year, there had been 873 referrals, of which 842 resulted in completed child in need assessments (96.4%). There has been a 3% increase in the number of referrals compared to the same time last year.
	initial assessment carried out within 10 days		30.48%	50.28%	90.20%								These indicators are no longer reported on as the initial and core assessment has been replaced by the children in need assessment.
	referral rates leading to Core Assessment		26.50%	44.80%	50.60%								
	% of CIN assessments carried out within 45 days											→G	Between April - September 2015, a total of 1007 CIN assessments have been completed. Of these, 964 (95.7%) were completed within timescales. Currently there are 322 open CIN assessments. At the same point last year 1133 CIN assessments had been completed. 1110 within 45 working days (98%). This represents an 11% decrease in CIN assessments completed compared to the same time last year, however, it should be noted that so far this year there have been marginally more CIN assessments begun compared to the same time last year (1072 opened compared to 1030 opened, a 4% increase).
	F08: Numbers of children subject to a cp plan (target 64 per 10K)	Per 10K	48.4	44.9	42.2	68.3	64.2	58.4	55.0			↑G	At the end of the year there were 258 children subject to a CP plan. At the end of quarter 2, this had dropped to 221 children (55 per 10K). This represents a 14.3% decrease in the number of CP plans over the last 6 months. It should still be noted, however, that the rate per 10K remains higher than the national average, (42.1), although it is now below the regional average (59.3), both reported in 2013/14.
		Actual	188	181	170	276	258	234	221				
	F09: % becoming subject to CP plan for 2 nd subsequent time	Target 15%	9.6%	8.6%	9.3%	10.2%	11.3%	12.5%	9.9%			→G	During the period of April to September 2015, out of the 131 children who became subject to a child protection (CP) plan, 13 children became the subject of a CP plan for a second or subsequent time (9.9%). This cohort includes 1 groups of 4 siblings, 2 group of 2 siblings, and 5 individuals. 5 of these cases began their current CP plans within 2 years of their previous CP Plan ending. At the same time last year, 25 out of 153 children became the subject of a CP plan for a second or subsequent time (16.3%). Nationally, 15.8% of children became the subject of a CP plan for a second or subsequent time and in the Northeast 12.6% of children became the subject of a CP plan for a second or subsequent time (2013-2014 CIN Census).
	CP plans lasting more than 2 years (ended plans)	Target 4%	5.7%	0.4%	0.0%	1.4%	3.1%	0.0%	0.6%			↑G	Of the 168 CP plans that have ended between April and September 2015, only 1 had lasted for more than 2 years. At the same time last year, 4 plans out of 144 ended during the time period had lasted for more than 2 years (2.7%).

	CP lasting more than 12 months (open plans)	Target < 15%		9.5%	17.5%	9.9%	16.3%	21.4%	29.0%			↓A	Of the 221 CP plans open at the end of September, 64 have been open for more than one year(29%). 3 of those 64 have been open for more than 2 years. At the same time last year, 287 plans were open at the end of September (2014), with 31 being open for more than one year(10.8%). 2 cases at that point had been open for more than 2 years.
	% of CP reviews held within timescale	Target 100%	100%	100%	100%	100%	100%	100%	100%			→G	Of the 151 children who have required reviews in between April and September 2015 and who have been CP for at least three months and are currently CP, all have received their reviews within timescale. There have been 179 reviews carried out in total for the current cohort; last year 200 children had reviews in the same period and all in timescale. Nationally, 94.6% of children were reviewed within timescale and in the North East 96.8% were reviewed within timescale (2013-2014 CIN Census)

CHILDREN'S SOCIAL CARE			2010/11	2011/12	2012/13	2013/14	2014/15	2015/16				RAG	
								Q1	Q2	Q3	Q4		
Numbers of looked after children	Per 10k	95.2	95.2	96.8	88.6	84.8	89.3	92.5			↑A	At the end of September 2015, there were 371 looked after children in Gateshead. The rate of LAC per 10,000 stood at 92.5, which is above the regional average of 80.4 and higher than the national average of 59.7.	
	actual	365	384	390	358	341	358	371					
% of LAC 3 or more placements	Target 10%	9.6%	13.8%	10.0%	7.2%	7.0%	1.1%	5.0%			↑G	At the end of the September 2015 there were 18 looked after children (LAC) who have had 3 or more placements out of a total of 371 LAC (5%). At the same time last year there were 11 out of 337 LAC had 3 or more placements (3.3%).	
F10: % of LAC living continuously in same placement for 2yrs+	Target 71%	80.5%	73.0%	66.3%	75.6%	78.80%	80.0%	81.1%			↑G	This is not a cumulative indicator; it is based on current figures at the end of the period. During the period of April to Sept 2015, 107 children have been in their placement for at least 2 years out of the 132 children who have been looked after for 2 and a half years or more (81.06%). At the same time last year there were 95 out of 123 (77.2%).	
LAC reviews held within timescale	Target 100%	97.8%	100.0%	100.0%	99.4%	99.7%	98.9%	98.8%			↓R	The proportion of LAC whose reviews were held within timescale is above the national average (91%), however there are 5 children who have had their reviews out of timescale. Work is on going to ensure that children and young people are sufficiently engaged in their LAC reviews.	
Care leavers in suitable accommodation	Target 100%	100.0%	100.0%	96.6%	Age 19 100% Age 20 94% Age 21 97%	Age 19 100%	Age 18 100%	Age 17 100%			↓R	There are 144 young people who will turn 17,18, 19, 20 or 21 during 2015-16, of which 78 have already had their birthday, we can confirm there are 68 who are in suitable accommodation. There are 8 YP people with whom we are not in touch, but have been reported as not being in suitable accommodation for the purpose of this indicator. There are 2 YP who are currently in custody.	
						Age 20 100%	Age 19 84%	Age 18 84%					
						Age 21 88.9%	Age 20 92%	Age 19 95%					
Care leavers in Education Training or Employment ETE	Target 71%	64.7%	64.0%	62.1%	Age 19 48% Age 20 67% Age 21 58%	Age 19 57%	Age 18 75%	Age 17 100%			↓R	There are 144 young people who will turn 17, 18, 19, 20 or 21 during 2015-16, of which 78 have already had their birthday and 38 of which are in some form of EET. There are 8 YP people with whom we are not in touch, but have been reported as not being in EET for the purpose of this indicator and 2 are in custody. We know that 6 are not in EET due to parenting and 5 because of disabilities.	
						Age 20 35%	Age 19 60%	Age 18 63%					
						Age 21 56%	Age 20 38.5%	Age 19 55%					
						Age 21 20%	Age 20 38%	Age 21 21%					

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F11:adoption: average time between date the LA receives placement order and the child is matched to an adoptive family (3 year rolling average)	<181 days		2010-2011-2012	2011-2012-2013	2012-2013-2014	2013-2014-2015		2014 - 2015-2016			So far this year we have had 11 adoptions with an average of 240 days. This indicator is published on the National Adoption Scorecard. We are awaiting the most recent figures to be published from Government. The figure is based on a 3 year average.
			134 days	164 days	210 days	208 days		240 days			
Adoption: children whose placements started within the best interest dates	Target 80%	81.8%	80.0%	70.6%	66.7%	67.90%	60.0%	63.6%			↑G 11 adoptions have taken place during April-September 2015, of which 7 were within the best interest date (63.6%). At the same point last year there had been 21 adoptions, of which 12 were within time (57%).

EDUCATION												
		2007/8	2008/9	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16		
Permanent exclusions academic year		0.11	0.8	0.13	0.8	0.8	0.09	0.07	0.02		→G	6 monthly data taken form EMIS. Provisional data DfE will report on this in Spring 2016, based on school census
Fixed term exclusions		2.19	2.08	2.55	2.3	3.43	2.88	2.11	2.17		→G	6 monthly data taken form EMIS. Provisional data DfE will report on this in Spring 2016, based on school census.
% persistent absence - primary					not comparable	4.40%	3.00%	3.20%	1.60%	2.87	→G	6 monthly data taken form EMIS. Provisional data DfE will report on this in Spring 2016, based on school census.
% persistent absence - secondary		12.55%	12.55%	11.40%	10.03%	8.71%	8.52%	7.73%	6.66%	7.09	→G	6 monthly data taken form EMIS. Provisional data DfE will report on this in Spring 2016, based on school census.
F02: Children achieving a good level of development at age 5	59%				51%	53%	57%	34%	57%	64%	↑G	Figure shows continued improvement. It meets our target of 59% and is getting closer to the national average which has just been released at 66% for the academic year 2014.
F04: educational attainment primary (stage 2 sats)	82%			77.00%	76.00%	79%	77%	80%	80%	82%	→G	Provisional data. Performance at KS2 has been strong over time and remains so.
F05: educational attainment Secondary level (Pupils achieving A*-C at GCSE including Eng & Maths)	59%		52.30%	54.20%	60.30%	60.60%	58.7% provisional and no CTC included	61.70%	58.50%	57.40%	↓A	The results are provisional at this stage and show a slight decrease from the previous year. As DfE performance measures changed significantly in 2014, it can't be compared with the years before that. Under the new accounting rules, Gateshead has performed above the national average (52.8%) and the north east average of 54.4%.
Equalities Objectives: Attainment of Vulnerable Young People % Of pupils achieving 5+ GCSEs or equivalent including English and Maths												
S14: Looked After Children (including those in custody)	21%				27.30%	12.80%	30.00%	34.8 (2012/13 academic year).	8.57%	20%	→A	2014 figures were lower than expected and represented a high percentage of children with SEND, who didn't achieve Maths and English at GCSE. 39% of these pupils were in special schools. The highest % of SEND in 2014/15 was in year 10 and 11 of the secondary phase which is impacting on GCSE results in year 11. 27% is the provisional level nationally.
S15: Pupils accessing Free School Meals	41%		20.40%	23.9%	27.7%	35.0%	30.0%	36.2%	29.10%	31.80%	→R	Although the provisional figure is disappointing and below target, it shows a slight improvement from the previous year. This area is a challenge in Gateshead and we continue to challenge and support secondary schools and academies to accelerate progress and raise attainment for those pupils entitled to free school meals.
S16: Children with Special Educational Needs	25%					15%	16.50%	24.50%	20.00%	20.8	→R	These provisional figures show a very slight improvement from the previous year's performance. As official figures are not yet released, there is no information to illustrate how Gateshead has performed against other authorities.

		2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16				
Reach for children's centres (target 51%)		34.09%	43.74%	44.50%	47.71%	54.79%	54.27%	57%	↑G	The reach figures provided are the percentage of families of under 5s living in Gateshead that accessed children's centre services during each of the periods (annual figure). Analysis of the data suggests that the latest figure within the last six months continues the increasing trend.		
YOUTH OFFENDING SERVICE		2010/11	2011/12	2012/13	2013/14	Rolling 12 Month PNC Data						
						Jul 12- Jun 13	Oct 12- Sep13	Jan 13 - Dec 13	Apr 13 - Mar14	Apr 14- Mar 15		
F07: First Time Entrants into youth justice system aged 10-17 (12 month lag PNC Rate per 100,000 of Population 10-17 yr. olds Rolling 12 Month)	398 per 100,000	658	641	576	464 (prov.)	586	591	500	464	462	↑G	FTEs data is now reported by the YJB from data extracted from the PNC with a 12 month lag. The number of FTE has nationally seen a decline in recent years. The latest YJB published data for April 2014 - March 2015 shows the rate of FTEs for Gateshead at 462 (per 100,000 of population) a 9.8% reduction from previous year. However, It is higher than the national average of 402 per 100,000
Number of FTE's PNC data (Local No.)	70 (398 per 100,000)	120	114	103	82		106	118		87 (15)	↑G	This Quarter we had a total of 15 FTEs in Gateshead, (87 FTE per 100,000), which is a 50% increase from Quarter 1 (10 young people and 57 per 100,000. The FTEs in Quarter 2 were made up of 12 Males and 3 Females with a mean age of 15 years for the group.
		2010/11	2011/12	2012/13	2013/14	2014/15	2015/16 Q1	2015/16 Q2				
Use of Custody rate: Rate per 1,000 of Population 10-17 yr. olds		0.75	0.78	0.39	0.62	0.23	0.17	0.12			↑G	Use of Custody rate per 1,000 of 10-17 population. The latest YJB published data for July 2014- June 2015 shows the rate of Custody for Gateshead at 0.23 – this is a 0.06 decrease year on year. To date this year there have been 5 custodial sentences from a total of 44 court disposals.
Use of custody YJB reported number		13	14	7	11	4	3	2			↑G	
		Jan08- Dec 08	Jan 09-Dec 09	20Jan 10- Dec 10	Jan 11-Dec 11	Jan 12-Dec 12						
Reoffending Rate After 12 Months. Reported 12 months in arrears by the YJB – data extracted from the PNC	percent age rate of reoffending	33.4%	35.4%	38.0%	33.3%	39.2%					↓A	The latest 12 month rolling reoffending data from PNC for Jan 12 – Dec 12 sets Gateshead's Binary rate of reoffending at 39.2%, and the Frequency rate of reoffending at 1.04. This represents a cohort of 212 young people, of whom 83 went on to reoffend, and commit 212 re-offences. Taking the continued reductions in FTE's and the low numbers of young people in the cohort the reoffending figures demonstrate the prolific nature of some of our young people, and the challenges faced by the team to reduce their reoffending.
	freq rate of reoffending	0.89	0.92	0.99	1.06	1.04					↓A	
F06; Number of young people aged 16-18 NEET	7.00%	8.8	9	7	7.2	8.5%	6.60%				→G	The June/July NEET figure of 6.6% compares with 8.9% at the same time the previous year.

MULTI-AGENCY WORKING	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015 Q1	Q2	Q3	Q4			
Number of CAFs registered	376	225	278	289	390	495	255	190			→G	CAF is used across all agencies. Audits are carried out on all CAFs registered - ensuring all agencies comply with basic standards for information provided. Checks are in place to ensure complementary support plans are produced and logged.	
Agency completing CAF													
Adult service							2	2					
Children with Disabilities							1						
Early Years							14	8					
Education							90	49					
Family Intervention team							55	65					
Gat Young Women's Project							1	1					
Health							42	38					
Positive Pathways							10	5					
Private Sector							16	7					
Voluntary Sector							1	2					
YOT							23	12					
Youth & Community								1					
TAFs led by LP agency													
								1139					
Adult service								2				This reflects the numbers of active Team Around the Families and as expected is higher than the number of CAF assessments completed during the period. TAFs originate from a number of sources not all of which will have a CAF and TAFs may remain in place for long period of time until all support needs are met .	
Children 's Services								1					
Children with Disabilities													
Early Years								52					
Education								199					
Family Intervention team								383					
Young Women's Project								9					
Positive Pathways								150					
Health								118					
Private Sector								52					
Voluntary Sector								64					
Youth offending team								107					
Youth & Community								2					

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TITLE OF REPORT: Review of Annual Work Programme

**REPORT OF: Jane Robinson, Chief Executive
Mike Barker, Strategic Director, Corporate Services
and Governance**

Summary

The report updates and seeks the Overview and Scrutiny Committee's views on the current position with regard to the annual work programme.

Background

1. At its meeting on 2 April 2015, the Families Overview and Scrutiny Committee agreed its work programme based on the Council's policy framework. This work programme was then agreed by the Council as part of the policy planning process.
2. In line with the process agreed by all OSCs this OSC selected its review topic and case studies using a process designed to help make linkages between potential topics and the Council's policy framework.

Proposals

OSC Review Topics for 2016/17

3. In advance of the OSC agreeing its review topic for 2016-17, members of the OSC have been invited to identify any issues which may potentially be appropriate for a detailed review by 18 December 2015. It is proposed that those issues put forward by members are added to the list of potential review topics for consideration by the OSC at the start of the municipal year, unless the issue is already being, or would more appropriately be, dealt with through other processes within the Council. Members will be notified if this is the case and advised as to how their issue is being dealt with.

Monitoring of OSC Reviews

4. All of the Council's Overview and Scrutiny Committee's have received feedback on the outcomes of the specific reviews undertaken by them during 2015-16. This Committee has received a monitoring report on the outcomes generated by its Review of the Council's role in supporting Educational Outcomes for Vulnerable and Poorly Performing Pupils on 22 October 2015 and will receive a further monitoring report on 6 April 2016.

Case Studies

5. Case studies have been included within OSC work programmes to provide an additional means of examining specific issues of concern/carrying out more detailed work on a particular topic/measure the impact of a particular OSC's review recommendations over a specific period of time.
6. The case studies for 2015/16 are:-
 - Health in Schools (3 December 2015)
 - Targeted and Specialist Support from NHS for Special Schools (3 March 2016)
7. Each OSC has identified specific issues to be considered through the case study method and it was agreed that in view of the timing of case studies within the 2014-15 work programmes that feedback on their effectiveness be sought during its work programme review in 2015/16.
8. During 2014/15 the OSC considered the following case studies :-
 - Corporate Governance for Looked After Children (23 October 2014)

The OSC focused on:-

- proposals for strengthening the membership arrangements of the Corporate Parenting OSC and increasing the robustness of the scrutiny role.
- information about a number of models from other local authorities which had either been rated as outstanding by Ofsted, or which received lower ratings but were now improving as a result of new arrangements being put in place
- information that some authorities are looking to further strengthen their arrangements by increasing the non-voting co-opted members.

Having examined the issues the OSC :

- considered it would be advantageous for the Corporate Parenting Sub to have external views.
- considered that, when looking to appoint additional representatives onto the OSC their ability to be able to commit to attending the programmed meetings should be taken into account as it was considered that continuity of representation was important.
- considered that any revised arrangements should be reviewed in 12 months time.

In light of the above, the OSC agreed to the addition of non-voting members comprising of a representative of the Foster Carers Association, a care leaver, a school governor, a Gateshead Housing Company representative, a voluntary sector representative. The OSC also agreed that the revised arrangements should be reviewed in 12 months time.

- Vulnerable Young People and Housing (2 April 2015)

The OSC focused on:-

- the levels and types of housing need experienced by vulnerable young people in Gateshead
- some of the tools and resources that are available to address the issues and highlights some of the challenges this poses and the plans in place to address these.
- Examples of good accommodation partnership work in Gateshead
- information from Changing Lives who offer the supported accommodation at Eslington Park.

Having examined the issues the OSC

- was concerned at how the level of demand was being met – the OSC noted that sometimes the waiting list for the Changing Lives Project could be 2 weeks and sometimes 2 months
- was concerned to ensure that the Council / working with partners has the relevant information to ensure that we know when we are meeting need and that make sure we have sufficient resources.

In light of the above, the OSC's views would be taken into account when forming supported housing services during upcoming reviews.

Recommendations

9. The Committee is asked to

- (i) Note that any issues identified by members of the OSC as potential review topics by 18 December 2015 will be included in the list of review topics to be considered by the OSC at the start of the municipal year unless such issues are being or would more appropriately be dealt with via other Council processes.
- (ii) Give its views on the review monitoring process carried out so far.
- (iii) Give its views on the effectiveness of the case studies carried out in 2014/15.

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